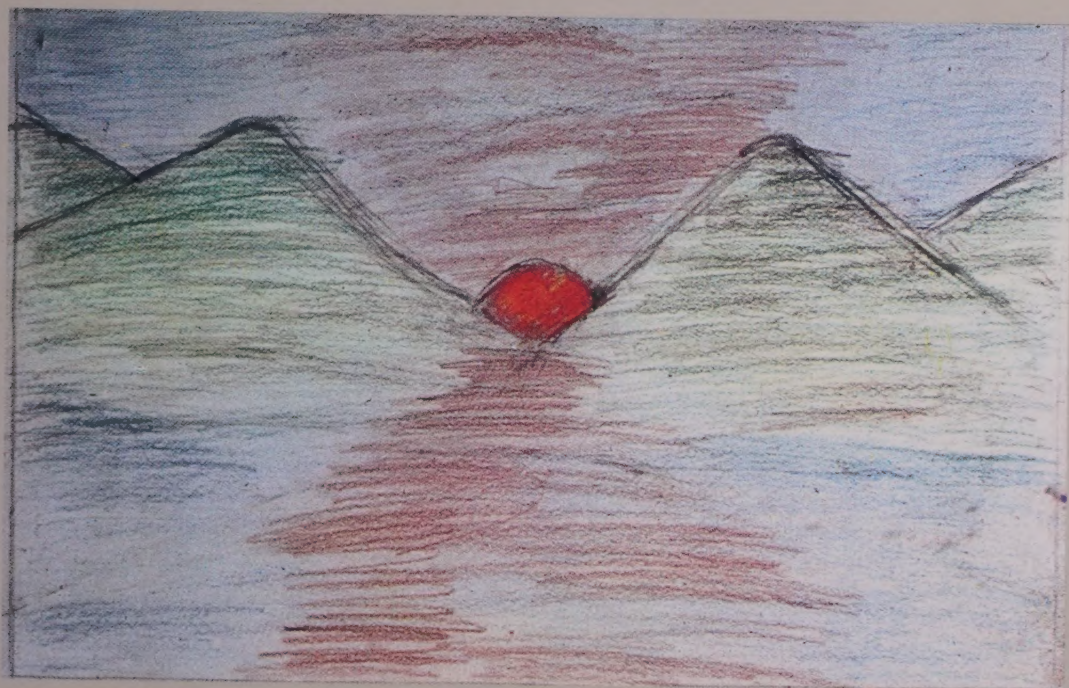
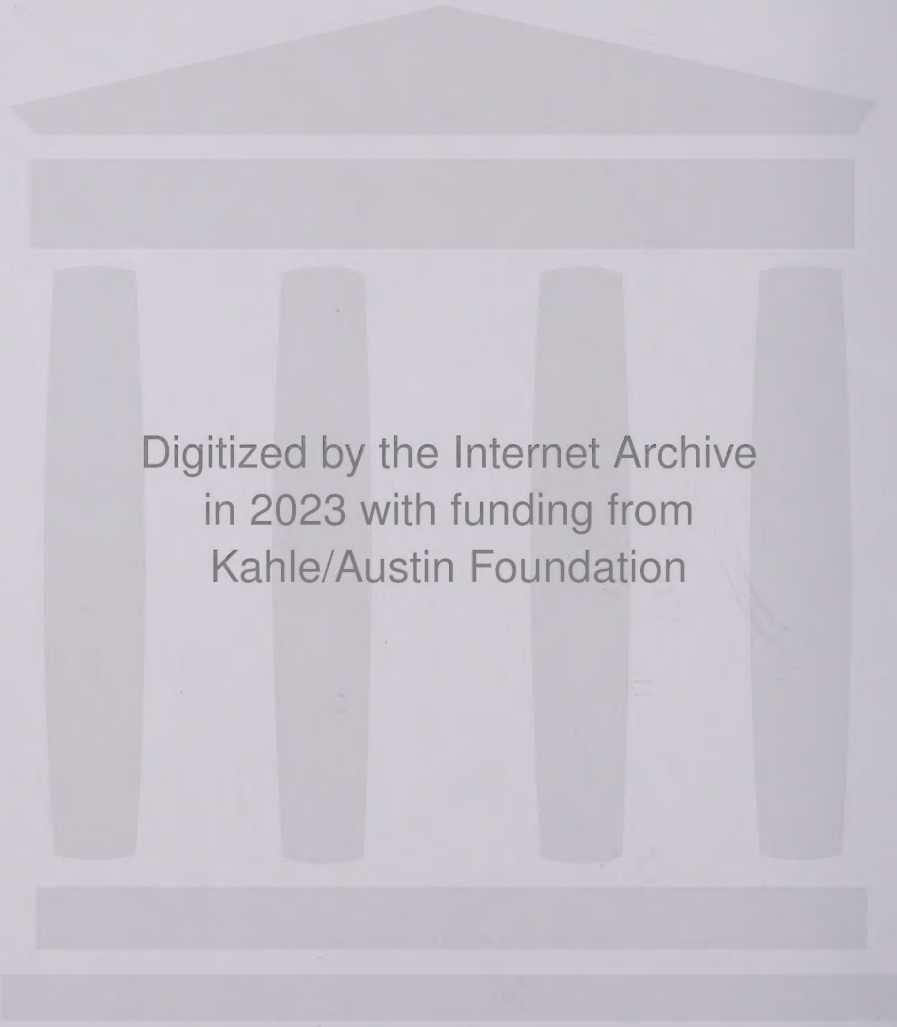


S U S A N B A C H

LIFE PAINTS ITS OWN SPAN



ON THE SIGNIFICANCE
OF SPONTANEOUS PICTURES
BY SEVERELY ILL CHILDREN



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ERRATA:

page 30, line 1 should correctly read:

We see six embroidered candles in a cardboard cut-out.
The little girl used gold for . . .

page 179, paragraph 2, lines 2 and 3 should read:

. . . broidered in wool. She used gold for two of the candles which we understood as the golden years of her life; the red candles seem to stand for the three years of her illness, leu- . . .

The sense of wonder is inborn in man.

Susan Bach

LIFE PAINTS ITS OWN SPAN

On the Significance of
Spontaneous Paintings by Severely Ill Children



DAIMON
VERLAG

Notes:

Throughout the text of this book, HPW serves as an abbreviation for Hans Peter Weber, the clinical artist of the University Neurosurgical Clinic in Zürich, or NC; and the University Paediatric Hospital of Zürich, or Kinderspital, is referred to as KiSpi.

Regretfully, not all of the original colours could be accurately reproduced for publication by the technical means available, in particular, the tapestries depicting "The Lady and the Unicorn" (nos. 194–199).

The author and the publisher are grateful to all who have given permission to have their materials included in this work, in particular, William Collins Sons of Glasgow for use of the picture, "Once you've had a baby . . ." (our no. 69, p. 16 of picture part) from the book, *Lots of Love* by Nanette Newmann (1974); the Picture Archives of the National Library of the East (östl. Nationalbibliothek) for use of "Gottes Bund mit Noah" from their Cod. theol. graec. 31, pag. 5 (our no. 120, p. 29 of picture part); and the heirs of Pablo Picasso for permission to reproduce Picasso's picture, "Child with Dove" (1901, © Pro Litteris, Geneva, our no. 223, p. 54 of picture part). We also would like to thank all of the previous publishers of works of Susan Bach for their cooperation and, in some cases, the providing of film materials, in particular, the following: J. R. Geigy S.A., Basel; F. Hoffmann-La Roche & Co. Ltd., Basel; Schwabe & Co., Basel and Stuttgart; Orell Füssli AG, Zürich.

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John Peck steadily struggled through piles of manuscripts, accumulated over many years, and together we arrived at the title of this book.

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Finally, I want to apologise to the world of trees for all the paper used in writing and re-writing this manuscript.

PREFACE: A Journey of Discovery

This work has travelled with me through many phases of my life, adding at each turn new insights and observations. Pictures I studied over many years, when looked at again later on still reveal new aspects. Seen in the context of my growing awareness, this book somehow reflects my own journey through these years of my life.

When I was pondering about the selection of pictorial material for this book, which is also meant as a teaching guide, I could have chosen to use one picture and interpret it from all the different points of view necessary for scientific evaluation. This idea I discarded because I could not myself take in and digest the density and concentration of such an evaluation.

This realisation made me decide to divide the teaching part or 'Guidelines' into main sections, each dealing with an important aspect of 'reading and translating' such pictures. This necessitated an apparent repetition often of the same paintings with their parallels. This may help the reader when concentrating on a chapter. It also shows almost overwhelmingly the many-sidedness of the imagery of such spontaneous pictures coming from the depths of our minds.

It was quite a difficult task not to repeat, but to bridge, the different aspects of a painting; on the one hand to go into the innermost meaning and on the other, to keep the bird's eye view, to hold the threads of a structured whole.

This will, I hope, explain why in this book we come back so often to a picture we thought we already knew well and then, to our astonishment, yet another vista opens up.

Clinical interest in the spontaneous paintings of patients goes back to the beginning of this century. The first recorded attempts to evaluate them for clinical purposes (Morgenthaler 1901, Mohr 1906) tried to correlate characteristic forms and designs with specific types of mental illness. Prinzhorn (1922) abandoned his hope to make clinical use of his famous Heidelberg collection when his attention was drawn to the fact that children and primitive peoples produce similar motifs, similar colours, etc. It was Freud's discovery of an unconscious realm that laid the foundation for a possible interpretation. But it was C.G. Jung's further discovery that basic symbols of a universal nature, recurring in different epochs of human history and in civilisations otherwise unrelated to each other – the Collective Unconscious – are expressed in such spontaneous manifestations. This opened up an understanding and a scientific approach to, and evaluation of the contents of such pictures.

My own collection of children's spontaneous drawings started in 1936 by fishing out from a wastepaper basket the discarded doodle of an uprooted nine year old girl. My own understanding of the young person's inner conflict which such pictures expressed helped me to help her to become a healthier and happier child. However, today it is generally recognised that doodles and spontaneous pictures can be psychologically significant and their use in, and value for psychotherapy and child guidance work has almost become a matter of common practice.

My therapeutic interest in the use of spontaneous paintings was extended from the private consulting room of a Jungian analyst to the broader basis of mental hospitals in England. Supported by the enthusiasm of Netherne Hospital, Coulsdon, a planned therapeutic painting group was formed. After other mental hospitals had established painting classes of their own, a study group, which I conducted for over three years, was set up under the auspices of St. Bernard's Hospital, Southall, London. The group was composed of psychiatrists, psychotherapists of various schools, nursing staff and clinical artists from ten mental hospitals. We used standardised colours from the very beginning to facilitate comparison of materials and only the age and sex of the patient was given. In the course of our investigation we found specific states of mental illness reflected in definite and recurring colours, symbols and motifs. It was gratifying that we were able to contribute to problems such as the discharge of patients, for instance, by ascertaining concealed suicidal or homicidal tendencies, early indication of oncoming depression or change of phase of schizophrenics, or to decisions on leucotomy operations by the prognostic evaluation of the repressed energy pattern and latent tendencies as expressed in the paintings.

It was in 1947 that I unexpectedly and for the first time saw in a picture series of a chronic mental patient, an inmate for eight years, that not only the mental and psychological state was reflected but also the condition of the body. My sudden comprehension from her drawings of both the psychological and the somatic aspects and their interrelation led to rediagnosis and to an appropriate psychoanalytic treatment within the hospital. She could be discharged after eight months without an irreversible operation. The follow-up over several years showed progress without relapse.

In search of the organic aspect in spontaneous paintings, I accepted an invitation by Professor C.A. Meier, the eminent analyst and psychiatrist and Jung's successor at the Eidgenössische University in Zurich, to give a series of lectures at the C.G. Jung Institute in Zurich on our work in England and particularly on my discovery of the organic aspect in spontaneous pictures. In connection with these lectures, I was invited to read a paper at the University Psychiatric Hospital, the Burghölzli. There I found the material I so badly needed. Hans Peter Weber (hereafter referred to as HPW), the clinical artist of the University Neurosurgical Clinic, Zurich, had assembled a collection of hundreds of pictures made as a pastime by their little patients under investigation. No theme or direction were given to them. Thus started decades of research work at the University Hospital, Zurich, the Neurosurgical Department under the directorship of Professor H. Krayenbühl, with Professor Gerhard Weber's critical and helpful support and HPW continuing his devoted and inspired work with hospital patients, both adults and children. (The Neurosurgical Clinic is hereafter referred to as NC throughout the text.)

The material was ideal for research, pictures done by patients mainly suffering from organic diseases (usually, though not always, clinically diagnosed) with precise case histories allowing an objective check. The pictures in this, as in all my future work, were produced without any external purpose or direction and on the part of the investigator without knowledge of the case histories. Often made many years before being studied, this material forms an objective and lasting record.

More than twenty years of investigation had established the fact that the 'reading' and evaluation of spontaneous drawings could be an aid to diagnosis, treatment and early prognosis. It has also become a means of communication in the doctor-patient-family relationship, a bridge over which each of them can reach the other.

In 1966 we published my monograph "Spontaneous Paintings of Severely Ill Patients: A Contribution to Psychosomatic Medicine" in Documenta Geigy (English edition 1969). Based on the reliability of our observations and deductions, I could put the work into the service of the world-wide search for the causes and treatment of leukaemia, which took me to the University Paediatric Hospital, Zurich.

From then onwards we concentrated mainly on severely ill children's drawings because children love to paint. They do not, on the whole, suffer from self-consciousness or inhibitions as adults so often do. On the other hand, the nearer some children, and also adults, come to a critical moment in their lives, the greater the urge to paint (should physical strength allow it). It seems that under the pressure of a life and death situation, hitherto untapped sources are activated and expressed.

Chaired by Professor Dr. W. H. Hitzig of the Haematological Department of the University Paediatric Hospital, Zurich (Director, Professor Dr. A. Prader), and under my guidance, a research group was formed in 1968 to explore in particular the somatic aspects of the spontaneous work done by leukaemic children. Thus the project 'White Child' came into being. From the beginning the same conditions as at the NC to safeguard scientific interpretation and evaluation were observed. Our work fully confirmed the basic findings of our NC research.¹ The University Paediatric Hospital, or *Kinderspital*, is hereafter referred to as KiSpi throughout the text.

In the early 1980's, with the deep interest of Professor Shmerling of the KiSpi, our specific approach was applied in another field, to a hitherto incurable disease, cystic fibrosis. Once more the pictorial material showed strikingly both the physical and psychological condition of the suffering child.²

The results of our research have stimulated other hospitals and individuals in different countries to apply our approach to various types of serious illness.

After decades of collecting, studying and evaluating spontaneous material, I was staggered to find that the main insights and observations won from it into the total person, both his body and his mind, are also applicable outside the clinical field, in our own everyday life situations, as well as in works of art.

¹ Some of the results were published in 1974/5, S. R. Bach, "Spontaneous Pictures of Leukaemic Children as an Expression of the Total Personality, Mind and Body". (Acta Paedopsychiatrica 1974/5, Vol. 4, Fasc. 2, pp. 86-104, The International Journal of Child Psychiatry) and in 1976 Dr. W. H. Hitzig and Dr. K. Kiepenheuer published "The Child and Death: Thoughts on the Relationship between the Paediatrician and the Terminally Ill Child" (Hexagon, Vol. 4, '76, No. 7, pp. 1-10).

² The first pictures of a young cystic fibrosis patient were published in my paper "And Who Thinks of the Physician?" (Hexagon, Vol. 13, 1985, No. 4, pp. 15-24).

In all these years of research I became more and more aware that a strange phenomenon emerged and became more recognisable: the phenomenon of forecasting signs. Once courageously acknowledged, I and my co-workers and friends could find it in almost all our material, even manifesting itself in our own personal experiences.

We now refer the reader to the book itself and especially the contents list from which its structure becomes apparent. Part I is intended to serve as a guideline to the practical steps for a systematic approach to the study of spontaneous pictures. Part II shows how to evaluate such pictures and how to reach the patient through the medium of his work. The last part of the book, Part III, contains amplifications and reflections on the subject of spontaneous painting in its manifold aspects previously described, and discusses the arresting phenomenon of Forecasting Signs.

The book ends with a chapter which comes back to the central question of the relationship between psyche and soma: there the image of the ellipse with its two focal points and its mathematical precision came to me as a helpful symbol embracing seemingly opposite powers, indeed even Life and Death.

PART I. Guidelines to the Study of Spontaneous Pictures

CHAPTER 1

On the Many Colours of Water – An Introduction

To begin with, we will look at something that is known to all of us: *water*, one of the basic elements of life. To the Impressionist painter John Singer Sargent (1856–1925) in this happy water-colour, “A Morning Walk” (Fig. 3), water is blue and so it usually appears to healthy children. Of course age and environment and the kind of colouring material being used must be taken into account.

Coming now to patients’ pictures: *Fig. 4 and Fig. 5 Mrs. G., age 67, carcinoma of the bladder, NC, ‘House with Village Fountain’ and ‘House with Trees’.*

One day, Mr. H. P. Weber (HPW) and I tried to persuade Mrs. G. to paint for us. She was a cheerful, composed, elderly lady in the X-ray therapy ward, who seemed to have come to terms with her life and illness. First she made sure that we were not making fun of her, that her grandchildren would not laugh at her. Reassuringly, I said that I myself could not paint but would sometimes doodle. Then, when we had won her over, she did not know what to paint. HPW had unobtrusively put one of our wooden boards with attached paper and drawing set onto her bed and we finally asked her what was most on her mind: it was home and her beloved house. From the full colour box she chose the light blue crayon, the colour of the sky, of distance, and drew everything with it: the house with its tilted chimney, the short path leading downwards to the left, a fountain (actually in the village square) barely touching the blue ground, its water spilling over: is this the water of life and does it also reflect the state of her urinary system?

Both the human being and the scientist in me were reluctant to accept the possible implications of her exclusive use of this colour, so often found in pictures of terminally ill patients. Thus I was tempted to interfere with her choice of crayon and objects and I asked whether there were no trees at home. Oh yes, there were beautiful trees at the back of the house. With HPW’s help, she accepted a second sheet and got ready to paint again. I offered her a dark brown and a leaf-green pencil for the tree, whereupon she said, “Oh no, I am quite happy with this one”. And so, lime trees and house were all drawn in the same light blue again.

When HPW inquired some time later after Mrs. G., he was told that she had died earlier than expected of a carcinoma of the bladder, a few weeks after drawing the pictures (the water running out . . .). We had known at the time that she had been fairly ill, but was responding well to treatment.

Fig. 6. Urs, ♂, 7½ years, myeloblastic leukaemia, KiSpi, 'Spraying the Flower with Red Water'.

But *why* should the water be red in the two following pictures? On a wavy dark green base stands a little person, the body filled with red, but for the head, encircled in blue. He is holding a red hose directly attached to a hydrant and is watering a red flower, almost as high as himself, with eight petals (his age) on a pale green stem. The golden sun, with red features (the same colour as the water) shines and, can we say, looks friendly.

Fig. 7. 'Little Man carrying Red Water to the House'.

In the second picture, we see a hydrant, this time with a tap, from which drops of red water drip into a tank which is filled with longish red flecks (corpuscles). Obviously there is enough 'water' for a man (outlined in red with blue face and green hat) to carry a bucket to the house, three quarters filled with red liquid. We wonder why this water is red. The answer is found in the case history. The boy, Urs, was admitted to the KiSpi suffering from acute myeloblastic leukaemia and received two blood transfusions which saved his life (his haemoglobin level rose from 4.9g to 9.9g per 100 ml). He recovered fully and six years later, at the age of fourteen, he started his apprenticeship at an iron-monger's. (See 'Recovering Children').

Fig. 8. Peter, 'Peter fights the Fire.'

Equally puzzling, perhaps, is the mauve water in the picture (Fig. 8) of another boy, Peter, who is helping to fight the fire in his double house. He commented that, "the children are crying because they know they are to lose their house". We have learned to relate the colour mauve in cancer patients (in conjunction with other pictorial signs) with a metastatic spread. We know from Peter's story (p. 23) that skilled clinical treatment gave him almost a year of normal life and that the metastasis caught up with him two and a half years later when he died.

¹ In connection with our work at the NC and KiSpi, but independently of it, Prof. B.S. Siegel, M.D.F.A.C.S., consultant hospital surgeon in New Haven, CT, U.S.A., has started a collection of the drawings of cancer patients (some two thousand pictures to date) and accident admissions to casualty departments. He has found in their pictures the use of the same mauve, with the same metastatic significance.

CHAPTER 2

How to Obtain and Collect Spontaneous Pictures

by Hans Peter Weber, Zurich.

Introducing Hans Peter Weber.

Before beginning the study and evaluation of spontaneous pictures, we want to introduce the reader to our clinical artist, the much loved Hans Peter Weber (HPW), to whom we owe most of the material from the Neurosurgical Clinic (Fig. 1). In 1951 Director Professor Krayenbühl commissioned him to create a mural for the children's ward of the University Neurosurgical Clinic at the then newly built Kantonspital. The mural (Fig. 2) extends from the window on the left to the door on the right side of the ward. He chose the story of the Flood with the ark and all the animals streaming out from the left. They are all in pairs but for the stag who, larger than the others, seems to carry the ark on its back.

When I asked HPW years later why he had selected the hart for this special role, he was not really aware of the 'reason', had not realised that this regal animal was a symbol of Christ, the healer. After all, the mural is in the children's ward where the young patients come into the hospital because of their own 'Flood' experience for treatment, for healing.

How to Make Contact.

In many years of working with seriously ill patients, children as well as adults, I have found that a genuine relationship is the key to this work. And so the way in which I introduce myself and explain my role is important. For example, after giving my name I might say, "I am not a doctor. I want to talk with you and play with you and draw with you," adding that "I like pictures and like to collect them."

For Continental people it is natural to shake hands when meeting, and this may also be helpful in other countries. It is desirable to greet the patient by name when meeting for the first time, and if parents or other adults are with children, they too should be greeted. At first, children may need to have a good look at us, and that may take quite some time, as they may be shy. The importance of a warm, leisurely approach cannot be over-emphasised.

General Approach.

Only after I have 'made friends' do I begin to try to stimulate the child's interest in drawing. I do not accomplish this by suddenly spreading out all the drawing materials and rushing the child into activity. Children under medical treatment have few opportunities to choose what they do, and so I find it not only important but also necessary to allow the child to choose if, when, and what he will draw for me.

If a child seems uninterested in the coloured pencils, I may ask if he would prefer making something with plasticine or coloured paper or some other material that has the same range of colours, and then I put it within his reach. His personal mood will be reflected in whatever material he chooses.

If a child refuses to take up any of these suggestions, I may then talk to another child in a neighbouring bed, or one even further away. I have sometimes found it helpful to stay at the bedside of the child who has refused to draw, even though I may be talking with other children in the ward. In this way that child can still feel my presence and concern for him, and sense that I accept his refusal and do not reject him for it. Some children need time before they feel comfortable about drawing. We must be willing to wait. We must not pressure a child into feeling that drawing is something he ought to do. It should be something that he wants to do, and will enjoy doing.

The child's fears and apprehensions about his illness and about being in hospital may give an exaggerated importance to the adults around him, and so I try to avoid overwhelming the child. I find it helpful to sit next to the bed, at the same level as the young patient. While I am within the child's range of hearing, I do not talk about either the child or his picture or his refusal to draw, and I do not whisper, because he may take this, rightly or wrongly, to be about himself. It is equally unwise to observe a child from a distance or to glance secretly at his drawing.

In talking with a child it is important not to ask probing questions, but instead to talk about everyday things: where he comes from, what things are like at home, his parents, siblings, school, teachers, classmates, pets, favourite things, hobbies, and so on.

Sometimes, however, the child himself will ask probing questions, particularly if he suffers from a critical or terminal illness. And then one may be tempted to lie or to fudge the truth, because of one's own personal feelings. One must learn to answer a child's questions as directly as one can, without elaboration. The child wants a simple answer and not the whole story. If he wants to know more he will ask more questions. The answer should be in the child's language and within the range of his understanding. It should be acceptable to the patient, leaving him neither frustrated nor confused; and if it is repeated to the parents, it should not contribute to false hopes.

If a child insists that you draw too, take an extra sheet of paper; never draw on the child's paper. Never add to or alter the child's drawing. From our adult point of view we may find that the figure in a child's drawing lacks shoes, or that his car has only three wheels, or that the hands have no thumbs or only three fingers, or that the colours are in the wrong places. These 'mistakes' are important for later evaluation. Drawings should be left as they were drawn – no one has any business changing 'wrong' colours, or adding colours, base line, frame, sky, or people. We must never even suggest additions or alterations to a child. For one thing, we have found that children are disturbed, and also hurt, when their drawings are criticised or 'mistakes' are pointed out. We have also found that what is missing or seems wrong to us can be of great importance in both diagnosis and prognosis.

It took us a long time to learn that even copy-drawings by children could inform us about the somatic as well as the psychological condition of the patient. In these drawings, variations from the original may be very revealing. If the child cannot let the original go, we photocopy it, or make a colour plate or slide, for comparison and subsequent evaluation.

The invitation to draw should be fitted into the clinical routine of the ward. We should remain aware that children, and possibly also adults, experience the interruption of their drawing by an examination as an intrusion into their private selves. If the schedule for drawing is carelessly managed, and such interruptions occur, patients stop drawing altogether.

If a child has refused to draw, we can try our next approach in an hour's time, or in the afternoon, or the next day, but only when the clinical routine allows it. Because other children in the ward are aware of the visits we make, we should not forget to include them in our farewell when we say goodbye.

In working with out-patients, the approach remains the same: try not to suggest any subject for the drawings. Parents may discover, while waiting for their children to be examined, that they wish to paint too. Include parents in the situation. They should not feel that the child is being taken away from them. Sit and talk with them. While you are doing so the child may already have started on a picture, for children as we know take readily to drawing and painting.

When children return home during an interval in their treatment, during a remission, or for a longer spell, I have found that a gift-packet of our standardised pencils and crayons, paper, return envelopes, and some sweets, proves very encouraging. If children relate well to the clinic and the clinical artist, they will send new pictures with loving notes of their own. Their pictures may not be precisely dated nor the sequence marked, but they will still help us to follow the somatic and psychological development and the child's mood. A week before children are due at the clinic for a check-up, especially after a prolonged interval, I send them another gift-packet of materials. Naturally we tell parents that if the little patient wants to draw, no theme should be suggested, nor should the parents 'correct' the drawings or otherwise mark the child's paper. Should parents and siblings feel the urge to make their own drawings, we encourage them to do so.

Materials.

The most suitable paper for drawing and painting is medium-weight typewriting paper or light-weight drawing paper. The paper should ideally be white; if the child wants it coloured, he will colour it himself. A practical size is 29.7 × 21 cm (12" × 8½"). The medium I recommend is coloured pencils of good quality. Regardless of manufacturer, an international basic requirement is that the pencils include the following shades:

light yellow and dark yellow
light brown and dark brown
light blue and dark blue
white

light violet and mauve
orange and red
light green and dark green
a soft (no. 1) graphite pencil

I do not advise using a black colouring pencil because it cannot produce lighter shades. The graphite pencil can give pale grey strokes as well as deep black markings.

If a child needs to erase, we give him an eraser, but not of the best quality art gum, because it is important for us to be able to see where his original markings were before his 'corrections'.

Another suitable picture medium is paper or fabric collage. The materials for this medium include:

scissors

coloured paper or shades of fabric, following the international basic requirement of shades listed for coloured pencils

a non-rubberized fixative

I strongly advise against rubberized fixatives as well as sellotape. Both show through to the front of the paper and leave the picture with yellow spots.

Water-colours of the required shades may be offered to children who are able to paint on a table, but not if they are confined to bed (because of possible spillage). I do not, however, recommend either oil paints or felt-tip pens. These usually produce markings and strokes too thick and undifferentiated to allow for accurate evaluation of the personal statement which the child may convey with pencil or water-colour brush.

Children making pictures in bed should ideally be given a bedside easel which can be adjusted to their position. They also need to have all the materials within easy reach. Fix the box of coloured pencils onto the easel with an elastic band and see that they are well sharpened; the child confined to bed should have a full selection of colours.

How to Collect Spontaneous Pictures Systematically.

When pictures are collected, certain data should be recorded on the back: the patient's surname, first name, nationality, religion, age, and the date of the drawing. If several drawings are made on the same day, the sequence should be noted (a,b,c, etc.).

Basic evaluation requires that all remarks from the patient be recorded. I have found it helpful to write on the back of the drawing paper with a very soft pencil. Behind each object drawn on the front, I note its position in the sequence in which it was drawn, and the child's comments while drawing it. Never write on the front: notation on the reverse side, behind or just over the object, lets us know later that the child said "This is a cloud" and not the apple we may have thought it to be. If by any chance anyone else wrote or drew on the picture side of the sheet, this should be noted on the back. If the child has drawn on both sides of the paper, an extra sheet should be taken for comments.

Other data to be recorded includes relevant events and influences, from both the child's outer and inner worlds. If a child stops drawing a horse or Mickey Mouse, not because he is bored or in pain, but because he was called for an examination or treatment, this interruption should be noted. If we know that the child's inner world may affect his drawing – if we know that the child feels homesick, or has had a bad dream, or is apprehensive about an operation – our notes could later hint at the reason for a picture's emptiness or absence of colour.

Our data may be noted in words on the back, but the drawings on the front are 'wordless communications'. They are direct communications from children and should be comprehended as such.

We have found the following questionnaire very useful:

University Children's Hospital Zurich

Notes to Spontaneous Drawing

Name of Child _____ Age _____ Sex _____

Department/Ward _____ Adult Present _____

Date: _____ Time of day: _____ Time spent painting or drawing: _____

The child painted: alone
following a suggestion
with help

The child made the following remarks whilst drawing: –

The child explained his picture after completion: –

Other remarks:

CHAPTER 3

The First Interview with Parents of a Fatally Ill Child

by Walter H. Hitzig, Department of Paediatrics,
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In the context of this book it might be of interest to give a brief summary of how we receive fatally ill children and their parents at the division of haematology in our hospital.

The admission procedure of a child is always the same, whether it suffers from a malignant disease or not. First, the intern takes the history, including psychological and developmental data. This is then followed by clinical investigations and whatever laboratory tests are required. On the basis of the data thus obtained we attempt to arrive at a diagnosis and to start the appropriate treatment.

A reliable diagnosis is imperative before one can begin to discuss the child's condition with the parents. In many malignancies, such as leukaemia, this can be obtained within a few hours. Once the diagnosis is confirmed, we make a hospital appointment with the parents. We take our time explaining to them the nature of the disease and what possibilities there are for treating it. We also talk in general of malignant disease and its effect on the patient and his family. Obviously such explanations require that the doctor has a thorough knowledge of both the particular disease under discussion and the present state of the therapeutic advances for its treatment.

Where the eventually fatal outcome of a malignant disease seems probable, it is absolutely essential to build up with the parents a relationship of mutual trust from the very beginning. An experienced doctor, assisted by the ward's intern, leads the discussion with parents. It has been objected that the presence of others inhibits both doctor and parents from speaking freely. This is why in other hospitals the senior physician alone talks with the parents. In our experience, however, we find that the parents feel more secure by being included in a group of helpers. Our approach has the additional benefit of offering the assistant training and experience in leading such conversations. There can be no doubt that being able to do so has to be learnt, in the same way as administering the correct dosage of a drug or applying a given surgical technique.

Unfortunate experience has led us to insist that both parents should be present at the first interview. Not only does this emphasize the importance of this first meeting; it also enables the parents to support each other. Moreover, it obviates the risk of one parent misunderstanding what had been said and then misreporting it to the other. The amount of time given to the first meeting is more than compensated for by the quality of the subsequent relationship between doctor and parents. Though under present hospital conditions it is not easy, it goes without saying that the first interview should take place in an unhurried atmosphere, in a quiet room, away from other people and without distraction by the telephone or the buzzers we all carry.

It is our practice to open the interview itself by coming straight to the point and telling the parents the diagnosis. We reject the often recommended, roundabout procedures of preparing the parents for the news gradually, for example, by spreading information over several interviews on different days, or even attempting to play the matter down, by using the term 'weakened bone marrow', or some such circumscriptions, instead of 'leukaemia'. This can only lead the parents to suspect that the doctor is not being candid with them. Of course, if the doctor himself is not sure of the exact diagnosis, he will have to express himself more cautiously and certainly must never go beyond what he considers firmly established.

After this opening of the conversation, harsh as it may seem, we explain to the parents the nature of the disease. In the case of leukaemia we deliberately use the popular expression 'cancer of the blood'. By using it we can trace logically the basic and obvious symptoms (anaemia, poor resistance to infections, tendency to bleeding), which the parents may already have observed.

The possibilities for treatment are the next subject of our discussion. The point is made that recovery can usually be expected within a relatively short time. However, the word 'recovery' should be qualified immediately. The parents will have to understand that cancer by its very nature is subject to relapses and that, after the initial treatment, the second long-term phase of treatment will attempt to prevent these. They will want to know that during this phase, the child will be able to stay at home and that it will then be very important that they carry out their part of the treatment: give the prescribed drugs exactly and come for the check-ups.

The long-term prognosis is what interests the parents most. In the light of therapeutic advances, arriving at such an assessment demands that the doctor is thoroughly acquainted with the latest developments in therapy. At this moment, we can say that in a considerable proportion of young children with acute lymphoblastic leukaemia (in large hospitals probably more than 50 per cent) complete and lasting recovery can be achieved. The prognosis, however, is not as favourable in older children. Combination therapy for nephroblastoma, one of the most common malignant tumours in childhood, has a recovery rate of more than 80 per cent. Unfortunately, with other types of malignancies results are not as positive.

As far as the child's immediate future is concerned, it is important to discuss the side effects of treatment. These may soon become apparent: nausea, weight gain with prednisone, or weight loss with cytostatics, bleeding, hair loss and tendency to infection.

We have also made it a rule to discuss treatment by unorthodox methods, which, as we point out, we reject, not as a matter of principle, but simply because they have not so far produced any positive results. We ask the parents to discuss openly anything they may have heard or read about the illness and think might be important.

At the first meeting we also deal with the question that is bound to be asked – the cause of the disease. It may well be true that many tumours in adults could be avoided by healthy

living. This is not so with childhood tumours; preventing them is quite impossible since what causes them is still unknown. In order to alleviate the parents' feelings of guilt, we stress, as we do in every subsequent interview, that it would be futile to brood over the previous diet, a stay in the mountains or by the seaside, over contacts with particular people and so on. Unfortunately, parents tend to search for such causes. Mothers especially, suffer from feelings of guilt which we often are unable to dispel. We then suggest personal counselling.

We bring this first interview to a close with a call for mutual confidence. We ask the parents to leave all the technical details of the treatment to the doctors, thus somehow answering the question of "to whom does the patient belong?" We acknowledge that they may find themselves under great emotional strain in the immediate future and that the situation is, indeed, serious. But we also reassure them that firstly our technical resources provide a prospect of improvement and secondly that we shall give moral support to one another. This gives us an opportunity to mention our social gatherings for parents of children who suffer from leukaemia: at these they can share their more personal experiences and anxieties. We try to close the interview on an optimistic note.

It is quite impossible for the parents to understand everything we explain and to grasp all the medical terms at the first interview. Specific questions, previously answered, or particular points previously discussed, often have to be taken up and gone over again in later interviews.

As for myself, I found that it takes quite some courage to tell young parents "your child is suffering from cancer" and then face up to their emotional reactions. In fact, I was quite proud of the pastoral approach we had developed towards parents over the years. But then I read a statistical evaluation of what doctors tell cancer patients about the diagnosis of their particular speciality. The author came to the interesting conclusion that doctors tell their patients the truth in proportion to the likelihood of successful treatment. Thus dermatologists tell their patients the exact diagnosis in close to 100 per cent of cases, since skin cancers can almost always be cured. Gastroenterologists, on the other hand, rarely tell their patients the whole truth, because gastric cancers can hardly ever be influenced. Perhaps our policy of truthfulness owes something to the considerable improvement over the years in the outlook for leukaemia in childhood. Frankly, one might ask the question, "Are we honest because our treatment has become more successful?" (See also "The First Interview with the Parents of a fatally Ill Child and the Psychological Follow-Up", by W. H. Hitzig in *Psychosomatische Medizin*, 1980.)

CHAPTER 4

Short Case Histories: Peter, Priska and Lisbeth

A short case history is given first of two children, Peter and Priska, both from the NC, whose paintings are the most numerous in this book. Their pictures give an almost day to day report of their threatening illnesses, both somatically and psychospiritually, Peter's spanning about three years and Priska's about ten months. In both of these severely ill children, there seems to be a strange 'inner knowingness' running through their life story as reflected in their pictures. More detailed information will be given in connection with their pictures as they appear in different chapters of the book.

Some case notes on Lisbeth follow. Urs, also represented with numerous pictures, can be found in Professor Hitzig's section "Leukaemia in Childhood" in our chapter "How to see the Organic Aspect". For Adrian, we will turn to Dr. Kiepenheuer's contribution to the chapter on "The same Motif Changing within a Given Lifespan".

Peter's Story

Peter, ♂, malignant tumour of the brain (medulloblastoma), NC. The boy was admitted at the age of 8¼ years. He had been well until three months previously when he complained of pain between the shoulder blades. He gradually became unable to run, although he could still walk well, and he began to hold his head bent to one side and suffered from 'biting' in his neck. Three weeks before his admission, he started to drag his left leg and in the following weeks a rapid deterioration took place; his neck became stiff, he was unable to walk alone and in the last three days, he could only creep along the walls. The energy, power and dexterity in both hands had decreased, but otherwise he was in good general condition, was never sick, did not complain of headaches and had no fits.

On admission, he painted his first picture before any examination had been made and in all, he drew about two hundred and twenty pictures during his illness, of which we describe fifty-two here.

Since he was just recovering from German measles, an operation was contra-indicated, and deep X-ray treatment was given to the occipital and upper cervical regions. He received altogether about 8500 R within six weeks. He responded well with steady improvement and was soon on his feet again as reflected in Fig. 8, '*Peter fights the Fire*', and Fig. 9, '*Under the X-Ray Lamp*'. A malignant tumour of the brain (medulloblastoma) was inferred.

He could be discharged home almost two months later from the '*Kantonspital*' (Fig. 10) and when he came for a check-up two months later, he was progressing well and catching up at school. Altogether he could enjoy almost a year of the life of a boy of his age, keep-

ing in touch with the hospital for check-ups, painting at home and sending his pictures to HPW.

However, his health then deteriorated and he had to be re-admitted with a picture we called '*Remnant of a House*' (Fig. 11). This time an operation could be undertaken; a decompression was performed and multiple metastasis of the medulloblastoma was diagnosed. Peter recovered quickly from the anaesthetic and there were no complications. But we know from his picture (Fig. 12), that he had experienced '*Death with a Heart and Psychopompos*'. From the following sequence of his drawings, we gather that the threat to life never left him and we know from his own words (Fig. 13), '*Gefressen werden*' (to be eaten up), that he was almost conscious of the devouring power of his illness.

Peter was discharged for a short interval prior to prophylactic X-ray treatment and quickly regained his appetite and general vivaciousness. On his return to hospital, he was in good general condition, without neurological symptoms, sickness or giddiness. He was again discharged home, well, without complaints but for a very slight left-sided paresis with a bilateral Babinski reflex, though he had no difficulty in walking. At a check-up three weeks later, he was again well, without complaints, free from cerebellar symptoms and without signs of raised intracranial pressure. No pathological symptoms were found and he was to come back in half a year.

However, he deteriorated to such a degree that his parents decided to keep him at home, quite a distance from Zurich. His condition then so worsened that he was sent to the local hospital for radiotherapy treatment, first as an out-patient, but soon he had to be hospitalized. His courageous spirit and tortured body are possibly best expressed in his picture, '*Coup de Grâce*' (Fig. 14) drawn at a time when he said "There is no more space in my skin to put a needle in". He refused finally to see even his mother.

He died almost depleted, but his last picture, '*Bird of Peace*' with the gold-tipped wing (Fig. 15) gives hope that Peter's tortured existence reached its destiny, the land of peace, after all, and that he had come to terms with the powers beyond, with the sun, with his God. He was ten years and three months old.

Priska's Story

Priska, ♀, malignant tumour of the brain (medulloblastoma) NC. The little girl was admitted when she was 8½ years old. She had been taken ill with cystitis a month earlier, followed by headaches, daily vomiting and unsteadiness when walking. An ophthalmic examination had shown bilateral papilloedema. On admission, she painted her first picture before any examination had been made and drew in all ninety-four pictures, of which we describe sixteen here. She was diagnosed and operated on for a malignant tumour (medulloblastoma in the lateral half of the left hemisphere). This was followed by deep X-ray treatment on the head and, a month later, on the lumbar region.

Two months after the operation, Priska was discharged and came for a check-up after a further three months with an excellent clinical report. However, after another three months, her condition had deteriorated: she was vomiting, her facial expression was immobile and her gait unsteady. She was re-admitted with a diagnosis of malignant tumour in the region of the nucleus caudata. X-ray treatment was given on the cerebellar region and the thoracic spine. Her condition so improved that she was discharged a month later.

However, as her illness progressed, she received X-ray treatment on the right cerebellar hemisphere because the symptoms indicated a recurrence there – as she had pre-painted in her *'Mushroom House'* (Fig. 16). The general practitioner who attended her reported that, but for one attack of pain, readily dealt with by drugs, she seemed to be painless, calm and contented. She died six weeks later in her tenth year.

Throughout the sequence of her picture story runs, as in Peter's, an 'inner knowingness', an undoubted directedness, which guided her, both somatically and psychospiritually, from beginning to end of her terminal illness towards the ultimate outcome of her short journey through life.

Most impressive and revealing, perhaps, are the different relationships of the two children to St. Nicholas, the patron saint of children. Whereas Priska stated that she was not afraid of him and his servant, Schmutzli, and she walks with them in step, in harmony in her pictures, to Peter St. Nicholas is an enemy, a trickster, who would punish him for his disobedience. This may give us a hint as to why he died a tortured person, in agony, while she could leave this earth contented and serene.

Lisbeth's Story

Lisbeth, ♀, 8 years, acute lymphoblastic leukaemia, KiSpi. The girl was the oldest of five sisters, her parents were farmers, Roman Catholics. Her birth (at home) and development were normal. She was described as a very friendly child, advanced for her age, reasonable and thoughtful. The words 'illness' and 'death' were never mentioned at home: "Fortunately, she never asked".

The first clear symptoms of leukaemia were observed in December 1965, just before Christmas. Lisbeth was admitted to the Children's Hospital on 6th January 1966 with acute anaemia and ecchymosis and was diagnosed the same day. A blood transfusion was given and antileukaemic chemotherapy continued after discharge at outpatients. She was well enough to go back to school. A first meningeal infiltration occurred in March 1967 and recurred in July and August 1967. She had to be readmitted in December 1967 with severe broncho-pneumonia. After two bone marrow relapses in June and August 1968, she was again admitted on 5th December 1968 with a new bone marrow relapse, combined with meningeal attack and received intensive cytostatic treatment. She died in hospital on 19th December 1968 with signs of severe blood loss, before a planned blood transfusion could be given.

The four pictures at our disposal were drawn between 26th May and 8th September 1968. Once more we ask ourselves what do these paintings tell us in their pictorial language? And we find that they reflect indeed the story of the child's illness with an almost premonitory precision: The reflection of her leukaemic condition (Fig. 17); The onset of her disease (Fig. 18); A portrait of herself – as members of the medical staff commented – with the tall five-petalled flower so meaningful in the picture of dying children as a symbol of completion (Fig. 19); And finally the *'Jumping Jack'* who receives his motoric power from an outer source, not under his personal control (Fig. 28). We are arrested by the repetition of the number three – her remaining units of life.

This is what I myself could understand when I had studied Lisbeth's pictures, but it was only afterwards that I heard the full story of the dying child. Lisbeth had wanted her mother, five days before her death, to read to her Andersen's fairy-tale of "The Little Match Girl", which is the story of an utterly lonely child trying to sell matches on a bitterly cold New Year's night. The little match girl experienced within herself – striking one match after another – the reunion with her Grandmother (long dead) to fly with her to heaven where there was no cold, hunger or fear, and she was found the next morning frozen to death. We remember the five tufts of grass in front of the girl in Lisbeth's picture and also the five petals of the *'Magic Flower'* (Fig. 19).¹

Have we here an exemplification of the young patient's 'inner knowingness' as reflected in her four pictures?

¹ For full story see "Spontaneous Pictures of Leukemic Children as an Expression of the Total Personality, Mind and Body", The International Journal of Child Psychiatry – Reprint from Acta Paedopsychiatrica 1974/75 Vol 41. – by Susan Bach.

CHAPTER 5

How to See Systematically what there is in a Spontaneous Picture

We now turn to our systematic approach: how to read, translate and evaluate spontaneous pictures.

i. Copy and name the Picture.

When recording observations in detail, it is helpful to trace the picture onto transparent paper. It is surprising how much more one can then see. Then give the picture a name. Naming the picture is an aid to both memorising and communicating. It may come in useful at any time in the course of one's study.

ii. Compare the Picture with the surrounding World.

Fig. 20 Marianne, ♀, 11½ years, malignant tumour of the brain (inoperable) NC, 'Village Church'.

Why should a child paint the church of her home village not with an onion tower and in its natural surroundings (Fig. 21), but rather as a barren church, standing on nothing and turned to the left? Could the red roofs of the tower and the nave possibly reflect a malignant process in her head, and the empty windows an impaired vision? Why are the walls of the whole building shaded over in pencil? Was life fading out of her body? And what about the black cross on top of the tower, which she added with a mighty effort as I was sitting by her bedside sharing her profound aloneness? Did it express what she may have felt deep down inside: taking up her cross?

The operation on the following day unfortunately revealed an inoperable, extensive malignant tumour of the brain. The girl died five months later. We think here of the five windows.

In the next two pictures, can we take it as an indication of an early harvest that both of these children regardless of the type of illness paint their life tree leafless, with pale red fruit falling early, in Spring?

Fig. 22 Walter H., ♂, 8 years, malignant tumour of the brain, NC, 'Early Harvest'.

Walter drew his picture in April, five months before diagnosis (note five falling apples) and died of an inoperable tumour in early Autumn in his ninth year.

Fig. 17 Lisbeth, 'Apple Harvest in May'.

Drawn in May, her life tree, slightly to the right of centre, is dropping its fruit. Can we take this as an indication of an early end to her life? In the upper west corner, the sun, with a doubtful expression, has eight rays. We wonder why? (See 'Recurring Numbers'.)

Parallel from the Arts: Fig. 23 J. F. Millet (1814–1879), 'Apple Harvest in Season'.

iii. See what is odd.

Fig. 24 Priska, 'Don't Feed'.

Why should newly hatched chicks not be fed? Although Priska is presently recovering from a helpful operation on a tumour of the brain, might an early end to her life be implied? She suffered just one attack of pain before she died peacefully nine months later. (See Short Case History).

Fig. 18 Lisbeth, 'Flower with a Devil's Mask'.

Why should the face of the fifth flower have a devil's mask? The illness struck when she was five years old.

Fig. 25 Georg R., ♂, 10 years, tumour of the brain – spongioblastoma of right frontal lobe, NC, 'Father Christmas'.

Why is his left arm hanging stiffly with a tiny hand and his beard on the left side almost empty? After an emergency operation the young patient suffered post-operatively from a left-sided hemiparesis.

iv. See what is there and what is missing.

Fig. 26 R. G., ♂, 10½ years, polypus of ear, 'Rabbit sitting on Grass' (child's title).

Löwenfeld mosaic test, by courtesy of the Institute of Child Psychology, London.

Why is there no colour in the right ear? The hearing was still impaired after an operation for a polypus.

Fig. 27 E. W., ♀, 55 years, meningioma, 'Clock Face and Daisy'.

Test drawings, by courtesy of Durham Medical Gazette.

(a) and (b): left side of clock face and daisy incomplete.

(c) and (d): ten days later, both complete, after successful removal of meningioma from right parietal cortex.

v. Note and count Objects, especially when recurring.

Fig. 17 Lisbeth, 'Apple Harvest in May'.

Remembering Lisbeth's picture in the section on comparing with the surrounding world, we note here that the same number, eight, occurs three times: in the apples overflowing the basket (eight–nine), in the sun's rays, and in the grass tufts. The recurrence makes us apprehensive. Does the harvest out of season indicate an early end to her life's circle?

Fig. 28 Lisbeth, 'Jumping Jack'.

Almost three months later, we have her last picture: a cut-out Jumping Jack or 'Kasperli'. Her father had bought it for her from a toyshop. She gave it her own choice of colours and detail. Concentrating here on numbers, we notice that the number three is repeated four times: in the three sharply defined shapes on the ground, in the three red lines with their three red markings on the conical white cap and, finally, in the three rays of the sun. As this is a child suffering from leukaemia, we wonder whether the three red rays of the black-featured sun in its most westerly position represent just three units (three months?) of blood which she has to sustain her life. She died three months later in her eighth year.

Fig. 29 Walter H., ♂, 7 years, malignant tumour, pinealoma, of the brain, NC, 'Trees with Snails and Little Man'.

Seven conical snail-like shapes sit on seven green trees, with an eighth empty trunk on the left. Note the red dot in the corresponding position on the heads of the two pencilled figures: the place of the malignant growth (See 'On the Use of Colour').

The boy was first admitted with a diagnosis of pubertas praecox (premature puberty) at the age of seven. He was re-diagnosed as suffering from a malignant tumour of the brain. He died from his pine-cone-shaped tumour before his eighth year.

When I showed C.G. Jung this picture years ago, he commented that snails had been known to eat up a whole forest in one night.

vi. Note recurring Numbers in different Objects.

Fig. 30 Marina, ♀, 7 years, acute lymphoblastic leukaemia, KiSpi, 'Manöggeli'.

The little girl commented: "The birds are all flying to Heaven but the smallest one will get there first". We count seven flowers; the last one on the left has no head. We also notice the number of fingers: three on one hand and four on the other, seven altogether.

The young patient died, apparently contentedly, seven days after she drew this picture, in her seventh year. (See 'How to see the Organic Aspect in Clinical Conditions')

Fig. 31 Sonja, ♀, 5 years, lymphoblastic leukaemia, KiSpi, 'Birthday Cake'.

We see seven embroidered candles in a cardboard cut-out. The little girl used gold for two of the candles which we understand as the golden years of her life, the three red candles as reflecting the span of her illness, the blood cancer, and the sixth candle, in the middle, outlined with black wool, as foreshadowing her early death. She died just before her sixth birthday (See 'Forecasting Signs').

vii. Note any Numerals, Names, Words and Initials and allow for their special Significance.

Numerals.

Fig. 32 Peter, 'An Engine marked 17'.

A blue duckling with red load is racing downhill diagonally to the left on a sledge through the woods. Up on the right, a skier is setting off (note lower part of the body and legs in tumour-red). A train with black engine marked '17' in the same red, has come off its rails and followed by a blue 'cloud bird', is running into the six yellow rays of a blue-faced sun in the top left corner.

We were certainly struck by the vividly red coloured '17' on the engine. Where would his engine take the young patient in seventeen 'units of time'? In fact, it was after seventeen weeks that his skier reached the lower left of the quadrants and could not go any further. His life came to a standstill. (See 'Quadrants')

Fig. 33 Monique, ♀, 11 years, metastasis of the medulla (ependymoblastoma), NC, 'Doing Arithmetic'.

The little girl was obviously playing with figures and numbers and gave herself a mathematical problem. We concentrate here on the top line, where she added up $85 + 70 = 105$. The number five is drawn in burning red into a scribbled 'spine' – the girl died exactly five months later of her metastasis. Jung, who was especially interested in the particular significance of numbers, was very struck by this picture.

Names.

Fig. 8 'Peter fights the Fire'.

We have previously met this picture of Peter's in which he is fighting the fire with mauve water. Here we notice that he wrote his name right across his body, making it quite clear that he is actively fighting to save the burning double house.

Fig. 36 'Priska's Mushroom House' (reverse side).

Priska writes her name in large letters across the back of her last picture in the same 'burning red' which she used for the small section of the roof of her mushroom house –

(Fig. 16, front of page) – which indicated the seat of the, as yet undiagnosed, secondary tumour of which she died.

When studying this picture of Priska's and finding the signature so meaningfully written on the reverse side of the drawing sheet, I was alerted to the possible significance of signature, both of the position within the four quadrants and the colouring. This proved helpful, not only when working on patient's pictures, but also when looking at the works of artists.

Words.

I have found that words written into spontaneous pictures seem to come from a more conscious level than pictorial images.

Fig. 34 Peter, 'St. Nicholas, Schmutzli and the Teddy Bear calling for Help'.

Following St. Nicholas, whose sack 'is full of good things' (the boy's comment) is Schmutzli, his servant who is earless and armless and carries a teddy bear-like animal in his sack. Why should the ill boy write 'Help' over the animal – his body side? Is he then becoming aware of his plight? He commented: "The disobedient one is in the sack". Does he feel illness as a punishment?

Fourteen months later he writes on the drawing of his snowman the words "Gefressen werden" (to be eaten up) in 'tumour-red' (Fig. 13). He seems to be almost aware that his illness is eating him up. (See 'The Same Motif changing within a Given Lifespan')

Initials.

Fig. 37 Trudi, 9¼ years, malignant tumour (ependymoma) and haematoma, NC, 'House and Tree'.

The earth-brown house, understood as an expression of the body, shows the initial of the child's surname 'H' on the door. It is drawn in mauve, reflecting an endangered condition. (See 'Colour Mauve'). It also makes it clear that this, her house, is under threat. The rodent understood as her relentless illness, severs the tenth branch of her life tree. She died in her tenth year.

Fig. 35 Peter, 'St Nicholas, Schmutzli and the Teddy Bear calling for Help' (carbon copy).

We refer here to Peter's St. Nicholas and 'his shadow' where only in the carbon paper copy an 'H' was added in green over the caught person in the sack: what a call for help! (See 'On the Dangers of Misinterpretation')

viii. Note whether Objects are filled in or not.

Fig. 38 and Fig. 39 Esther, ♀, 13 years, malignant tumour, NC, 'Christmas Tree with Mistle-toe', 'Poplar with a Halo'.

Shortly after her richly filled Christmas tree, the young girl draws this leafless poplar, reflecting her unexpected death.

ix. Note whether Objects have been painted over or the Picture has been discarded.

Fig. 40 Miss C., ♀, 27 years, anxiety neurosis. St. Bernard's Hospital England, 'Cat without Feet'.

The upper part of the cat's green body is blacked over. We wonder why. She felt her upper body, her breasts, 'dirtied' – blackened – by sexual interference at an early age (See also 'How to See the Organic Aspect' and 'On the Dangers of Misinterpretation').

Fig. 41 Adrian, ♂, 6 years, acute lymphoblastic leukaemia, KiSpi, 'The Blackened Sun'.

Why did this young person blacken out the life-giving sun? Did he feel that the light and warmth had gone out of his existence? Had he noticed that a new baby was about to be born into his family and he would lose his 'Mummy'?

'Salvaged' material has also proved important.

Fig. 42 Ruth, ♀, 7 years, trauma, depressed fracture of the skull, NC, 'Soul Bird into Aeroplane'.

HPW 'fished' this picture out of the waste paper basket. Although we do not know why the child discarded it, it can teach us quite a bit about the total condition of the child. She first drew a bird, outlined in pencil, with yellow beak and pale blue eyes (celestial colours) – her soul bird? – flying in from the left to the right. She then turned this age-old symbol into a modern aeroplane. The wings carry signs in orange (colour for accident?). We notice that nine colours are strongly applied to the tail. Is the child returning to life after a severe accident? Is the life-feeling coming back to her? The case history reports that the young patient was admitted after a traumatic accident with a depressed fracture of the skull. She made a good recovery. (See also 'Colour Orange' and 'Motif of the Bird').

x. Look through the Picture against the Light and consider the reverse Side.

It is important to look at the picture both when the drawing sheet is turned over and when it is held up against the light. We will look at two examples of this in Priska's 'Sun Umbrella' with the 'Ferryman' on the reverse and Peter's 'The Cannon Shooter' with 'Sunflower in a Boat' on the reverse.

Figs. 43 and 44 Priska, 'Sun Umbrella' and 'Ferryman'.

Near the centre of the first picture we see an umbrella, drawn in dark and light green and mauve on a free-standing dark brown rod. A little person with empty body and armless hands, its head strangely detached, is walking to the left and taking shelter under the umbrella. Despite the fact that the base is filled in with dark green, possibly indicating a stretch of healthy ground underfoot, we feel uneasy about the irregular, black, hook-shaped strokes with which the rain is drawn. From studying the pictures of many severely ill patients, we have learned to regard 'rain' of this type, together with other pictorial features, as a possible indication of metastatic spread. (See 'Rain' and 'Colour Black'). Priska commented: "He stands in the rain but he got under the sun umbrella just in time". Then she added, "This is not a rain umbrella", and insisted that it was not an ordinary umbrella. This made us wonder whether the X-ray treatment might now shelter her from the spreading of her illness. It would seem that in a previous picture (Fig. 24), the treatment had already hatched the new life of the chicks, as it were. Looking more closely at the picture, I noticed a figure showing through it from the reverse side of the sheet: it was a bearded oarsman in a blue coat, with red-encircled empty eyes and red nose. He was standing on a crescent-shaped brown boat flying a Swiss flag just above the figure. The 'superimposed' figure seemed to move leftwards 'in step'. Who is he, appearing just at this moment in her life and where are they going? The ferryman comes to mind, who, like Charon of ancient Greece, carries the souls over the water to the realm of the dead. In modern Greek folklore, he is deaf and blind.

Parallel from the Arts: Fig. 45 'Charon in his Boat Receives A Shade which Hermes Psychopompos had brought him'. (Larousse Encyclopaedia of Mythology, p. 188. From Benndorf, Griechische u. Sizilische Vasenbilder. Leipzig, 1971, pp 233-5)

It is worth noting that the children can have as much paper as they want, so why did Priska use the reverse side? The complementary aspects of her life situation alerted me to look systematically at the 'wrong' side of patients' pictures for what they might have drawn or noted there. This proved helpful and worthwhile.

Fig. 46 and 47 Peter, 'Sunflower in a Boat' and 'The Cannon Shooter'.

We made a similar observation in these two pictures of Peter's. A strongly outlined human figure, walking to the left with heavy, empty shoes is spraying a black substance onto a flower with a sun's face. Again we ask: Who is he? The sun above, in the top left corner, has sharp teeth and looks to the left. Is it turning a blind eye to what is going on below?

Searching for an answer to these puzzles, I looked more closely at the drawing. Holding it up, the light shone through and from the other side I saw a determined looking figure shooting cannon-balls. If we superimpose the two pictures, we notice that, if the trajectory were to follow the direction of the arm of the marksman, the cannon-balls would singe the hair, but just miss the head of his opponent on the front picture (Fig. 46). The dark spray, however, would reach both of the gunner's arms and part of his body. Are the two

forces, which can be seen in Peter's *'Pulling in Two Directions'* (Fig. 54), manifesting themselves here and now, the one urging him to live and fight for his life, the other already having marked him for death? It moves us to remember Priska trying to save herself under the 'umbrella', while Charon calls on the reverse side of the drawing.

It is possible to discern from these pictures that, at critical moments in life, several strata of awareness seem to emerge, reflecting different layers of the total personality.

CHAPTER 6

How to reach the Patient in and through his Pictures

Aspects of the Patient:

i. Expressed directly.

We will now try to follow the patient into his picture. Try to feel what it is like to be a child without feet, a tree without roots – try to become any person or object in the picture, viewing it from inside, as it were. Then we will use our professional skill to evaluate the clinical condition, while remaining aware of the danger of identification and transference.

First we should realise that a spontaneous picture is an expression of the patient himself or herself. He may be identified with any human figure in the drawing as well as any object, be it a house, an animal, a car, or an aeroplane.

Fig. 48 Arthur, ♂, 6 years, lymphoblastic leukaemia, KiSpi, 'White Child on Red Couch'.

The theme, 'My Family' was given at the hospital school. In the upper left corner of the drawing paper we see a white figure on a red couch with the word *ich* (this is 'me') below. The other members of the family are all drawn in colour. He was the first 'white child' I ever saw in drawings of children suffering from the 'white illness', leukaemia, as he himself expressed in his picture.

Fig. 8 Peter, 'Peter fights the Fire'.

We recall this drawing from the chapter 'On the Many Colours of Water' where the boy without feet writes his name 'Peter' across his body, making it quite clear that this figure is himself.

ii. Projected onto a Person.

Fig. 49 Xaver, ♂, 11 years, acute myeloblastic leukaemia, KiSpi, 'My Doctor'.

When admitted, the patient was bleeding dangerously from nose and mouth. The day after admission, when Professor Hitzig was questioning a young physician taking his qualifying examination, Xaver grew bored and was given drawing paper and a box of our standardised pencils. He then drew the figure of 'My Doctor'.

In his picture, spots of blood on the doctor's clothes correspond precisely to the haematomas on his own skin, and the red bulbous nose is also an exact reflection of his own state on admission.

‘Thunder and lightning’ flashes are drawn above the figure with a reversed question mark, or are they coming out of his head? The boy said, “His head is blown off”, so this is how he felt.

In spite of a good and prolonged remission (blood transfusion, cystostatic infusions) he finally died. Can we understand the reversed question mark of his picture as an indication of the patient’s doubt about his life and his future?

iii. Reflected in a Flower.

Fig. 50 Ruth, ♀, 7 years, trauma, depressed fracture of the skull, NC, ‘Flower with Cut-off Head’.

For this girl of seven, the flower is herself and she wrote over it her name, ‘Ruth’. Above it we see the ‘cut-off’ head (she had almost lost her own head in a severe accident). To the right of the drawing sheet, over a second flower with two leaves, she wrote her surname in many colours, which is prognostically encouraging. She recovered well. (See also ‘Quadrants’).

iv. Reflected in an Aeroplane.

Fig. 51 Hans Peter Schu., ♂, 9 years, generalised epilepsy left focal, NC, ‘This is Man’.

A wingless, strongly outlined, aeroplane without pilot or any other sign of human control, with mauve landing gear, in a sky lightly drawn in blue strokes. Underneath, the young patient wrote, “This is Man” (*der Mensch*) with an exclamation mark on either side. This is how he felt. (See also ‘Colour Mauve’ and ‘How to see the Organic Aspect’).

We have seen in these five pictures how the patient expresses himself and his or her condition. Arthur is clearly identifying himself as a white child on a couch; Peter writes his name right across the human figure which fights the fire with mauve water; Xaver identifies himself with ‘My Doctor’ carrying the red signs of his leukaemic symptoms on his body and Ruth projects aspects of herself and her condition onto the cut-off head and the flowers. Finally, Hans Peter suffers his personal condition as that of helpless ‘Man’.

Chapter 7

Aids to Orientation

i. Direction in Pictures.

Directions in a picture, such as right and left, are of great importance for the evaluation of spontaneous paintings. The facing to the left of human figures, animals, cars, etc. – to the west on the map,¹ the side of the setting sun – indicates going to the left (Latin: *sinister*), the doubtful, the dark, the unconscious, the unknown (which also includes the not-yet-known).

Facing to the right (or turning to it, observable especially in a series of drawings), to the east on the map, the side of the rising sun, may indicate a return into life, a positive phase in the patient's existence. It can signify a successful operation, radio- or chemotherapy. A process of recovery, whether permanent or temporary, may be indicated by other pictorial signs.

In thousands of pictures drawn by severely ill children, we have observed that their disease is, so to speak, projected 'directly' onto the drawing sheet, so that the right side in their picture mirrors the right side of their body and the left their left, as if dipping their hands into colour and putting them on the paper (Fig. 52). However, the artist sees 'objectively': right and left are depicted in terms of the object, so that the right side of the object is on the left in the picture, and vice versa. This fact is illustrated by a picture after Frans Hals (1581/8–1666).

Parallel from the Arts: Fig. 53 After Frans Hals, 'Family Portrait'.

We now describe two pictures, drawn at crucial moments of life, which show how the direction of objects changes during treatment.

Fig. 54 Peter, 'Pulling in Two Directions'.

Peter drew his picture sixteen days after radiotherapy. We see, on the upper part of the stage, a little figure turned to the left, whereas on the lower part a similar little figure struggles towards the right. We are glad to learn that a few days later Peter draws himself (Fig. 8, '*Peter fights the Fire*') turned to the right, well enough to fight the fire in his double house.

¹ Long before Man and his map-making and map-reading, the bees, as K. von Frisch has shown, were oriented for food-gathering by the position of the sun. See *Dancing Bees: an Account of the Life and Senses of the Honey-bee*, Methuen, London, 1954.

Fig. 55 Priska, 'Who will win?'

Priska drew her two teams on diving boards about three weeks after an operation on a brain tumour. The team on the left has four members plus one in the water. The team on the right has two plus two in the water; nine in all, her age. Under a deep-blue sky the sun in the centre shines down onto the two parties. Who will win? Five on the left versus four on the right! Alas the team on the left side did win in the end.

ii. Direction of Objects within a Series.

The next three pairs of pictures reflect changes of direction in the course of X-ray, chemical, and surgical treatment.

Fig. 56 Roberto, ♂, 7 years, malignant tumour of the brain, NC, 'Nothing left but a Plume of Smoke'.

There is almost nothing left of this patient's house, but for the roof with a plume of smoke.

Fig. 57 'Tau Sign and Two Fishes'.

After ten days' successful radiotherapy, his car is returning from the left. The roof, marked with tumour-red, is now on a house outlined in pencil with an open pond in front with two fishes. The young patient died two months later. (See 'Letter Tau').

Fig. 58 and Fig. 59 Werner, ♂, 13½ years, haematoma, NC, 'Aeroplane taking off at high speed' and 'Dragonfly and Water-lilies'.

The boy's aeroplane, the colour of 'haematoma-red' in the cockpit, is flying to the left. After a successful emergency operation, coming back into life, his dragonfly is on its way to the water-lilies on the right. (See also 'Colour Red' and 'Recovering Children')

Fig. 60 Micki, ♂, 7 years, acute lymphoblastic leukaemia, KiSpi, 'Postal Coach with Stop Sign'.

The young patient's empty postal coach with white windows on a white road (he is a leukaemic child) is being stopped on its way downhill by a road sign, with the driver obviously in discussion with a little red-bodied person on a blue bicycle.

Fig. 61 Micki, 'Postal Coach goes Uphill'.

Improving under chemotherapy, his golden-yellow coach is this time turned to the right, uphill, on a road drawn now in red (the colour of blood), with the people going to the farm for an outing (the boy's comment.)

iii. On the Significance of the Four Quadrants and the Use of Crosswires.

As an aid to orientation in describing and evaluating pictures, the device of the crosswires, showing, as in microscopy, the centre and the four quadrants, has proved very useful.¹

The reader will find general observations followed by examples from our ill children's drawings.

Empirically, we have found the four quadrants to be of indicative value. Objects in the upper right (plus-plus) quadrant may point to the situation in the 'here and now'. On the other hand, objects, paths etc, 'moving' within or towards the lower left (minus-minus) quadrant, have consistently been observed as 'downhill' trends, towards darkness and the unknown.

A movement from the right, across the centre and into the upper left (minus-plus) quadrant, where the sun is last seen and furthest to the west, we have found in the pictures of children and adults whose illness takes them slowly out of life. In other words, the movement in this quadrant is horizontal to the left, towards the west, but at the same time upwards to the beyond.

Objects in the lower right (plus-minus) quadrant often indicate the potential future or the recent somatic state, which is apparently still within, or coming into, the realm of treatment, or psychologically to the threshold of consciousness.

What is in, or near, the centre of the sheet is frequently of 'central' significance. An empty centre can be equally revealing. The question as to why this should be so, as well as that of the balance within the picture between objects, colours, motifs, etc., has to be considered.

However important the position of motifs in a single picture may be, it is desirable to have a whole series, or at least two or three drawings, so as to be able to follow up any development. It is important to see whether the 'movement' continues in the same direction, changes, or even reverses. A more secure basis for a preliminary evaluation can be gained by noting the choice of objects, their increasing or decreasing number, whether they are only outlined or filled in, as well as the use and intensity of certain colours or of any colour. All this is to be considered in relation to the age of the child.

We follow the quadrants clockwise:

upper right (+ +) quadrant, the here and now.

Fig. 62 Kāti, ♀, 11 years, concussion, NC, 'Overshadowed House and Tree'.

In this picture, we concentrate on the sun in the + + quadrant, which 'shines on' in spite of the unconscious state of the girl after a fall onto a concrete floor. She recovered quickly. (See also 'Colour Black')

¹ A transparent quadrant is provided at the back of the pictures section.

Fig. 63 Marcel, ♂, 6 years 1 month, acute lymphoblastic leukaemia, KiSpi, 'Snow White and the Seven Dwarfs'.

Once more we focus on the sun in its eastern position, filled in with blood-red, its many red rays wheeling it back into life; this is the moment when a remission began.

lower right (+ –) quadrant, often indicating the immediate past or the potential future.

Fig. 6 Urs, 7 years, 5 months, acute myeloblastic leukaemia, KiSpi, 'Spraying the Flower with Red Water'.

We have met this picture in the chapter 'On the Many Colours of Water' and now find that the position of the trough in the + – quadrant supports our understanding of the redness of the water as a helpful blood transfusion. (See also 'Colour Red' and Professor Hitzig on 'Leukaemia in Childhood'.)

Our second example for the + – quadrant is the drawing of a young woman suffering from Hodgkin's disease.

Fig. 64 Meinrade, ♀, 27 years, Hodgkin's disease, NC, 'Cat and Mouse'.

In this picture, we see a woman in a lightly crayonned sky-blue dress walking on nothing across the centre to the left. She is obviously unaware that her dachshund is pulling back on its leash, helplessly watching the grey cat which already has a mouse in its snout. Does the position in the lower right part of her drawing reflect a life-threatening situation in the near future? Will it be four units of time before the patient dies and is buried under the four green branches of the bush in her picture? The patient did die unexpectedly four months later.

lower left (– –) quadrant, often the place of the darkness and the unknown.

Fig. 65 and Fig. 66 Peter, 'The Witch' and 'Down to the Left'.

Once more, a picture of Peter's: We remember his drawings after X-ray treatment (See 'Guidelines', section X, "Look through the picture against the light . . .") of the dark power spraying his sunflower with black cannon shots. This time we meet him after he had experienced an urgent operation essential to prolong his life. Here, in the left lower quadrant, he encounters the witch who lures him into the darkness of the woods. While drawing this picture, the young patient told HPW: "I dreamt last night that a witch came and said: "It is lovely in the woods. She had mauve shoes on, and I recognised her immediately as a witch and so did not follow her." However, later the same day, he drew the next picture. Despite his courageous determination not to follow the witch in the dream, and so not to go leftwards with her, he now drew a figure in 'burning red' being pulled with enormous force diagonally – the shortest way – from the top right to the bottom left corner. Of the black arrow, the boy commented: "This should be done with all my

might". Has his brave resistance been broken and is he forced to follow this dark power? We learn from the case history that, alas, indeed, he had to.

Naturally, we have looked in the positive quadrant of this picture for counter-acting forces, but the empty fir trees in the $+ -$ quadrant and the small red outlined indication of a house in the $++$ quadrant would not outweigh the witch's dangerous lure. There is nothing in the whole drawing to balance the seemingly irresistible pull to the lower left corner.

From Peter's witch, we turn now to the picture of another child who is suffering from a malignant tumour of the brain.

Fig. 37 Trudi, ♀, 8 years, NC, 'House and Tree'.

We saw this picture earlier in the section 'Initials' and this time we put our plastic sheet with crossbars over it. We will then observe that the crownless tree with the rodent is in the lower left quadrant. This being the little patient's *arbor vitae*, it actually – with the ten branches and the rodent – reflects the age she would reach before she died. Thus the $--$ quadrant of her drawing 'contains' the pictorial reflection of her illness and early death.

upper left, $(- +)$ quadrant, the west, the region of the setting sun.

We will concentrate on this part of the picture in the drawings of two young patients, one suffering from a malignant tumour of the brain and the other from lymphoblastic leukaemia.

Fig. 67 Peter, 'The Hiker'.

This is Peter's first picture painted on admission before any examination. A smudgy yellow sun, almost under the horizon in the West, is in the top left corner, touching the aerial of his departing family car. The hiker (understood as an aspect of himself), tinged with mauve, almost centrally placed (see section on central position), with rucksack and walking stick, standing on nothing, is turned to the left, ready to go. The boy was severely ill when admitted to hospital and he would have died soon if effective treatment could not have been given at the NC.

Fig. 28 Lisbeth, 'Jumping Jack'.

We met this young girl's picture when we looked at the significance of numbers and we will see it again when we discuss the motif of the sun. Here we will look at the relevance of position within the quadrants. Again we have, in the top left corner, a sun, blood red, with three rays and black features, partially under the horizon in the West. We had observed that the number three was repeated four times and the position of the setting sun supports our apprehension that her life may come to an early end. (See 'Recurring Numbers')

across the centre.

Fig. 68 Priska, 'The Gnome with the Lantern'.

To conclude our exploration of the significance of the quadrants, we have chosen a picture of Priska's in which we can almost follow her journey through life, passing through all four quadrants. In this picture the gnome has obviously come down from the right (the middle of the ++ quadrant), is walking over a bridge (in the middle of the -- quadrant) and about to 'climb' (into the +- quadrant), guided by his lantern, up the steep path towards the Beyond. As it was, it took her almost two months before she could die in peace. (See also 'Motif of the Gnome')

in the centre.

Fig. 70 Beat, ♂, 10 years, tumour of the brain, NC, 'Sunrise or Sunset'.

An outlined picture on a larger sheet of paper, drawn in crayon, shows a sinking or rising, rayless sun between two green hills. Its reflection colours the blue sea in the foreground and the blue sky behind the mountains. The visible part of the sun is tumour-red over yellow. We concentrate here on the central position between the two hills. In fact, this picture was painted one day before the operation where a craniopharyngeoma was found exactly in this location. (See also 'Colour Red', 'How to see the Organic Aspect', and 'Forecasting Signs') See Fig. 71 for anatomical location of the four possible tumour positions.

Fig. 69 Andrea, ♀, 6 years, healthy child, 'The Unwelcome Sibling'.

Just for a change we include the drawing of a healthy little six year old girl, which also illustrates the central position. Her comment on it was: "Once you've had a baby, you can't put it back". She certainly expressed in her picture what was of central importance to her, the unwelcome arrival of a sibling¹!

As we have said before, our evaluations of pictures are empirically based and must not be taken as absolute statements. Before leaving the quadrants, we will see that for instance, the lower left quadrant is not necessarily of negative significance. The direction in which an object is facing also needs to be considered. We know from Peter (Fig. 66) that he is being pulled to the left under the witch's power, into the -- quadrant, into the darkness of her woods, to his own destruction. But on the other hand, Priska, admitted to the NC seriously ill, after helpful surgery, will draw a picture of chicks coming from the left to the right over a steep hill, back into life (Fig. 72).

It is necessary to look at both sides of a pictorial situation as being potentially either positive or negative. In any case, we need at least three or four indications for a more secure diagnostic assessment, for instance, quadrants, motives, directions, numbers, colours; all are aids, hints and helpers, but they should not be blindly generalized. (See also 'On the Dangers of Generalisation and Misinterpretation')

¹ Newman, Nanette, *Lots of Love*, Collins, London, 1982.

CHAPTER 8

On the Use of Colour

We experience colours originally in direct relationship to the natural surrounding world, to objects which have been seen repeatedly from an early age, be it unconsciously or consciously; so we relate gold to the daytime sun, silver to the moon, green to the trees and grass, red to blood. I have observed however, that colours seem to be even more basic than the objects on which they appear, so that their significance may superimpose itself on whatever is depicted, in any case in pictures by seriously ill people. For example, trees may be painted in 'burning' red or light blue according to the patient's condition, as we shall see in Peter's pictures (Figs. 113 and 83). If for one reason or another the patient stops painting and one leaves around, say coloured paper or plasticine in similar colours, he will continue to express his inner world in the same shapes and colours. Last but not least, we ourselves have preferences for colours according to our moods and phases of life, apart from the suggestive influence of fashion.

As our lives are balanced between light and dark, so every colour can have a double significance, which can be understood as positive or negative. Similarly even the same colour, more strongly or more faintly applied, may reflect different states of mind and body.

When working on this chapter on colours, I myself had a bad time, as for one reason or another, someone had typed out the headline as 'On the significance of colours in relationship to the picture as a whole'. I was not able to write until finally I found out that the word 'significance' was the stumbling block, and when, fortunately, I came back to my original text, it was: 'On the Use of Colour'. So we can only base a tentative conclusion on what we can observe of certain colours being used repeatedly in comparable clinical conditions by different individuals. I personally would not dare to do otherwise and I wonder whether anyone should! I am interested in discovering and not preaching. It is my experience that if I think 'I know', I will not find, but if I accept that I do not know, I have a chance to discover.

In a picture the healthy person will 'speak' out of a state of well-being, of his inner or outer interests, not of pain as such. Similarly the body when feeling well does not need to call attention to a particular part; the ground on which body and mind rest is then undoubted, safe and thus almost unnoticed, therefore it may not be reflected in the picture.

The sequence of colours follows the idea of travelling from earth to sky, so we begin with Green and Brown, going on to Blue and Yellow followed by Black and White.

Light and Dark Green.

We turn to individual colours and will point out the clinical differences in the use of darker and lighter shades of the same colour. Whenever feasible, especially in the begin-

ning, we will draw attention to supporting features for a tentative diagnostic and/or prognostic deduction.

Two children choose the same motif, a tank, and draw their life situation. The fatally ill child draws his tank in light green, the child who would recover, draws his tank in dark green.

Fig. 73 Peter, 'Tank with Exposed Soldier'.

Here Peter's tank in pale green stands slightly to the left of centre. The soldier outlined in black, with empty body and shoes, stands in front of the tank which should protect him. The driver is exposed, too far out of his turret. The red-encircled empty figure on the left of the tank, seems almost weightless and lifts the back of it: does the weightlessness suggest a disembodied body? Against these many negative prognostic implications there are, however, some positive signs in the dark green of the soldier's cap (after Peter has undergone betatron radiation and chemotherapy), the dark green bomb from the aeroplane which will just miss him and, indeed the grass underneath is in dark green strokes. In weighing up the positive and negative pictorial signs, a fatal prognosis is implied.

Fig. 74 Willi, ♂, 7 years, meningitis, NC, 'Tank with Protected Soldier'.

Willi uses the dark green extensively: the tank in the centre, the body of the soldier who follows in the shelter of the tank, holding his gun alert. The driver's cap is also dark green and he is well sheltered by the turret. We learn from the case history that he was admitted with a fracture of the skull after a severe accident, and that he suffered from recurrent meningitis and generalised epileptic fits. We shall see from our description of Fig. 93 'Signal Box and Engine with Driver' (See 'Patients as they Draw') and the case history that he was finally 'put back on the rails'.

Fig. 18 Lisbeth, 'Flower with a Devil's Mask'.

We have chosen this picture from another hospital, the KiSpi, because it shows in the same drawing the use of the two greens, which we saw in Peter's 'Tank' from the NC. There is a significant change from the light to the dark green of the leaves of her flowers, reflecting the onset of her fatal illness. However the dark green is used for the leaves of the first four flowers, for the protective shutters and some of the ground on which the house stands. We also take it as a positive sign that the house has a door handle so that one can still get in and bring help. But we cannot overlook the fact that after her fifth flower, with the 'devil's mask' the next three plants do not regain their healthy green. We also notice that the ground from which they grow is in very pale green. So although we read in the case history that at the time she felt well under regular cystostatic treatment and that there was a temporary rise in her haemoglobin count, we are prognostically warned. Under helpful treatment she had another year of life.

Brown.

We come now to the colour brown. We tend to refer to dark brown as 'healthy' or 'earth' brown, in contrast to the light brown of decreasing earthiness, to the colour of decaying matter. We have chosen two pictures by the same child, this time in the process of recovery.

Fig. 75 Michele, ♂, 8 years, tumour of the brain, NC, 'Vase with Flowers'.

The boy's title for this picture is 'Vase with Flowers'. It shows four flowers with heads turned to the right; the bowl is lightly shaded with brown. The human figure with a double face (full face and profile facing right) is striding to the right. The young patient had been admitted to the NC for the extirpation of an astrocytoma of the left cerebellar hemisphere. This drawing, which was made ten months after the operation, still reflects the pre-operative inclination of the head to the right, and also the deviation of the right eye to the left, due to sixth nerve palsy, giving double vision whenever the patient looked to the right.

Fig. 76 drawn three months later; the child's continued progress is reflected in the increase of colours and objects. The figure of the ill person is gone. The bowl, in mixed dark brown and orange, almost the colour of rich soil, holds fifteen flowers and good foliage, all outlined in pencil, and it is now standing on a broad base.

The case history reports good post-operative progress and subsequent development. He now attends school without difficulty; he wears glasses and has no nystagmus; the ocular fundi show sharply defined optic discs of normal colour.

Red.

As with so many other colours, red has two opposite, if not complementary, aspects. In its positive significance, as the colour of blood, it is essential to our lives. In Jewish tradition, blood as the seat of the soul belongs to God and is therefore sacred.¹ In its negative aspect, red is well known as the sign of danger. Clinically, it may be an indication of a 'burning' process, an inflammation, a consuming state of illness. Its absence may be significant in the pictures of leukaemic children, reflecting the state of their blood. But again, our observations need to be checked by other pictorial elements in the same picture or in the picture series of the same patient before taking this 'negative' side of red as more than a hint. Emotionally, it may express passion, the inner fire, a burning problem on one's mind, even rage or fury – we may well have experienced 'seeing red' in anger.

To exemplify some of the different aspects, the following pictures were chosen:

¹ According to the law of ritual slaughter it is sacrilege to consume blood.

Fig. 6 Urs, ♂, 7 years 5 months, acute myeloblastic leukaemia, KiSpi, 'Spraying the Flower with Red Water'.

We remember this picture from the chapter 'On the Many Colours of Water'.

Blood as the life-saving quality of red is reflected in the body of the little man watering his flower (as high as a tree) with eight red petals – the age of the patient. He drew the picture after a recent blood transfusion which saved his life. (See Professor Hitzig's introduction to 'Leukaemia in Childhood' in 'How to see the Organic Aspect in Clinical Conditions'; see also 'Recovering Children'.)

So very different from the life-giving red of Urs' water is the use of red in the next picture.

Fig. 77 Peter, 'St. Nicholas and the Defecating Animal'.

We see St. Nicholas, the patron saint of children, but in a negative aspect, with bishop's staff, walking on nothing, his body densely filled with the red we have often found in patients suffering from malignant tumours, his head and feet just outlined in the blue of the skies. He is dragging an animal (the body aspect), defecating in fear, to the left, the unknown. How true and how right this picture is because, as we remember, finally, relentless illness led the boy towards his death.

Fig. 16 Priska, 'Mushroom House'.

In her last picture Priska drew a colourless, empty toadstool house with ten spots in the 'roof' and on its top right side one well-defined small section is crayonned over in red. Is it an indication of a burning process? But why on the *right* of her head when she had been operated on ten months earlier for a malignant tumour in the left cerebellar hemisphere? The picture was drawn before the physical symptoms indicated a recurrence on the right side. She died a few weeks (thirty-eight days) later in her tenth year. We think here of the ten spots on the roof of her mushroom house.

Once more we are struck by how an easily overlooked marking can be prognostically indicative.

As in Priska's picture a seemingly insignificant line can be of considerable importance, so in the drawing of another child we can observe how small differences in the shades used can be important.

Fig. 37 Trudi, ♀, 8 years, ependymoma, NC, 'House and Tree'.

We have met before Trudi's picture of the house with slipping roof and her life tree (See 'Note any Numerals, Names, Words, and Initials . . .'), but here we notice different shades of red in the same picture being relevant to a different type of illness. The 'typical red' on the roof which overhangs on the right reflects a temporal tumour, whereas the windows are drawn in brown-red, characteristic for haematoma. The little girl died of the recurrence of her tumour in her tenth year.

When I took to Jung my discovery that spontaneous pictures reflect the total person, not only the psychological aspect, but also the somatic, I found him a wonderful ‘student’. It was a delight to hear him translate this picture, pre-operatively painted. He said, “The colour of the brown-red windows looks like coagulated blood (haematoma). But why then should the burning-red roof of the house overhang so much on the right-hand side?” I could tell him that, in connection with other pictorial signs, this colour was indicative for certain malignant processes. When operated on, a right-sided temporal tumour as well as a haematoma were removed. Jung replied: “Then the picture is significant for differential diagnosis”, which I could confirm.

Fig. 70 Beat, ♂, 10 years, craniopharyngeoma, NC, ‘Sunrise or Sunset’.

We remember Beat’s picture from the section ‘On the Significance of the Four Quadrants’. Here we are arrested by the colour of the partial sun, red with yellow shining through. When operated on, a tumour of exactly this colour was found and removed. (See also ‘How to see the Organic Aspect in Clinical Conditions’ and ‘Recovering Children’)

But for prognosis we need to realise how necessary it is to include the evaluation of other pictorial signs. What made me think of a positive prognosis was a tentative ‘translation’ of the wider band of red lines in the water on the left of his picture as related to the position of the sun, which would then be in the east. Have we here in the same image a reflection of a clinical condition and also the sun of our daily world? Can we say the sun in its personal micro-, and more cosmic, macro-significance? (See ‘Motif of the Sun’).

The boy recovered well and his impaired sight was so improved that he could go back to a normal school.

Fig. 41 Adrian, ♂, 8 years, lymphoblastic leukaemia, KiSpi, ‘The Blackened Sun’.

Adrian called this picture ‘The Mummy Bird’, which can be related to the birth of another child and the onset of his illness.

The ‘Mummy Bird’, with a new baby in its tummy in the centre (child’s description), carries the dotted signs of leukaemia cells on its body and wings and is flying into the sun – the red life-giving sun – which the boy ‘blackened out’. We deduce from a previous picture, all in black, on which he commented “He doesn’t want anything”, that he had ‘black thoughts’ regarding the house, and by now an outburst of rage has set it on fire.

So here we have in the same picture, red in both its somatic and psychological aspects vividly expressed.

Some time ago I was shown a picture with ‘a house on fire’ but it contained so much life and so many happy people that it certainly did not reflect to me a life-threatening disease. As it turned out, it was the drawing of a child suffering from an attack of influenza and running a high temperature. This is a moment to realise that one motif, for instance a house on fire, does not necessarily reflect a particular clinical and psychological condi-

tion. It may indicate life-danger; or it can be the pictorial reflection of an ordinary seasonal illness.

We know that making fire for early man was a vital discovery, a basic prerequisite of civilisation. But in Greek mythology it has a dangerous two-sidedness, for Prometheus stole fire from Olympus and suffered severe punishment for this deed. Just as fire can bring warmth and sustain, or burn and destroy life, so the colour red can indicate a malignant tumour or the hope of a rising sun.

Orange.

One wonders what prompted the traffic authorities to choose red as a sign for danger, green for safe passage and orange for the state in between. In terms of colour, orange as a paler red seems to indicate decreasing energy, but also return to life from a threatening situation. As an 'accident colour'¹ it may reflect the moment of suspense, a time between life and death, but in healthy children it is often used as a skin colour.

Fig. 42 Ruth, ♀, 7 years, trauma, NC, 'Soul Bird into Aeroplane'.

The plane flies from the left to the right. Originally the child had started to draw a bird with light yellow beak and pale blue eyes (the 'celestial' colours), in pencilled outlines. However in the tail we count nine strongly applied crayon colours and the wings carry signs in orange. Is the child 'returning' after a severe accident? The diagnosis: trauma, depressed fracture of the skull after a severe accident. She recovered well.

Fig. 78 Adrian, ♂, 8 years, acute lymphoblastic leukaemia, KiSpi, 'The Lurking Tiger'.

Here we have orange in both its aspects. The boy said that he liked the tiger because of its orange colour. The tiger is a dangerous animal, but does the plant and the orange indicate that for the present his life is not threatened? The plant with the five tall leaves in healthy green stands between the danger and the boy who draws the picture.

The honeycomb under the bear's claws, which the boy said he had stolen, contains orange over yellow. Here we can see orange in its double aspect: although the honey is so good to eat that the bear has stolen it, the bees are made angry and they zoom around to attack him. It is rather dangerous for the bear to fall asleep at this moment. Comparing our understanding of the picture with the case history we find that the boy, suffering from acute lymphoblastic leukaemia, drew this picture a few weeks after a relapse (of meningeal infiltration). The treatment he received gave him about five weeks of fairly normal life, before 'the tiger struck' and the child suffered a bone-marrow relapse. We remember here the five leaves in front of the tiger.

¹ A special investigation into the spontaneous use of the colour orange was carried out at an emergency ward admitting accident patients, where by coincidence orange was used for the patients' wristbands, at the Exceptional Cancer Patients Hospital, South New Haven, Connecticut, USA.

Fig. 79 Andy, ♂, 6 years, healthy, 'Marianne Cries'.

One evening after working on the colour orange, I saw that it is also used by healthy children as a skin colour. Invited out to dinner, I noticed on the hall wall at the home of my hosts, a picture drawn by their son (aged six) to tease his little sister. The orange of her skin shines through her tears.

Mauve.

The colour mauve can reflect, physically, a state of being 'seized' (epilepsy or spastic symptoms) or being 'gripped' by illness, perhaps irremediably as in metastasis. Psychologically, it may express the feeling of being 'held', supported (as for instance in the ecclesiastical use of the colour) whether protectively or suffocatingly. It may also point to a need to possess or be possessed.

We have chosen as illustrations four pictures from different patients of different backgrounds and with different types of illness.

Fig. 65 Peter, 'The Witch'.

We have met Peter already in his picture 'Peter Fights the Fire' in the chapter 'On the Many Colours of Water'. About a year later after radiotherapy and an operation he drew a witch and commented impressively: "I dreamt last night that a witch came and said: 'It is lovely in the woods'. She had mauve shoes on and I recognised her immediately. Therefore I did not follow her". So he defines the colour mauve (not then a fashionable colour) as characteristic for the witch, personifying the deadly illness which has gripped him.

Fig. 80 Hans Peter Schu., ♂, 9 years, generalised epilepsy and left focal, NC, 'Jumping Jack'.

Why should the patient have chosen a Jumping Jack? A toy, a plaything, mechanically controlled by an outside 'power' that makes it move, jump in mid-air?

The colour mauve can guide us: the mauve zone on the left of the cap indicates the area of disturbance in the brain and the colour recurs in the right leg and the affected limbs. This makes him jump. We must remember that reactions on one side of the body are controlled by the opposite side of the brain. Here we have the pictorial reflection of an epileptic condition – feeling helpless under a power beyond the patient's control.

We have found mauve in combination with brown as illustrated in the next picture.

Fig. 81 W. B., ♂, epilepsy, NC, 'The Soaring Swallow and the Aggressive Snipe'.

From all the different objects in the mural in the Children's Ward¹, the boy has chosen just two birds 'flying high'; in deep mauve the swallow, the soaring sky bird, followed by

¹ See introductory note to 'How to Obtain and Collect Spontaneous Pictures', p. 13.

the aggressive snipe in earth brown. We wonder why? Both are clearly and strongly outlined in their own colours and well filled in. The direction to the right from the mural is maintained. We note, however, the changes of position and colour. The snipe is now dark brown (excreta?) coloured, its mauve beak touching the rear of the swallow in a 'prohibited' area. The mauve reflecting a 'seized' state; psychologically seen: are 'forbidden' wishes pursuing this adolescent boy of fourteen years?

Could we 'translate' this drawing as a pictorial expression of the tension in the patient between 'heaven' and 'earth', 'good' and 'bad', before it is physically discharged in a natural way, often in an epileptic fit?

We find in the case history that indeed this young adolescent suffers from generalised epilepsy, probably post-traumatic.

When I was working on this colour in the pictures of patients, surprisingly a Christmas card arrived which encouraged me.¹ (Fig. 82) The first thing we notice is a predominance of mauve in the house (the equivalent of the body) repeated below it and also in one of the thirteen figures in the fenced enclosure whose blue body is painted over in mauve. Startling to me was the inscription on the huge door 'Mamre School'. Turning the picture over, I read that this was the drawing of a thirteen year old boy of his school, a school for epileptics, in Bethel, Germany.

To the student of such material I would like to say: be open to notice coincidences – they may be helpful and supportive.

Blue.

With the colour blue we follow once more the differentiation between two shades: dark blue so often used for the sky on a cloudless day and for water, pale blue as a colour of distance and which may also reflect loss of vitality. This can be compared with the preferences of so-called primitive people for very strong colours – whereas expressions such as 'blue mourant' belong to almost too highly differentiated phases of cultural development.

Fig. 10 Peter, 'Kantonspital'.

Here we now compare two pictures from Peter drawn during different phases of his illness. We remember that he was admitted, seriously ill, to the NC and responded particularly well to the daily radiotherapy treatment which resulted in steady improvement.

On the day of his discharge he painted the 'Kantonspital', his hospital, though with a black cross on the roof. It is standing on a very narrow strip of pale green ground and is firmly placed between the cat and the mouse it is chasing (whatever they may signify). However, the background drawn in encouragingly dark blue strokes almost embraces the whole picture.

¹ With grateful thanks to Dr. Jutta von Graevenitz, who sent me the card.

After eleven months of almost normal existence he had to be re-admitted and an operation for exploration of the cerebellum was performed: showing multiple metastasis of a malignant tumour. Once more there were no complications and betatron treatment on the cerebellum and preventative radiotherapy on the spinal cord followed.

Fig. 83 Peter, 'Pale Blue Fir Tree with Woodpecker's Mark'.

One month after the operation he drew a picture with a fir tree in the centre, all in pale blue. It has no roots. All the other contents are drawn in the pale shades of decreasing life energy. The partial sun is pale yellow, in its setting position, its rays reaching out towards the tree – his tree of life. A crouching animal and an empty house, standing on nothing, both in pale green and placed in the upper right corner of the picture, reflect his here-and-now situation. Though the young boy rallied and bravely took up his fight with his relentless illness, he never regained his strength. Taken home to a small village by his parents, he died after a hard struggle.

Parallel from the Arts: Fig. 3 'A Morning Walk'. (See 'On the Many Colours of Water')

Pondering the colour blue and its two shades, in its healthy aspect we think of the young woman as Sargent painted her, walking along the dark blue stream of life.

As for the pale blue, we remember Mrs. G. at the end of her life suffering from a serious illness and insisting on using a pale blue crayon only, to draw her *'House with Village Fountain'* Fig. 4, serenely ready to die. (See *'On the Many Colours of Water'*).

Yellow.

We come now to the colour yellow. In its warm, deep shade it is used for objects of special lasting value, almost unchangeable as is the mineral gold. Thus we find it used for the sun and the celestial bodies. In its paler shade, especially when out of place, it may indicate vanishing energy, a precarious life situation.

Fig. 84 and Fig. 85 Priska, 'Flower Border with Golden Yellow Sun' and 'Flower Border with Pale Yellow Sunflower'.

We have chosen two pictures by the same child in different phases of her illness: concentrating on the colour yellow. We do not here evaluate other significant observations.

We know that the little girl was suffering from a severe illness. She drew Fig. 84 during a period of discharge after a successful operation and radiotherapy. Four tulips, two are in rich gold, even enhanced by colour mixture, a lily-of-the-valley and one forget-me-not, all as if stuck into a narrow earth-brown base. A small section of a golden sun with five rays fills the top-west corner (if painted in full it would be very large; it is therefore possibly in its setting position. (See also *'Motif of the Sun'*)

Three and a half months later, however, as her condition had rapidly deteriorated, she had to be re-admitted to hospital for further therapy. In her next picture, (Fig. 85) we note at once the decrease in colour, size and number of flowers, on a very narrow light green base. The sun has gone and her sunflower has lost its golden strength, with some of its petals darkened by light brown, as is its centre; the golden tulip has turned mauve. The young patient had just two more short months to live.

A separate study would be needed to collect, compare and evaluate shades of yellow used for the sun, in connection with its position in the picture, the number of its rays and the nature and colour of its features, in relationship to the clinical condition of the total person, psyche and soma.

We will now look at two drawings of a leukaemic child, again of the same object, this time a postal bus, and see what happened to the colour yellow, painted within a span of seven months.

Fig. 60 Micki, ♂, acute lymphoblastic leukaemia, KiSpi, 'Postal Coach with Stop Sign'.

After his first remission had been achieved at the KiSpi four months after diagnosis the young patient could go home. His first postal bus is in pale yellow with white windows on a downhill white road. One front wheel seems to have come off. It halts just before a 'stop' sign with 'flashing' red light. It is empty but for the driver. He has turned towards a person – a boy? – drawn in red with a black trimmed hat on a blue bicycle (note the colour combination red/white/blue). Above on a rail leading from the station to nowhere on the left, is an empty cable car with seven 'wheels'. Why seven?

Fig. 61 'Postal Coach going Uphill'.

Seven months later coming out of a deep depression and at the beginning of a second remission, Micki drew another postal bus. It fills the whole width of the drawing-sheet, turned uphill to the right. Its wheels seem to be in a better state of repair. The pale yellow of the first bus has changed into deeper yellow. The white on the road is filled with red strokes (blood count improving). There is nobody on the bus. Have the people and the driver gone to the Formagio Farm for a meal? The bus is stationary as is the boy's physical condition at the time he drew the picture. The case history reports that he felt very well and could take part in the activities of every day life – though to our regret he suffered another relapse a few months later.

In these two sets of pictures drawn by children suffering from different illnesses, we have seen the significance of pale and strong yellow: in Priska's the colour yellow faded when her health deteriorated, whereas in Micki's it became deeper when his health improved.

Black.

We now come to the colour black which has different meanings in different cultures. Black may be worn at festive occasions and religious holidays or it may express the feeling of loss or bereavement.

In ill children's drawing the use of black, as in soft pencil or the colour black as such may also have different significance. Strongly applied it can be an expression of strength and determination. As an outline it may indicate lack of strength, as well as the need to hold oneself together. Objects painted over in black may be of a threatening, a dangerous, a forbidding nature. As a background it may also be indicative of the mood and condition of the patient.

A dark child, born into a mixed community, but feeling safe and at ease about his own race, may draw the figure of a child in black. Although the colour black may have clinical significance, reflecting, as it often does, a negative response to a certain type of treatment, this need not always be so. The coloured child may tell us with pride that the figure he has drawn is black like himself.¹

Fig. 62 Kāti, ♀, 11 years, concussion, NC, 'Overshadowed House and Tree'.

Here, however, we see a 'blackout' caused by a somatic condition, a concussion after a fall on a concrete floor. Though drawn in pencil only the sun in the young girl's picture still shines with colourless rays and the roofs of the house and the 'tree of life' are overshadowed. Fortunately she recovered quickly and her next picture of a peacock (Fig. 139) is full of colour and life. (See 'Motif of the Sun' and 'Recovering Children'.)

Fig. 66 Peter, 'Down to the Left'.

In the next picture we find an answer to the witch in his dream who tried to lure the young patient into the woods though the boy tried his utmost not to follow her. Despite his courageous resolution, he drew immediately afterwards a figure outlined in 'burning red' being pulled with enormous force diagonally – the shortest way – from the top right to the bottom left corner. On the black arrow the boy commented: "This should be done with all my might!". Has his brave resistance been broken and is he forced to act for the dark power of his illness? (See also 'Colour Mauve'.)

Fig. 40 Miss C., 'Cat without Feet'.

We have met this picture before in 'Objects painted over' and learned that at an early age the upper part of the young woman's body had been sexually interfered with. The purposefully outlined face of the cat resembled that of her male relative who was the culprit. We remember that the experience was so forbidden, dangerous and possibly enjoyable that in her picture she had to blacken it out, whereas his face was outlined only, because

¹ I owe this observation to Gregg Furth.

his identity had to be repressed. (See also 'How to see the Organic Aspect in Clinical Conditions' and 'On the Dangers of Generalisation and Misinterpretation')

Fig. 41 Adrian, 'The Blackened Sun'.

Again we are looking at a picture from a different point of view. We know the story of 'The Mummy Bird' or 'The House on Fire' from our section on the colour red. Here we see that the life-giving sun, except for its rays, had to be blackened out after the patient made the painful discovery that his mother was carrying another child.

Finally we turn to the pictures of two children suffering from malignant tumours who never met. Both pictures are outlined in black, in pencil only, drawn at the end of their lives.

Fig. 16 Priska, 'Mushroom House'.

The little girl's 'Mushroom House' is outlined in black pencil but for the red line on the top right of the roof, reflecting a secondary tumour from which she died.

Fig. 15 Peter, 'Bird of Peace'.

In the boy's drawing a bird outlined in pencil flies in, from the right to the left, almost filling the picture. Only the wing is tipped with golden yellow. Did he, with his relentless illness bravely borne, finally touch the golden sphere of the beyond? (See also 'Motif of the Bird'.)

For the significance of black strokes in children's drawings after deep X-ray therapy, see 'Motif of Rain'.

We now come to what may be more familiar to most of us, the background. When we choose the pattern and colour of the wallpaper and paint for the background to a room, it may be a very individual choice. Similarly, children and adults, may colour the usual white drawing paper in the background colour they want, which may be significant for their physical and psychological condition.

Fig. 86 Christa, ♀, 17½ years, acute lymphoblastic leukaemia, KiSpi, 'Poppy with Black Centre'.

A seventeen year old girl, admitted to hospital seriously ill with acute lymphoblastic leukaemia, taught us a great deal by the variation of her backgrounds, which were drawn in shaded strokes. In better times there were blue and green, but in bad times, somatically as well as psychologically, they became black and could give us a first indication of the mood and physical state she was in. When her doctor asked her, tentatively and in a general way, about them, she said, avoiding giving a straight answer, possibly knowing how ill she was, "Oh, we learned that at school". In other words she did what we all try to do at

times, to withdraw into a general answer of a logical nature, so as to avoid giving away or having to bear what we really feel.

Her last picture is of a withering poppy, the dark centre of the flower butterfly shaped – like the cross section of the spine. The psychologist may well recognise a butterfly shape and be reminded of the psyche (Greek psyche = butterfly). Its blackness though may bear a special significance. The cut-off flower almost floats against the finely shaded black of the background. It is consoling to hear that she died peacefully: we are reminded of the poppy as the source of opium, that sleep-bringing soother of old.

Further details of this picture and of the patient's condition can be found in the chapter on 'Spontaneous Pictures as a Bridge in the Relationship between the Doctor and the Patient and his Family'. We have also found black or darkly shaded backgrounds in the drawings of patients waiting for kidney transplants.

White.

It may seem odd to take white as a 'colour', but we might remember from our schooldays that a rotating disc containing all colours will, at high speed, appear white. Just as the rotating colours can be made to look white, so white itself can be broken up into component colours: a prism or a droplet of rain will refract white sunlight into all the rainbow colours of the visible spectrum.

In Western Civilisation, the white of a traditional wedding gown can be taken symbolically as an indication of a state of young, partly conscious wholeness, opening up and unfolding in the next phase of life into the many colours of grown-up existence. In Chinese culture, however, white is worn as a colour of mourning, denoting a state of wholeness after the deceased has completed his terrestrial journey. The skeletons of man and animals, bleached by the sun, are white and usually are so represented in works of art. White, then, expresses both the beginning of an important part of life and the completion of earthly existence.

Coming back to our clinical work, what struck me when taking our research from the NC into the KiSpi was that some of the young patients suffering from leukaemia would ask for a white crayon for their drawing. Was it because this would give them an appropriate tool for expressing their white illness? It was quite impressive to realise the difference from the NC children, who, if they wanted to indicate white, would just leave the space on the drawing paper empty.

The first 'white child' I ever saw in a drawing was Arthur, diagnosed as suffering from lymphoblastic leukaemia. It was at the very moment, when I was comparing NC and KiSpi children's pictures.

Fig. 48 Arthur, ♂, 6 years, lymphoblastic leukaemia, KiSpi, 'White Child on Red Couch'.

The theme, 'My Family', was given at the hospital school. In the upper left corner of the drawing paper, we see a white figure on a red couch with the word *ich* (this is 'me') below. The other members of the family are all drawn in colour. He was a 'white child' suffering from the 'white illness', leukaemia, as he himself said in his picture.

Fig. 87 Hans Peter Schw., ♂, 9 years, lymphoblastic leukaemia, KiSpi, 'Blue Rain'.

The next picture also comes from the hospital school. The self-chosen group theme was 'A Rainy Day' and it *did* rain 'cats and dogs' outside. Hans Peter drew his rain in blue strokes coming from all sides (See 'Motif of Rain'). Professor Hitzig translated them so-matically as the outburst of leukaemic cells. Concentrating here, however, on the colour white, we notice a 'white child' under the roof of the partial house on the right side of the picture, the place of the 'here and now'. The young patient died from this relapse a few days later.

Fig. 88 Adrian, ♂, 'Ali Baba and the Forty Thieves'.

The title of the picture is the boy's own. This is one of the tales in 'The Arabian Nights' or '1001 Nights' told to the Sultan by Scherezade, a member of the Sultan's harem who had been accused of unfaithfulness and sentenced to death by strangling in the early hours of the morning. Ultimately, he revoked his decree and instead made her his bride.

One wonders what made the young patient choose this theme for his picture. How does it reflect his state of being, his total situation?

On the left we see the 'cave' in a reddish orange: four well-filled orange red bags are predominant. On the other half of the drawing paper, on the right at considerable distance, are four figures, obviously the thieves, drawn individually and very different from each other, in the act of trying to take their revenge on Ali Baba, who had tried to rob them of their hidden treasure. Specially arresting is a fifth figure, a white skeleton man with his wide open left eye looking straight at the observer – or the young patient-painter – his saw pointing threateningly towards the cave.

Parallel from the Arts: Fig. 89 'Mexican Toy of a Skeleton Man'.

As we have said before, what is missing in a picture may be as important as what is there, and I want to stress here that what is added in a copy or to a story, may have special significance. Working on the colour white, this picture came to mind because of the white figure of the skeleton man on the right hand side with his serrated saw. The figure of death does not appear in the tale itself.

We are still left with the question of why Adrian chose the Ali Baba story. There may be many reasons, unknown and unknowable to us, the observers, for a patient's choice of a

¹ I owe this observation to Dr. Erwin Seligmann, London.

particular theme. We notice that Ali Baba's and the boy's initials are identical.¹ But in this case, what struck me was that Scherezade was to be executed at the crack of dawn. By a strange coincidence, I came across a golden church against a deep blue background which Adrian had painted a long time before this one (Fig. 90); what awed me was that the time on the clock in the church tower was three o'clock. Checking on the case history, when the boy finally died, it was three o'clock, at the crack of dawn. He died of a severe pulmonary infection accompanying anoxemia – insufficient oxygen in the blood – and Scherezade, had she been strangled, would have died similarly from lack of air. Scherezade had reached greater wholeness, becoming the bride of the Sultan, and Adrian reached his completion, having his deepest wish, to be with God, fulfilled.

It was at a conference in Los Angeles in 1978, that I met 'the white child' in an unexpected form. During the coffee break in a lecture that I was giving there, a young woman, the mother of a leukaemic child, approached me and told me her story. I am especially grateful that she gave me her permission to quote from it here. Her little daughter, two and a half years of age, had been ill and treated for aplastic anaemia with sulfa drugs. One day the mother noticed alarming marks on Jackie's body, suggesting leukaemia. The child was rushed into hospital and the diagnosis was confirmed with a prognosis of a maximum of six weeks to live. After two days in the hospital, the parents were allowed to take the little girl home.

I refer to a letter of the Mother, E. P., to me:

"She seemed to grow two years in three weeks (and) looked like a five-year-old. . . . In the three week period from December 7th to December 29th, she painted, learned to write her name, and toilet trained herself completely . . . I will never forget the gradation of colours (in her paintings): from pink to purple to red on a white background. She always loved to dress up. Two days before she died she chose a white dress with a blue trim, white stockings and white shoes and asked me to help her put them on . . . I buried her in a white organza dress" – the colour of completion.

Black and White.

After concentrating on the colours black and white and their special significance, we have seen that as a pencilled outline, they can also contain an empty space. Here I would like to add that they have found a unique expression in the symbol of Yin and Yang of the Chinese, the dark side holding a small white area and vice versa, just as we experience that out of the darkest night the day will be born and out of the brightest day the night will descend.

To me, as a one-time mineralogist, the ideal example for the not contradictory but complementary opposites can be found in the element carbon: pure anthracite is black as coal can be, but its twin brother in crystalline form is the diamond, the most luminous of crystals.

One Colour Only.

Important as it is to notice an increase or decrease in the number of colours used by the patient, it is also of great significance when only one colour remains. Such a 'choice' may well give us an indication of the state of body and mind that it reflects at this moment of their lives. For instance in Mrs. G's picture, *'House with Village Fountain'* (Fig. 4) blue can be somatically an expression of the serious state of her urinary system and psychologically, as the colour of distance and of the sky, it might indicate the end of her life.

In Figs. 92 and 91, Peter's *'Signal Box and Engine without Driver'* and Richard's *'Three Puffs'*, the red in Peter's engine and signal box, as well as the engine above the rail in Richard's picture, can be taken as a pictorial statement: 'This is the disease which will take me and my engine to my terrestrial end'. (See also 'Colour Red'.)

All Colours.

Having given attention to individual colours used by the NC and KiSpi children, including 'no colour', we turn now to round this chapter off with 'All Colours'. They may reflect a state of recovery or of wholeness and completion.

We have met the aspect of recovery in Ruth's picture *'Soul Bird into Aeroplane'* (Fig. 42) as well as in Käti's *'Peacock'* (Fig. 141). Ruth returns from an accident back into life with all colours in the tail of her bird-aeroplane (See 'Pictures Discarded'). Käti paints a peacock in all colours when recovering from a brain concussion and black-out (See 'Motif of the Bird' and 'Recovering Children').

In Priska's drawing of her much reduced flowerbed, when the little girl had to be re-admitted to hospital in a state of rapid deterioration, she signed the picture *'Flower Border with Pale Yellow Sunflower'* (Fig. 85) on the back with her whole name in the left top corner with all the colours of the rainbow. Was she then on the way to wholeness and completion? She died six weeks later. I remember gratefully Mr. R. F. C. Hull's comment on Priska's *'Gnome'* (Fig. 68): 'In Indian mythology, Purusha, both cosmic man and absolute spirit, that person in the heart, no bigger than a thumb, burning like flame without smoke, maker of past and future, the same today, that is Self'. (Katha Upanishad, 4,13).

CHAPTER 9

On Units of Time

When considering numbers, especially those repeated in spontaneous pictures, I asked myself if, apart from generally implying important units of time, one might not narrow them down more specifically to days, weeks, months or years.

From the vast material collected over the decades, I have chosen the simplest drawings I could find. The same point of systematic evaluation could be illustrated over and over again in much more complicated pictures, but with so many motifs involved attention would only be diverted. In approaching the 'time' question I have chosen two pictures from two little girls aged between nine and ten who were being treated in different hospitals by different doctors, had never met one another and were suffering from different illnesses.

Fig. 28 Lisbeth, 'Jumping Jack'.

The first picture, *'Jumping Jack'*, which we already know from the section on 'Recurring Numbers', comes from a severely ill KiSpi patient. We will try to see whether we can narrow down units of time which then can help to define a prognosis more precisely, be it for recovery or for a possibly negative outcome. In her case will she have days or weeks or months still to live?

From fourteen standardised colours she used seven, strongly applied. This picture has a green base, though pale. A broad strip of blue sky (above a clearly pencilled line) reflects a considerable amount of vital energy. This would seem to exclude days and weeks of life time. However, out of a full range of colours, we particularly miss any sign of good 'earth brown'. The hands and feet are drawn in light yellow, a colour often used for heavenly bodies in the pictures of very ill children. Then we ask, why not months or years? The band of blue sky is divided by a clear black line. In the centre of the picture the Jumping Jack hangs, so to speak, between earth and heaven – is this how she felt? His feet barely touch the green ground which is of a watery quality. The blood-red sun is in the western setting position and already below the horizon and its black features warn us of a possibly negative aspect. It is noteworthy that the conical cap of the Jumping Jack is already touching the sky. Most startling to me was the strong, red colour of the partial sun, repeated in the tassel of the cap and in the large mouth. Is the patient hungry for blood? Or has the sun, the giver of life just enough to feed her with its three red rays, for three units of time? Finally, what is a Jumping Jack? As we read before, its movements depend on energy provided from outside. Can we translate this as support from the hospital, clinically speaking, say chemotherapy or radiotherapy? By careful evaluation and by narrowing the units of time by elimination, we come to the following deduction; there is too much colour applied with considerable energy in the picture for days and weeks of limited life time; and the sun is smiling, though black featured, in its setting position. With the quarter of the full sun circle still visible, we are tempted to think of a quarter of a year, and with the four

times three – in the three cross bars of the cap, with its three markings, the three ‘stones’ and the three rays – I would wonder what might happen in three *months*’ time.

However wide or deep one’s experience, this will be the moment to look up the case history and see what occurred to this leukaemic child clinically after three units of time, taken as months. It is almost with awe that we find that she died three months after she had drawn this picture.

Fig. 16 Priska, ‘Mushroom House’.

Following up our question about ‘units of time’ being applied with greater prognostic precision we consider Priska’s last picture with this in mind. We remember that on the day of her discharge (she was to come back for a check-up in three months time), Priska drew in black pencil the outline of a colourless, empty toadstool house. It has a large arched entrance door with handle, two windows and ten spots outlined on the roof. On its top right side, one well-defined small section is crayonned over in red – the same red with which she signed her name (Fig. 36) in large letters across the back of the drawing sheet. As we know that she had originally been suffering from a malignant tumour in the *left* cerebellar hemisphere, we might ask if there was to be a second still to come, clinically unrecognisable at the time and finally leading to her death?

How would it not be days or possibly weeks until she died? The door handle to her house allowing access to help suggests otherwise (compare Peter, Fig. 8). There is also a small part of a short base line, even if not long enough to balance the top of her mushroom house. Additionally, we had noted that she wrote her name in large definite red letters, implying considerable strength. May it therefore be months? Colour is lacking in her empty house, except for the burning red on the right of her toadstool house – the place of another tumour? – which would not let us hope for many months, let alone years, to come. The picture has a finality of its own as we have found in the drawings of other patients near to death (See Adrian’s ‘Last Picture’, Fig. 150). As we know, white is the colour of wholeness in ancient Chinese culture and ten – the number of spots on the roof – being the ‘perfect number’ in ancient Greek philosophy and in alchemy, we wonder if this will be the time of her completion? It is consoling to have read in the case history that indeed she died in her tenth year, contented and serene.

The two pictures given here are to illustrate a general approach which we have often applied. First Lisbeth’s colourful drawing calls mainly on our systematic observation and evaluation with special reference to the significance of repeated numbers. The other, Priska’s, with only one object, pencilled, with a hint of one colour, is supported by amplifications from other cultures and fields of knowledge.

In the penultimate chapter of this book, ‘On the Phenomenon of Forecasting Signs and Inner Knowingness’, we will find Adrian’s last picture, which gives a staggeringly clear answer to our question as to whether one can narrow down units of time.

When venturing into uncharted territory of whatever kind, one has to start from one's own individual background knowledge to discover revealing parallels and perhaps find strengthening and encouraging support, an illuminating lodestar in the world of universal symbols.

If the reader would like to try to assess units of time for him or herself, Trudi's picture, *'House and Tree'* (Fig. 37), may provide enough information to be successful.

CHAPTER 10

How to Choose from a Large Series of Pictures

Some years ago I was confronted with the task of choosing for publication the picture material of two children of the same age, a boy and a girl. He had painted over two hundred, she about ninety pictures. The task was to reduce the volume for colour reproduction to one hundred pictures. I describe here what helped me in the choice.

Both children were Swiss, suffered from the same serious illness, received the same treatment, though administered by different physicians. They used the same materials and painted at different times under the care of HPW in the warm and friendly atmosphere of the hospital. We recognise here of course two of our NC children, Peter and Priska.

It seems advisable to begin by studying each of the numbered and dated pictures in their sequence, as thoroughly as if it were the only one produced and held the total of the child painter's life situation. The impact of a first impression on one's fresh and open mind aids a keen observation of the pictorial statement. Quite a few of the items may then clearly point to body signs and reflections of the mind, others may stand out by their colour or size, being noticeably taller or smaller than the average figures in the series. They may show a situation or development, may emphasize some aspect of special significance to the child; at best, as we will see when evaluating the pictures of the healthy and the ill child, they will allow us to recognise their inner meaning.

As indicated before, it may help to give the outstanding pictures as well as the puzzling ones a tentative name or caption.

One has to prepare the hanging space using, for example, light wooden frames, easily detachable from the wall, carrying parallel lines of nylon cord, separated vertically by a little more than the height of the pictures, with small clips which readily slide on the stretched cord. The number of horizontal rows depends on how many the eye can see clearly and on lighting conditions. Two frames, if possible on different walls, are desirable; on the longer one we will assemble the picture story, the shorter being used as 'study board'. Long tables are an alternative, provided that the pictures can be left there undisturbed for longer periods. To start with, a smooth clean floor is useful as a standby to take the whole of the series, called 'the pool', from which the selection is made.

HPW's idea to photocopy each picture at least three times (not forgetting to put the patient's initials, date and number of the picture on the back) has proved most helpful in the process of selection. Having a photocopy available avoids moving the originals around unduly, keeps the chronological sequence intact when one has to take out a painting for comparison either within a series or with other patients' work, and allows for cross-referencing.

At the beginning and the end of the sequence, the first and the last picture – the bridge-heads between which the story is spun – are given. We start by hanging up these two. Then, as in a jig-saw puzzle, we take out those paintings and sequences which when we studied them first seemed clearly understandable, either in themselves or as units or ‘chapters’ in the story. From experience we know that such entities often correspond to a change of the patient’s somatic and mental condition. They may lead to discharge, or signify a deterioration which necessitates readmission, etc.

Those pictures which struck us as meaningful and those which stood out from the beginning but were not ‘translatable’, we also hang on the assembly board, if possible above or below places left open for them in the chronological order, or else we fix them within the sequence with differently coloured clips. It is important to hold back one’s feeling of being puzzled by such riddles and to try to find the key to unlock them or to wait till they may reveal their meaning at a later stage of comprehension or translation. This requires the steadiness of the scientist who wants to be guided to discover, but not to prove preconceived ideas.

We now proceed to fill the gaps: we take out different versions of the same theme, say all the boats or cars, all the suns, Easter hares, mushroom houses, etc. and hang them up on the study board, one group at a time, leaving a photocopy of each picture in the pool. Then the similarities as well as differences will become clearer, subtle but significant changes more visible and, at best, the meaning of the motif recognisable – new clues for the ‘translation’. Where some of the versions appear to be almost repetitions, which we note as emphasis, the clearest statement will be selected, the others going into what we call the ‘overflow folder’.

We also discard for the time being those drawings which seem to be ‘nothing but’ a scribble, a shamble of unrelated scenes – though we have learned by now that, more often than not, they seem unimportant only as long as we cannot recognise their latent and often poignant significance.

In this way, we assemble a preliminary selection. We may then observe fluctuations in the state of the patient which may be temporary or may be indications of an underlying long-term development.

Now, in a way, we have to go back to the beginning. For we are faced with the task of comprehending the inner connection between the pictures as they follow each other day by day, week by week, sometimes through months, sometimes even through years. We need to remind ourselves here of our basic presupposition, to allow for these spontaneous pictures to be potentially meaningful and ultimately translatable. Thus we set out courageously to search for their interrelationship, to discover the ‘red thread’, the story contained in the series. At this juncture we may come to realise that we will have to ‘live with them’ for quite some time until they begin to ‘speak’ to us.

On looking afresh at the material on the assembly board as a whole, with a somewhat fuller grasp than before of what happened somatically and psychically to the human being

who painted the pictures, we find their coherence has become more evident. We study anew the specially hung drawings and those marked 'not-yet-translatable', and some of them may suddenly fall into line with our present understanding. Next we take the puzzling rejects out of the overflow folder. A very early drawing may then become clear by the insight obtained from a much later one, thus bridging one of the gaps. By now we realise that our evaluation of individual pictures and our comprehension of the story as a whole are interdependent, both in determining the final selection and helping to illuminate the meaning of the whole, for each decoded picture throws light on the adjacent ones. On the other hand, the clearer this sequence becomes, the greater the likelihood of understanding the hitherto untranslatable individual paintings.

The children sometimes write on the pictures, and these comments can be of special value. Moreover, HPW's notes of what they said spontaneously, who their figures are and what they mean to them, and their replies to his careful and wise questions may suddenly unlock an incomprehensible key motif. In fact, there are pictures which, without these clues, would probably not have been readily translatable, some possibly not at all – though the children's remarks can also add new riddles.

Having almost reached the 'saturation point' in evaluating individual pictures as well as the unfolding of the life story, and with fewer gaps in understanding than before, we take out the case history. We make a list of important personal and clinical data, both before and after admission, which may have affected the somatic or psychic condition or both. We write each relevant item on a strip of coloured paper and hang these strips in the appropriate places between the paintings on the assembly wall.

Then we try to see whether and how a personal or clinical event may be related to, and reflected in, the picture story. Systematically checking our 'reading' and 'translation' with the entries of the case history, we note where they confirm each other, where they diverge and where one complements the other. In particular, we search for data which could throw light on hitherto incomprehensible pictures, or their sequence.

It may be one of the most satisfying moments in our gathering together of the story to find confirmation of tentative interpretations of changes in the number of objects, colours or motifs as a positive response to treatment, or on the other hand, a desperate cry for help. It is equally reassuring to see even some of our more daring conclusions supported by the clinical data.

If our evaluation and the case history diverge, we have learned to retain our interpretation and to check it carefully against earlier and later translations of the same item, looking at the same time for subsequent entries in the case history which quite often verify a deduction from an early picture. We may also find details, say an attack of boils, which did not seem to be reflected. Searching the pictorial material from that period, we may see that the corresponding signs had been overlooked because of their surprising simplicity and directness.

It is deeply impressive when the pictures and the case history complement each other. If, for instance, a child draws what he calls 'the bone man', followed by a strange figure, 'the guide of the soul', the painting leaves us uncertain as to what the situation had been. We wonder whether he might have heard of death in the hospital ward or from which layer of consciousness it was a reflection – or had he perhaps had a nightmare? This is answered by the case history from which we see that he drew it after having had an operation. As this was not dangerous as such and he recovered well from it, the physician would not have known that the young child had then encountered these great powers within – forebodings of the final event. The picture, however, gave us an insight into the child's mind and complements the clinical findings, thus adding to a fuller comprehension of the total personality, psyche and soma.

As one becomes more familiar with this kind of material and has seen the reflection of similar illnesses at comparable phases of lifetime expressed by the same motifs and colours, one may well find a satisfactory translation of recurring symbols. As time passes one builds up a 'stock' of tentative decodings of frequent key signs from which one can draw when studying later material. Each of these, once basically explained, will help in understanding pictures to come, as well as throwing light on those earlier ones that remain a mystery to us. And yet, in a large series where quite a few themes appear and reappear, there will still be motifs left which elude our grasp.

For an elucidation of such motifs we search for parallels in other patients' and in healthy peoples' drawings, in art, folklore, etc. – an approach which C.G. Jung has called amplification. When we find a comparable figure or attitude in a known or already deciphered context – be it from a prehistoric cave painting, a carving on an excavated Greek temple column or a saint on a medieval shrine – we insert its meaning and see whether this clarifies, or adds to, our comprehension of the spontaneous picture in question. This is a well-known method of philology, used when searching for the meaning of unknown words or phrases within an otherwise comprehensible text.

Finally, when after all our intense and varied efforts, the story has become transparent, we may find that we have selected far too many pictures. In answering the question 'Is this painting really necessary?', the test is whether its omission would leave a gap in the continuity of the series or interfere with the understanding. If it does not, it can be left out.

Pictorial reflections of basic human experiences are relatively limited in number and, as C.G. Jung has shown and we have found confirmed in critically ill patient's drawings, are fundamentally the same everywhere, irrespective of race, place, or time, though they can be modified in detail by the individual or by different environments. Being even older than writing, such pictorial key signs can be taken as the letters of man's universal alphabet. The symbols of such basic powers, once recognised, can thus be traced and translated. Similarly, we are able, by means of the spectroscope, to determine which chemical elements are present in the stars from our knowledge of the elements found on our earth. What a heart-warming parallel!

CHAPTER 11

Patients as they Draw – Guidelines Applied

i. Two Patients draw their Illness or Life Situation in a Subject of their own Choosing, with a Healthy Child's Picture for Comparison.

It is amazing enough that when patients in general, and not only ill children, copy from an external object or picture, they tend to draw their own illness. But similarly, when two patients choose the same theme, each will express his own disease. In the following pair of drawings, two boys suffering from different kinds of illness decided to draw the same theme: an engine and a signal box.

Fig. 92 Peter, 'Signal Box and Engine without Driver'.

What strikes one first is the exclusive use of one colour, the significant 'burning red' so often found in NC patients to be indicative of a tumour condition. An engine, without driver, is facing left, to the west, the side of the setting sun. From the billowing smoke, we gather that it is running full steam ahead on just one abruptly ending rail. A cow-catcher is carefully drawn (is the boy caringly related to the outer world?). The signal set at 'all clear' is red and even the clouds reflect this same colour of danger. We ask, of course, what is missing; and that is the driver, as well as the signal box. We also note that most of the picture is drawn only in outline.

Fig. 93 Willi, ♂, 7 years, severe accident: recurrent meningitis, NC, 'Signal Box and Engine with Driver'.

The other boy's engine, with faintly drawn smoke, is in mauve: it has a driver. To the chosen theme he has added a carriage in dark, 'healthy' green, with seven yellow-lit windows (the boy's age); it has a blue roof. His train is travelling to the left on a rail running across the entire sheet of paper. The red and white striped signal, with its control lever, is set at 'all clear'. The signal box, in brown, has four windows, also lit; is someone being watchful?

Coming now to the evaluation of the two pictures, what can we deduce from the differences between them, both somatically and psychologically?

We have seen how it is possible to reach the somatic aspect in a picture, to feel the object, so to speak, physically within one's own body. So be the engine, all aflame: go full speed ahead to the left, down hill, with smoke billowing from the intensity of the fire within; without any engine driver in control! Has a consuming, autonomous process gripped the boy? Experiencing this bodily feeling, what would the physician say? We know from the case history that this boy is suffering from a malignant tumour, incurable by today's clinical means. We know that, in fact, he is being 'burnt out' by an illness, by a 'fire', by a pro-

cess no longer directed by the 'organiser' of embryology, and that we cannot prevent his life's engine from running to an end in the not too distant future.

Having somehow reached the 'body side' in the pictures we shall now try to comprehend how this may feel from within, and thus get nearer to the child's inner state of being; how it feels to trust the 'all clear' signal and then find the track coming almost instantly to an end! Trying to grasp the child's total situation, we can experience for ourselves the desperate state he is in: there is no one to stop the train and no one to control the signal. There seems to be no help from within and there is none visible from without that might change the outcome and prevent a disaster; he is lost.

What we did not know, and what no one could have realized upon seeing this radiant young boy running around in the corridors of the clinic, joking and ready for any game, was that somehow, somewhere, 'it knew' within him and he was alone with this inner knowledge just as an adopted child may 'know' the truth deep down inside, though shielded from it by social convention. If we could only link up with his 'inner knowingness' at the right moment, we might rescue him from this utter loneliness and sense of isolation.

Now, what does the other boy's picture tell us? We might ask why he 'chose' mauve for the engine, a colour often found in connection with other pictorial signs implying an epileptic condition; and also why the roof of the carriage is blue (colour out of place) – is the sky shining through? Did he have a head injury which has left his skull ('roof') 'open'? This is a feature we have observed in pictures painted after an accident or when a bone in the skull has had to be removed during an operation.

The relatively large amount of the colour yellow in this drawing makes us wonder why, psychologically speaking, Willi used it so much. Is it 'referring' to the colours of the celestial bodies? The combination of the colours blue and yellow is often found in pictures made by seriously ill patients.

We wonder if he might have had a severe accident that brought him close to the hereafter. However, the healthy green of the carriage, and the fact that the train is clearly 'on the rails' seem to indicate a post-traumatic recovery, although his engine (the motor system?) is still slightly affected.

We learn from the case history that Willi was admitted with a fracture of the skull after a severe accident, and that he suffered from recurrent meningitis and generalised epileptic fits. Although it was doubtful whether his life could be saved, there were enough pictorial signs for us to hope for a positive development. It should be stressed that the boy drew this picture two days before an operation to replace the excised piece of the skull bone.

Our careful 'reading' and evaluation of these pictures shows that Peter's drawing reflects a much more serious overall condition than that of his wardmate. Although both boys chose the same subject for their drawings, this made no difference to the fact that each drew his own illness and life situation. The clinical data fully confirms our observation.

Fig. 94 Albrecht, ♂, 10 years, healthy child, Germany, 'Train and Stationmaster'.

The third picture is that of a boy nearly ten years old from a small village in Bavaria, Germany, and for me it is always a delight to see the drawing of a healthy child. In this picture one is struck by the joy of life, the movement, the number of colours used, and the detail – the people in the carriages, full of life, enough coal in the tender, the variety of shapes.

What puzzled me was why the train was heading towards the left and the station master was giving the stop sign. What puzzled my co-worker, Gregg Furth, and me when studying this picture was the diversion of the track and the use of pencil in the lower left corner. This made Gregg ask whether there was an obstacle ahead for the boy. I made enquiries and heard that indeed he was at the point of changing from the village school to go to the High School. Although very gifted, he was quite anxious, and parental expectations of the only son, the siblings being girls, undoubtedly added to the anxiety. In fact all went well.

ii. On the Difference between an original Illustration and a Patient's Copy.

When I first started my work, I was so high-brow that I would not look at what I took as a copied painting. But I soon found out that there was a great difference between the periodical or magazine (which we call 'the original illustration') which the patient brought with him into the hospital and the way in which it was changed in the so-called 'copy', becoming thereby the patient's own expression both psychologically and somatically.

We will start with an adult:

Fig. 95 Meinrade, ♀, 27 years, Hodgkin's disease, NC, 'The Lindt Wrapper'.

We have met Meinrade before in her 'Cat and Mouse' picture in the section on the four quadrants. As mentioned earlier, adults often have difficulties in drawing spontaneously, if indeed at all; they may feel incapable or that, even if they could draw, they would not know what to draw. So it was that in coming to Meinrade's bed, HPW, in his unobtrusive way, put all the material on the table and suggested that she could draw whatever she wished. She insisted that she could not, but finally agreed to copy the wrapper from some chocolate, given to her that morning (Lindt apricot chocolate, see Fig. 96). This she thought she had done, but we notice the difference between the original wrapper and her own painting: in the original, there is a stylized little man with a basket full of apricots climbing up the twelve steps of a ladder into the tree. In Meinrade's copy, the man is changed into a woman, standing on nothing, with an empty basket. She is walking towards a ladder with only eight rungs. Why only eight? What has happened to the other four found in the original? Did Meinrade not need to climb them any more?

In evaluating the picture, we were discussing the question of whether our awareness of forecasting signs might not, at times, take us too far. I was attacked for 'reading things into' the picture. Then Professor Krayenbühl of the NC, in his integrity, wrote to tell me

later on that, contrary to clinical expectations, she had died four months after she had painted the picture. In our chapters on 'Ladders' and 'Forecasting Signs' we see how the motif of the ladder in ill adults as well as children can carry a forecasting quality.

We turn now to children's drawings, and start with Vreni's using HPW's mural as the original (Fig. 2).

Fig. 97 Vreni, ♀, 11 years, intracellular craniopharyngeoma, NC, 'House and Parrot'.

Vreni added a house (on the lower right) into the burning red roof of which a parrot's tail reaches deeply. If this roof were the skull, the tail of the bird would, if neurologically interpreted, as by Prof. H. Krayenbühl, reach the hypophysis which the dark blue colour, that of water, may also signify. The case history records radical extirpation of an intracellular craniopharyngeoma, with excision of the pituitary stalk.

Further changes from the mural are that the squirrel sits securely on the ground cracking a nut and the dove, with an olive branch and a homely neckband added, flies here near the earth instead of high over the ark: can we take this as an expression of a positive prognosis, of trust and security?

However, we ask ourselves, why in the painting of an eleven year old girl, a radiant sun should have been added with only seven rays. Moreover, there are eight open windows, each with a flowerpot, while the ninth is (still?) tightly closed. In fact, the young patient had on admission the size of an eight year old, her growth having been arrested after her seventh year – did the sun then stop helping her to grow? After the operation she made a good recovery and had grown five cm by the time of her discharge.

We now turn to an older patient who insisted she could not paint but agreed that she might copy some pictures at home and bring them along. So she brought a picture of an owl she had 'copied' from a magazine.

What, then, does the difference between the original illustration, a magazine, and the picture of the patient imply?

The magazine picture (Fig. 99) shows the plumage of the bird in its natural colour and tree and bough are both upright and of a healthy green. The two yellow eyes are equally bright, with a sharp piercing look, and the claws firmly grip the branch. The pine needles are plentiful and there is no sign of any disease. The owl is seen against the naturally coloured background of the woods.

Fig. 98 Christa, ♀, 17½ years, acute lymphoblastic leukaemia, KiSpi, 'Owl on a Rotten Branch'.

The owl sits on the branch of a tree bending to the left. Both are painted in beautifully vivid autumn colours – why autumn? Are they out of season? We observe that the eyes of the owl differ; the one on the left side where the track of a woodworm runs through the

bending bough, looks almost extinguished. The claw nearer the tree is placed loosely on the branch, almost drooping. The pine needles are sparse; some are drawn in dark green, some in pale yellow-green. Christa also changed the natural summer colours of the wood's background from the green and orange of the magazine. Here it is black – why? Indeed, her future was bleak.

Comparing the drawing with the illustration from which she copied, and considering the changes in her picture, we notice that the three claws, including the spur, have lost their grip – reflecting perhaps an uncertain foothold on life? The owl seems precariously perched upon a branch which is here markedly bent to the left and has become unsafe through disease. We wonder whether the white empty spaces on the head – had she already lost some of her hair due to antileukaemic treatment? – and the sparseness of the pine needles, some disconnected, alternating between the dark and light yellowish green could show the effect of the treatment or of the progressive illness. For the physician, this alteration in colour may well indicate a possible change in the iron content of the blood. (See 'Light and Dark Green')

We also wonder why the patient should have chosen an owl, the bird that sees by night. Is she afraid of the dark, and is the owl to see for her and spot lurking dangers? Yet, this is also a bird of prey that pounces on living creatures unexpectedly. To come back to our question, what does the difference between an illustration and a copy show? Here we see the magazine picture of an owl in its natural surrounding world – it is summer. And there we have an almost total psychosomatic picture of a seriously ill patient in her silent awareness. The case history reports that the girl suddenly died peacefully at home in autumn, as preainted. (For etymological notes, see 'Motif of the Bird')

After we have seen how one adult and two child patients 'changed' the original – a Lindt chocolate wrapper, HPW's mural and an owl in a magazine – we now turn to two children whose drawings, thousands of miles apart and with a gap of twenty years between them, portrayed their own illness from a magazine cover¹.

Fig. 100 Cyril, ♂, 6 years, spina bifida, NC, Switzerland, 'Donald Duck Cries'.

Cyril left out all the background on the cover of the Disney magazine and concentrated on the figure of Donald Duck. The figure sits in a puddle of water and cries, feeling very homesick, like Cyril as HPW recorded. We notice the exposure of the cleft spine, a pictorial reflection of spina bifida, from which the young boy suffered.

¹ In spite of HPW's world-wide search, we have so far not been able to find the original from which the first copy was made.

*Fig. 101 Kim, ♂, 8 years 10 months on admission to the University Hospital, Copenhagen – Rigshospitalet, acute lymphoblastic leukaemia, 'Donald Duck and the Pirates' Flag.'*¹

Kim, too, has left out all details of the magazine cover (Fig. 102) (the three nephews and the smiling octopus) and concentrated on Donald Duck. His head is bald, as was the boy's at the time, as a result of chemotherapy. Most colours are fainter, especially the sea. His body, as well as the strip of his bathing suit to the right are white, as is the sky, which is clear red in the original. Even the blue eyeball is painted white. It looks right across the picture to a boat added on the horizon. The pirate's flag, a skull and crossbones, flies above the ship and an arrow points from the flag to the ship. Can we understand the brown stones as a pictorial expression of 'a stone's throw' from death? Is this the picture of a 'white child' frightened by his threatening end? He told his mother that he had forgotten to put the sun in.

He painted the picture two months before he died, a 'white child' twelve years and two months old.

From these five examples we can see that the differences between the originals and the patients' 'copies' will reveal what they feel and 'know' deep down in themselves about their total situation. This will help us not to pretend, cover up or even lie, but to share with them their deepest concerns as expressed in their wordless communications.

¹ I wish to thank the authors for sharing their work on this material with me: Anne Jacobsen and Hanne Nøhr, *Billed Terapi*, Nov. 1984, Dansk Billed Terapeutisk Forening (DBF). English translation in production.

PART II. Guidelines to the Evaluation of Spontaneous Pictures

CHAPTER 12

How to see the Psychological Aspect: On the Significance of Archetypal Motifs

In the evaluation of spontaneous drawings by severely ill children as an expression of the total person, two very essential helpers are needed. A long time ago I learned from a much trusted friend and physician that you cannot explore an unknown territory without having one foot on relatively safe ground. On the somatic side this means a reliable case history. It has become increasingly clear to me that an almost equally great need exists for a check-up on the psyche side in the comprehension and evaluation of paintings. Here too, one must have a foot on more secure ground and I found this in the world of archetypal motifs.

We remember that Freud found that under our everyday more or less conscious awareness was what he called the subconscious, containing mainly the residue of our repressed side, supposed to be filled with forbidden wishes, in particular of a sexual nature. Later he noticed in the dreams and associations of his patients traces of an archaic layer. Jung, however, was destined to go deeper and to discover beneath the personal layer what he called the collective unconscious, that is, psychic contents common to all mankind, independent of race, place and time. The imagery from this basic layer we have come to call and grasp as archetypal. The manifestation of such symbols in spontaneous drawings and dreams can be a great help in our comprehension of otherwise not understandable imagery. Motifs understood as the expression of man as a whole, both psycho-spiritual and somatic, have been given different amounts of space in this book according to the relevance of the theme in question.

These, then, are our two bridgeheads: a reliable case history and archetypal symbolism related to the reality of the patient.

From the very beginning of this work, I looked for parallels, or what Jung has called amplifications. The questions of my students and co-workers then almost forced me to search purposefully for parallels in archeology, anthropology, mythology and the arts in order to support my evaluations.

Symbols are to be taken as a hint to be followed up, as a sign that one is on the right track, but not as proof of absolute correctness. In graphology, in which I am not an expert, several signs are needed to make an analysis and arrive at a conclusion and more tests are necessary in medicine before a diagnosis may be made.

Any archetypal symbol needs to be seen in the full context of the patient's life as expressed in his picture or a series of pictures, in a dream or series of dreams. It also needs to be

related to its position within the drawing, its colour noted and whether or not it is out of place or season, and so on (See 'How to See Systematically').

Furthermore, I would ask: does our understanding of the symbol make sense in connection with the case history, in connection with the somatic condition of the patient and with the development of the patient's illness? To derive help from the understanding of the archetypal significance of a motif, it always needs to be checked against the reality situation of the one who painted the picture, or of the dreamer. By reality, I mean his actual life situation and the condition of his body and mind at that time. Let me say that there is the danger of fascination in the spotting of an archetypal symbol. Therefore, the greatest care is needed to check the relevance of the image with the actual situation.

How do we assess the relative correctness in taking archetypal images as a guide to unlocking psychological significance?

Again, as in all clinical or analytical approaches, more than one indication is needed before coming to any conclusions. I do not think one can emphasize enough that what may make sense to, say, the analyst, may be far from what a certain symbol or motif may mean to the patient who painted or dreamt it. And what matters in the end, so it seems to me, is that one's 'translation' may make sense to the life and health of the individual in a given situation. I am sure that whoever works on material coming from the deep unconscious, the universal unconscious, needs to be aware of the immense power of archetypal manifestations. The danger is that, instead of being guided by them, we fall under their spell, become gripped by them, and forget the rest of the dream contents or other important figures or objects in a picture. If taken as absolute in their significance, they may blind us and narrow our fuller comprehension in a misleading and dangerous way. Alternatively, they may tempt us into guess-work or enmesh us in our own associations. If, however, we recognise the archetypal symbol in its meaning through the ages as a signpost, it may lead us to basic human experiences in the light of which we may gain a deeper understanding of the picture and its personal contents. We thus have a double check by evaluating the symbol both in relation to supporting pictorial elements and in relation to parallels from other civilisations. The motifs which follow are taken from pictorial material described in this book.

Motif of House and Tree.

From the many motifs repeated in the drawings of children suffering from different illnesses, we have chosen a few which not only illustrate their psychological significance, but also reflect the somatic condition.

Under the motif of 'House and Tree' we examine only one picture, because it reflects both the somatic state in the house and the psychological prognostic element in the tree. The literature on the use of 'House and Tree Test' drawings is widespread and well-

known, whereas publications on its recognition and comprehension as an expression of the total person's condition are not known to me.¹

Fig. 37 Trudi, ♀, 8 years, ependymoma and haematoma, NC, 'House and Tree'.

I am happy to remember that, when Jung saw this picture, he recognised and commented most precisely on both the somatic and psychological aspects. He noticed at once the difference between the tumour-red of the overhanging roof on the right-hand side and the haematoma brown-red of the windows, especially on the right. Then he counted the branches of the tree with its gnawed off crown with the rodent severing the tenth branch. This prompted him to ask whether this was relevant to the end of the young patient's life.

Taking the house as reflecting her somatic condition and the tree as her tree of life, her psychospiritual side, her 'Lebensgefühl', I looked up her case history. I found that the little girl had first been operated on for a haematoma on the right temporal pole (right side of her head) and later for a malignant tumour also on the right. This was the first time I saw a differential diagnosis reflected in a picture. Translating the vigorous rodent as her fast developing illness and taking the tree as her *arbor vitae* with its ten branches, it shook me to learn that she had painted this picture three-quarters of a year prior to her death just before her tenth year.

Motif of the Gnome.

We come now to the motif of the gnome, which so often appears in the pictures of patients at critical moments of their lives and also on special occasions in the lives of healthy people. In folklore and fairy tales, the Little People, also called dwarfs, carry lanterns for seeing underground and wear pointed caps which can make them invisible. They are the guardians of the treasures of the earth and finders of the fountains of life. But they have also a dark, a 'shadow' side: They can turn impish when upset, disturbed or interfered with.

In the drawings of ill children, however, the gnomes usually appear as helpers and guides to the land beyond, the land of dreams.

Fig. 63 Marcel, 6 years, ♂, acute lymphoblastic leukaemia, KiSpi, 'Snow White and the Seven Dwarfs'.

The seven dwarfs, all red, come from the left towards Snow White (here in light blue, with black hair). Are they saving the boy's 'Snow White'? Do they bring new life to the patient? One of us commented that, seen organically, 'the little red dwarfs might be compared with erythrocytes which are fighting his disease and rescuing him'. And they did: the young patient eventually recovered.

¹ The House and Tree. Person Projective Drawing Technique: Content Interpretation. A chapter written by: Emanuel F. Hammer Ph.D., pages 165–207. In: *The Clinical Application of Projective Drawings* (Fourth printing, 1975), Charles C. Thomas, Publisher, Springfield, Illinois, U.S.A.

After appearing here as a helper, in the next two pictures the gnome can be seen as a guide. The two little girls who drew them each suffered from a malignant tumour of the brain: they never met.

Fig. 68 Priska, 'The Gnome with the Lantern'.

This picture was drawn shortly after re-admission to hospital. The triangular body of the gnome is golden-yellow. He wears a light-blue, conical, tasseled hood and carries, in a red lantern with a light blue top, a golden candle with a red flame. Apparently he has come down from the right, is walking over a bridge, and is about to climb the heavily-drawn, earth-brown path leading steeply to the extreme left upper corner (the minus-plus quadrant of the crosswires). Is this the way the young patient still has to go? Is the gnome then the dangerously ill child's helpful guide?

This picture is almost an illustration of a mediaeval folk-song from '*Des Knaben Wunderhorn*' (quoted from Mahler's 2nd symphony, 4th movement).

O rosebud red,
Here man lies in greatest need!
Here man lies in greatest pain!
How dearly would I like to be in heaven.
Then I came upon a broad path
There came an angel and wanted to turn me away.
Oh no, I would not be turned away
I am of God and want to return to God
Dear God will give me a little candle
Will lead me onwards to blissful life eternal.

Fig. 103 Anneli, ♀, 11 years, malignant tumour of the brain, NC, 'The Gnome and the Waterway'.

Anneli's gnome, too, carries a lantern. Instead of a path, however, a light blue river leads in the same direction upwards to the left, with a red fish pointing upstream. Her gnome, with a green body and mauve hat, is placed much further to the right, and the place of the bridge in Priska's drawing is filled here by a golden yellow, faintly-drawn toadstool house with 'tumour-red' roof and overgrown door.

Why a waterway this time? Water, understood psychologically as representing the realm of the unconscious, and red as a colour of danger (somatically a 'burning process'), we wonder why the fish, the 'living content' of the water, should be in red and why there should be only one? Could this mean that the little girl is taking the same direction as Priska on her way out of life?

But what a striking difference! Priska's gnome sees as he goes with his lamp along his earth-brown path, while this other child moves, as if enfolded in the stream of life, unconscious, towards the land beyond.

Much later, when the case history became accessible, we read, deeply moved, that this young patient, also suffering from a cerebral tumour, went into a coma not long after she had drawn this picture, and remained unconscious until she died a year later. Thus we are better able to understand why she painted *one* fish, and a waterway instead of a pathway.

This still left us with the question, what might this be telling us and what could we learn from it? HPW sitting at her bedside holding her hand, experienced that there was still a way of communication through the skin, though the brain consciousness had been put out of action. Years later, I myself experienced an almost awesome communication through the skin of a dying person.

We round off the motif of the gnome by turning to Jung's stone.

Fig. 104 C.G. Jung, 'The Gnome as Telesphoros'.

C.G. Jung carved this stone at Bollingen, Switzerland, in 1950, in commemoration of his seventy-fifth birthday. It shows how profound and how real, how alive, the symbol of the gnome with the lantern is, and not only in the drawings of patients. Here we see a hooded figure, 'a kind of Kabir or the Telesphoros of Aesculapius', his feet firmly on the ground, the lantern still on the right side, the other hand pointing the way to the left, slightly upwards. His earth snake with two coils in the lower right quadrant, and the nine steps in his life circle leading to the figure add up to eleven.¹ Jung died eleven years later. He chiselled into the stone some Greek words that came to him while carving '... he points the way to the gates of the sun and to the land of dreams.' (Homer, *Odyssey*, book 24, verse 12).²

Parallel from the Arts: Fig. 105 'Aesculapius with Telesphoros'. (After a sculpture in the Palazzo Massimo alle Colonne, Rome.)

Motif of the Ladder.

We come now to the motif of the ladder, which through the ages has activated man's imagination and found expression both in language and in art. It can have a special significance in the pictures of both ill and healthy children and of adults. Here we will first look at ladders in the paintings of very sick children who are suffering from different illnesses.

Fig. 106 Peter, 'Policeman and Burglar'.

After successful radiotherapy Peter draws his policeman, tall as the house, heavily armed, shooting blindly at a burning aeroplane. He is oblivious to the burglar perched between the tenth and eleventh rungs of the ladder who, in the boy's words, "has climbed into the house. In his sack are the stolen goods!" Does Peter feel deep down inside that he is being robbed of some vital essence, and does 'it' know in him what his lifespan may be? In any

¹ I owe this observation to Professor G. Weber, Zurich/St. Gallen.

² C.G. Jung, *Memories, Dreams, Reflections*, recorded and edited by Aniela Jaffé, Routledge, London, 1963, p. 215.

case the illness will have left its mark on the young boy, and we should stand by him, whatever the outcome.

It is noteworthy that the ladder has only eleven rungs, although there is room for more. If we take the rungs as years, we must ask what will happen in Peter's eleventh year. Checking with the case history, we find indeed that he died of a malignant tumour of the brain at the age of ten years nine months. We will return to this question of apparent pictorial prediction in 'Forecasting Signs'.

We turn now to another child suffering from a different illness.

Fig. 107 Micki, ♂, 8 years 3 months, acute lymphoblastic leukaemia, KiSpi, 'Cherry Harvest'.

He was treated in a different hospital and by different physicians. He never met Peter. Micki drew this picture when he was eight years and three months old. We observe that the seventh rung of this precariously-balanced ladder is slipping. Taken as years, this coincides with the age when his illness was diagnosed. It ends with the ninth rung, though there would have been space for more. In his ninth year, his illness was spreading and his health was seriously deteriorating. Under the care of the hospital, his life was temporarily preserved by all the available modern therapeutic means. However, we notice a second ladder at the far right of his picture. It is leaning almost vertically against the grey wall and has strongly marked steps ending at the tenth rung. According to the boy's comment, the steps lead into the house where people go home in the evening. He painted this picture two years and two months before dying at the age of ten years.

Fig. 108 Marcel, ♂, 6 years, acute lymphoblastic leukaemia, KiSpi, 'Golden Boat with Rainbow and Tau Sign Mast'.

With this picture of the golden boat, we come to a very positive aspect of ladders. Among the many boats this boy drew, this is the first one in which ladders are to be found. They lean against a 'Tau sign' mast. The taller ladder leads right up into the crow's nest – is it there so that someone might scan the horizon? – for what? Having been admitted to hospital seriously ill, we are grateful to learn that his life was saved by a bone marrow transplant. (See 'Motif of the Letter Tau').

Having become aware of a particular significance in the motif of the ladder, and concentrating on the number of rungs and the stability or position of the ladder in the drawings of seriously ill patients, we now turn to the picture of a healthy child who had an accident.

Fig. 109 A.F., ♂, 9 years, healthy child, accident, 'Fruit-picking'.

By good fortune, HPW went to an exhibition of paintings by children who had had accidents. This exhibition was held in Lucerne in 1972 – long before I became interested in the motif of the ladder in connection with this book. The drawing shows that a child has obviously fallen from the ladder while picking fruit. The ninth rung of the ladder is broken.

We found out that he was nine years old when the accident occurred. Some years later when I saw the picture we tried in vain to trace this boy for further details.

We have already referred to an adult's, Meinrade's, drawing with the motif of the ladder in 'On the Difference between an Original and a Patient's Copy' (Fig. 95), and will do so again in 'Forecasting Signs'.

In pondering the motif of the ladder, Jacob's dream in the story of Esau and Jacob with angels ascending and descending and God above, comes to mind.

Searching for a parallel in the paintings of the great masters we found mainly angels going up the ladder, with God Almighty standing at the top with open arms. But in a Murillo¹ in the Leningrad Hermitage, the angels, the messengers of God, go both up *and* down, and it is as if the ladder reaches beyond into the unknown: God is invisible – which is consistent with the Old Testament commandment not to make an image of Him.

In the famous mediaeval Sarajevo Haggadah² (Fig. 110) and in John Peck's example (Fig. 111), we see the angels both ascending and descending. They are bringing to God what Man has to offer and bringing back from Him whatever he may grant to us humans. This recalls Meister Eckhardt's words, that man needs God and God needs man. According to the law and custom of the Children of Israel, to this day a blessing is said over the first fruit of the season, a token, it seems to me, of giving to God what, according to Genesis, was created and brought into being between Him and Earth. Realising that angels are not only experienced as messengers of God in a special situation, we may come to see that every person has a guardian angel if only he could become aware of him.

We have met the motif of the ladder in the paintings of ill and healthy children, of adults and in works of art. We find it in many of the world religions, in the Near East in Judaism, in the Islamic 'Book of the Ladder', and in the Buddhist conception of Buddha himself descending from heaven to earth. In Christianity, however, God sent his only son to us. We ask whether this might have been so that He could experience through Christ what it is like to live and to die as a human.

In the pictures of these seriously ill patients, the motif of the ladder with its meaningful number of rungs has a special significance for us: they are humanised ladders, highly relevant to the life moment of the individual who drew them. In its quintessence one may grasp the motif of the ladder – and possibly other symbols – as an expression of Man's longing for a link between earth and heaven.

We turn now to the motif of rain.

¹ To their regret, the Leningrad Hermitage could not reproduce this picture.

² *Sarajevo Haggadah*, W.H. Allan, London, 1961, page 10.

Motif of Rain.

In days of old rain was associated with a deity and was regarded as a blessing or a punishment; it could fertilize the earth or could ruin the harvest and destroy all life – we need only think here of the biblical story of Noah and the Flood which came as a punishment for the wickedness of Man. Coming at the right time, rain was experienced as a visible sign that the gods were with us. The wish to bring about much needed rain finds expression in the legend of the Chinese rainmaker. Should the rain, however, be delayed too long and the drought threaten man, animal and plant, then – as in ancient China – the rainmaker was called in to make peace between the heavenly element and the suffering earth, from out of his own inner stillness, until finally rain would come. In modern times we find this need to bring about rain in the unsuccessful attempt to seed the clouds in the U.S.A., followed by success in Israel.

In the drawings of seriously ill children we have found, to our amazement, different types of rain, in different shapes or colours, to be related to specific types of illness. We have learned to regard ‘black rain’ as a sign of the ‘burnt-outness’ of the lethal cells under deep X-ray therapy, an attempt by the clinician to arrest the spread of the disease. We present here three drawings of black rain with the comments of the three children suffering from malignant tumours of the brain and metastatic spread.

Fig. 43 Priska, ‘Sun Umbrella’.

On a small base of green stands a colourful umbrella with a slender stick and under it an isolated little person, outlined in orange, walking to the left, with the rain coming down all around. Priska comments, “He is standing in the rain but he gets under the sun umbrella just in time”, and she added: “This is not a rain umbrella”. Can we understand that there is a hope in her that the sun umbrella may save her from the threatening rain? Moreover, we have learned that the irregular, black, hook-shaped strokes of the background of such rain are often a possible indication of metastatic spread after X-ray treatment. (See also ‘Consider the Reverse side of a Picture’)

Parallel from the Arts: Fig. 112 Renoir (1841–1919), ‘Les Parapluis’.

In Renoir’s colourful picture ‘*Les Parapluis*’ (‘The Umbrellas’), all the people are well related to each other and the gentleman in the front uses his umbrella to turn helpfully – can we say, hopefully? – to a pretty young flower-seller.

Fig. 113 Peter, ‘It Rains and it Snows’.

Peter draws black rain in Zurich and also comments on it: “It rains and it snows”. His life tree is almost central, diseased in crown, stem and roots.

Fig. 114 Renato, ♂, 7½ years, medulloblastoma, NC, ‘Man skiing quickly downhill’.

Roberto also draws black rain in Zurich in August, but a year apart from Peter. His pic-

ture is filled with black strokes and blobs. His skier, in the feared tumour-red, is going downhill, his empty green house is in the minus-minus quadrant and his pencilled building (is it a church?) stands already in the upper left quadrant. He comments: "A man is skiing quickly downhill". He suffered from a recurrence of a malignant tumour of the brain of which he finally died.

There seems to be a parallel to the destructive aspect of black rain in nature when, following a volcanic eruption, the raindrops are blackened on their way to earth.¹

In the next three drawings the rain is coloured, fills a large part of the pictures and reflects different types of illness.

Fig. 87 Hans Peter Schw., ♂, lymphoblastic leukaemia, KiSpi, 'Blue Rain'.

The dark, threatening clouds hang over a whirlwind of blue rain, somatically comparable, as Professor Hitzig said, to an outburst of leukaemic cells, an infiltration of the meninges. The young boy died shortly afterwards. (See also 'Colour White').

Fig. 115 Edouard, ♂, 11 years, cystic fibrosis, KiSpi, 'Murky Rain'.

In Edouard's picture the background of his painting is filled with murky-coloured rain drops: we called it 'Cystic Fibrosis Rain'. Professor Hitzig, without hesitation, recognised the greyish shapes as bronchopneumonic foci in X-ray photographs of patients suffering from cystic fibrosis (Fig. 116). The child died, well cared for, about twenty days later of acute pneumonia. (See also 'How to See the Organic Aspect').

In the last picture illustrated here we have rain in its saving aspect:

Fig. 117 S. Z., ♂, 9 years, diabetes mellitus, KiSpi, 'A Rainy Day'.

Rain streaming down in blue and green – how different from the blackness of a metastatic tumour picture, from the blue outburst of leukaemic cells, and murky lung tissue of a child dying of cystic fibrosis! The largest, almost central, figure stands helplessly in the streaming rain but it does not reach his wide-open mouth – so much water and he stays thirsty. Is the red dot in his belly the sick pancreas? The boy was admitted to hospital, seriously ill, but fortunately he reached the clinic 'just in time' and is now on the way to recovery.

It may be worthwhile for other researchers of other types of illness to look out for 'rain' in the paintings of patients.

Motif of the Rainbow.

We turn now from the motif of the rain to that of the rainbow.

¹ "A Catalogue of Geophysical Anomalies", compiled by Wm. R. Curtiss.

The rainbow in the sky activated man's sense of wonder long before natural science could explain it. As a natural phenomenon its colourfulness is easily explicable: the watery drops act as a prism and divide up the white sunlight into its component parts.

Why should we ordinary people point at a rainbow after a heavy rainstorm when the sun comes out again, even point it out with joy or delight to people around us?

In folklore it was associated with a way to heaven that the soul would take after leaving the body. We think here of the shaman who was, and still is, a special kind of medicine man in so-called primitive societies or groups (in Central and North East Asia, North America, Indonesia etc.) where illness is comprehended as an estrangement of the soul from the body. Long and specialised training and personal experience enable him to go relatively safely in search of the fugitive soul of the patient and, if possible, bring it back to the suffering body. He achieves this by performing a special dance which leads to a state of trance, to ecstasy. His aim is to bring about a reunification of psyche and soma: healing. If the separation is too great, and the body has to die, the shaman, being related equally to the worlds beyond and below, to life and death, then becomes the guide of the soul. In the commentary of his journey, which the shaman gives while dancing to those around him, he may describe how he moves "upwards over the rainbow".

In Nordic mythology it was held to be dangerous for children to look at the rainbow without taking precautions – crossing sticks or straws and placing stones on the four ends so that they were not to be taken over its bridge to the gods and die early. On the other hand, there is the positive side, the belief that if one follows the rainbow, one may find at the end, the crock of gold.¹

In our own creation myth, Genesis, originally God had decided to send the floods from above and below to destroy Mankind and all living beings, because "his heart was so saddened" to see that his creation, Man, made in his likeness, had become evil. But the rainbow is the visible sign of God's pact with Noah that there would be peace between heaven and earth and is also a sign to remind God of his covenant. Indeed the biblical vision goes far beyond individual danger or reward and links Man with God, God with Man and all living creatures.

We turn now to patients' pictures.

How can we understand that in Peter's series the motif of the rainbow should appear different in shape, number and colour of bands at vital moments of his life?

Fig. 118 Peter, 'Rainbow with Thorny Spikes'.

The rainbow, filling nearly the whole drawing sheet, is curving towards the upper left corner, the direction of the setting sun. Its eleven strongly drawn arcs are in eleven co-

¹ *Encyclopedia of Superstition*, E.R.E. Radford, Hutchinson. Brewer: *Dictionary of Phrase and Fable*.

lours, but some have spikes. Can we understand this picture as an expression of Peter's feeling of making peace with God, in spite of some thorny times?

Fig. 119 'Rainbow with the Golden Door'.

Once more the sign of the rainbow, almost in the centre, but now with four colours around what we called the golden doorway. We ask ourselves what has happened to the young patient during these phases of his life.

We reproduce here the first and last of the four rainbows drawn by Peter within the space of five weeks. We remember that he had been admitted to the NC seriously ill after an attack of measles, and a diagnosis was inferred that he was suffering from a malignant tumour of the brain. He recovered well after extensive X-ray therapy and had eleven good months at home, living a normal life of a boy of his age.

But after eleven months his unremitting illness caught up with him and this time an operation could be performed, followed by X-ray therapy. Just before discharge, home for a short interval prior to commencing prophylactic treatment for his disease, the boy said to HPW "I want to make a rainbow".

We remember from the case history that he died after an enormous struggle in his eleventh year (ten years eleven months). We think here of the eleven arches of his first rainbow. We hope that the *'Rainbow with the Thorny Spikes'* has finally led him to the *'Rainbow with the Golden Door'*. Can we hope that Peter's tortured existence reached, after all, its destiny? Did he come to terms with the powers that be, with the sun, with his God? May we hope that the *'Bird of Peace'*, of his last picture (Fig. 15) can carry him to the land of peace? (See the story of his snowman in 'Changes of the Same Motif' for further details).

Fig. 108 Marcel, ♂, 6 years, lymphoblastic leukaemia, KiSpi, 'Golden Boat with Rainbow and Tau Sign Mast'.

We give as a second example, a rainbow in a picture drawn by a boy suffering from leukaemia who recovered. He painted it after a life-and-death struggle and a successful bone-marrow transplant. We took this rainbow, together with other pictorial motifs, prognostically as a positive sign. (For details and pictures of the full case history, see 'Recovering Children'.)

We have come rather a long way from the rainbow as an archetypal motif in mythology to the drawings of dying and recovering children. We will look now at its undiminished fascination in many works of art. The oldest artistic representation of a rainbow, which we could find, is an etching of the sixth century A.D. from Greece (Fig. 120) (by kind permission of the Austrian National Gallery in Vienna). In this etching the rainbow spans over Noah and his three sons, touching the earth at both ends, with God's hand above Noah.

We remember such well-known paintings as those by Rubens (Fig. 121) and Turner (not reproduced here), but we are startled here by a strange white rainbow, over an open landscape by Caspar David Friedrich (1774–1840) (Fig. 122). Is it white as holding all colours, a sign of wholeness? Although we do not know what prompted the painter to paint a white rainbow, a white rainbow or luminous ring is sometimes seen in Alpine regions opposite the sun in foggy weather.

A friend recalls having seen a rainbow spanning the gulf of Polycastro at midnight, beneath the full moon so that the colours appeared faint almost to the point of non-existence. One could easily consider it a white rainbow. The impression was immense because the rainbow above the sea was complete and also because of its whiteness – uniting all colours.

Frederick Church's *'Rainy Season in the Tropics'* (1866) (Fig. 123), brings us perhaps nearest to the experience of a flood, in its representation of a rainbow over a tropical rainstorm – a seemingly relentless torrent of rain makes one fear that the flood water will never stop. In the lower right hand corner of his picture there are people behind the trees, safe as in a sheltered place.

So once more we ask, why then should children or seriously ill patients draw a rainbow, especially at critical times of their journey through life? Is it the hope, deep down in their innermost selves as expressed in their drawings, that they will be included in God's promise not to destroy man and all living beings for their sins and thus will not become ill as a punishment, as they and their parents so often feel? Then the symbol of the rainbow would revive the ancient promise of peace between Man and God.

Motif of Birds.

In our choice of motifs we have come from the house and the tree to the gnome, the guardian of the treasures of the earth. We then climbed a ladder towards heaven, met the rain and went over the rainbow which spans heaven and earth. Now we approach the bird, the messenger between man and his god, as a symbol of the soul.

Ever since I can remember, I have been puzzled as to why the bird is known as a symbol of the soul. Does man, forever wondering what happens to his soul when the body dies, find in the image of the bird some attributes which seem to answer his question? Is it that the bird on its feathered wings can lift itself from the earth, fly, move in the air – this weightless element – look back down to earth from great heights with its astounding eyesight, cover immense distances with its often fragile body? Most arresting, perhaps, is the fact that, during migration, it knows the way to a place that it has never seen before, and it reaches its goal unfailingly: how reassuring!

The simplest and most convincing example for me is still the exchange of eggs of the same species. If you take an egg of a stork whose route to its winter quarters is over Gibraltar and put it in the nest of another kind of stork that migrates over the Bosphorus, the mother will accept the egg and bring up the fledgling as if it were its own. But when au-

turn comes, lo and behold, the changeling will leave the other nestlings it was brought up with and fly the inborn ancestral route.

Before we turn to the pictures of our ill children, I would like to tell you a story which has never failed to please me. During the Second World War, the bomber pilots on their radar screen observed tiny black spots which they could not identify and so called them 'angels': they were in fact migrating birds.¹

Throughout the ages and in all parts of the world, flying birds have served as an expression of the human urge to rise above the earth with its finite dimensions and limiting horizons. Our present day fascination with space travel may likewise have its roots in the in-born urge to reach towards what lies beyond. As we know from Ruth's picture '*Soul Bird into Aeroplane*', we can understand the bird as flying towards a realm which surpasses the here and now (Fig. 42).

From the cave paintings of early man to present-day beliefs expressed in folklore, myth and legend, the bird has not lost its many-sided significance. Birds even appear on the postage stamps of various countries in connection with their legendary and symbolic meaning. We refer only to such birds as we have found in the pictorial material of dying children and those recovering from severe illness. We arrange them in the following order: the bird shape in general, individualised, according to specific illnesses, characteristic qualities of birds as reflected in ill children's paintings, some parallels from art, folklore, legend and myth.

The curved or wavy lines often used to indicate birds will not be illustrated here although their position, numbers, etc., may be significant in patients' drawings.

Fig. 30 Marina, ♀, 6 years 10 months, acute lymphoblastic leukaemia, KiSpi, 'Manöggeli'.

We start with Marina's '*Manöggeli*', because her birds are more distinctly shaped and we also have the little patient's comment. The child said: "Manöggeli (a funny man in Switzerland) has eaten a lot and feels well. All the birds (seven drawn in mauve) are flying to heaven, but the smallest one will get there first." On the ground seven '*Bergtrollblumen*' are growing; "they are so lovely", said the girl; the last on the left is without flower. We also note that the fingers on both hands, neither reflecting the natural number, add up to seven. Seven days later the little girl died very peacefully in her seventh year.

Birds in more shadow-like outlines appear in the next two drawings.

¹ By kind permission of the B.B.C. Transcript of the Horizon Programmes, "Bird Brain: The Mystery of Navigation" and "The World about us: Fabulous Storks", Jan. 14th 1974.

Fig. 124 Anneli, ♀, 11 years, malignant tumour in the region of the nucleus caudatus, NC, 'Cat and Mouse'.

The small girl is almost pressed against the wall. By throwing a ball of wool to the giant cat which already has the mouse in its mouth (the cat is understood to be her illness), she tries to distract it.

In the picture the little patient has a bandage, a headband almost like a crown of thorns; her 'life bird', turned to the left, hovers, shadow-like, above the cat. Soon after she drew the picture she fell into a coma, never to wake up again. (See also 'Motif of the Gnome')

Fig. 125 Georg O., ♂, 8 years, medulloblastoma, NC, 'Soul Bird leaving Tumour-doomed House'.

In the young boy's picture his shadow bird – an angel? – flies off to the left from the tumour-doomed house and stricken tree, whilst the ox-wagon hearse waits on a limited path. We note particularly the nine green strokes from the front wheel to the red mark beneath the animal and the same number of strokes to where the path abruptly ends: the number nine is repeated twice. A fatal outcome was indicated. The boy died in his ninth year.

Coming from the curved lines of the bird's wings to drawings with shadow-like outlines we now find, surprisingly, more individualised birds with human shapes and faces.

Fig. 22 Walter H., ♂, 8 years, malignant tumour of the brain, NC, 'Early Harvest'.

In Walter's drawing, we see fruit dropping from a tree, a house with tumour-red windows and a 'dove-cote' on the roof, in the shape of an undiagnosed growth (pinealoma). The water is running uncontrolled from the tap and a bird above the chimney is leaving towards the west. It resembles the tiny figure of a previous drawing of this boy with the face of the dying child, his eidolon (not reproduced here).

I was given as a Christmas present a book on birds and, by helpful coincidence, when opening it I found the photograph of a Greek vase dating from 440 BC entitled 'Death of Prokris' (Fig. 126). "As she draws her last breath, a soul bird, drawn in her likeness, escapes into the air." We will return to this picture in 'Decoding seemingly Incomprehensible Material'.

About eight hundred years earlier we find Ba, the winged spirit of the dead, hovering over Ani's sarcophagus, with the face of the deceased (Egypt, circa 1200 BC, 12th Dynasty) (Fig. 127). The staff at the British Museum were good enough to bring out the sarcophagus and have it photographed for me.

We now turn to birds which we can relate to signs of specific illnesses.

Fig. 81 W.B., ♂, 14 years, generalised epilepsy: probably post-traumatic, NC, 'The Soaring Swallow and the Aggressive Snipe'.

From all the different objects in the mural of the children's ward of the NC, the patient chose just two birds: the swallow – the soaring sky bird – and the earthbound aggressive snipe. We wonder why. Both are clearly and strongly outlined and well filled in. The direction to the right is maintained. We note the changes in colour and position: the snipe, moved from the right of the mural, is dark brown here, its mauve beak touching the rear of the swallow (in deep mauve, the colour of the 'seized' state). Could we translate this as a pictorial expression of a tension between heaven and earth, above and below, before it is discharged in a natural way, often in an epileptic fit?¹ (See also 'Colour Mauve')

Fig. 97 Vreni, 'House and Parrot'.

Similarly, this little girl, Vreni, chose some motifs from HPW's mural, as we remember from the chapter 'On the Difference between an Original Illustration and a Patient's Copy'. And added some which were obviously important to her and significant for her clinical condition. Concentrating here on birds in particular, we note a parrot whose tail reaches deeply into a roof in burning red. Seen organically, if this roof were the skull, the tail of the bird would, neurologically interpreted, as by Prof. Krayenbühl, reach the hypophysis. The tail pointed to the seat of the tumour and, after a successful operation, the young girl made a good recovery. For a description of other significant changes, see our chapters on 'How to see the Organic Aspect' and 'Forecasting Signs'.

Fig. 113 Peter, 'It Rains and it Snows'.

Coming back to Peter: During the long journey through his illness, the disease spread down Peter's spine and the woodpecker appeared repeatedly in his drawing. The boy comments: "The woodpecker is hammering away at the trunk, making holes." With concern we note the red-encircled crown and that the root system of this lifetree and the area on which the bird 'works' are drawn in the feared tumour-red. Is the bird indicating the place of the metastatic spread? We remember that 'the surgeon of the wood' as I have called him, locates places where, silently and invisible to us, insects and worms eat the tree, under the bark, and with his long beak and tongue 'deals with' the invaders. When the bird reappeared in the boy's drawings, several times during the next few weeks, we dearly hoped that the surgical treatment at the NC had activated some healing forces.

In Mexican folklore, the woodpecker is known as the patron saint of children and the medicine-man carries him in his medicine bag.² (Fig. 128)

When I transferred my research from the NC to the KiSpi, the first picture I saw was that of a white child on a red couch, under which he wrote "This is me" – a leukaemic child. (See 'Colour White')

¹ For comments on epileptic states, see S.R. Bach, "Spontanes Malen und Zeichnen im neurochirurgischen Bereich". Schweiz. Arch. Neurochir. Psych. 87 (1961), Figs. 5, 6, 8 & 9. In folklore, the swallow is also connected with water and fertility. Armstrong, *Folklore of Birds*, pp. 179–185.

² Armstrong, *Folklore of Birds*, pp. 101 ff.

It was some time before I was struck by seeing a white bird painted by a leukaemic child. It was in the following picture.

Fig. 107 Micki, ♂, 8½ years, acute lymphoblastic leukaemia, KiSpi, 'Cherry Harvest'.

In this vivid picture painted in April, full of colour, though the cart is before the tractor and a ladder is precariously supported on one foot, there stands almost centrally a cherry tree. Can we take it as the child's tree of life? It has no roots, the leaves are empty and the red cherries are white-centred and dropping on the right-hand side, turning mauve as they fall. High up on the tree's furthestmost branch on the left, a white bird tries to feed from these white centred cell-shaped fruits: the white bird of a leukaemic child – his soul bird in peril? Or is it the white of completion? (See 'Colour White')

We come now to two pictures of a humanised bird, a duck, both copies from a Walt Disney magazine. Both reflect in their own way the different types of illness the young patients were suffering from. They were painted roughly twenty years apart, one in Switzerland at the NC in Zurich, the other more recently, 1982 in Denmark at the Paediatric Department of Copenhagen University Hospital.

Fig. 100 Cyril, ♂, 6 years, spina bifida, NC, 'Donald Duck Cries'.

Copy of magazine picture: Walt Disney's Donald Duck – a bird as a person, a duck-like figure to which Disney gave a more human appearance. We have HPW's comment on the back of the drawing sheet. "He is so homesick that he keeps bursting into tears" (*Er hat so Heimweh*).

It is easy to see how unhappy Cyril's Donald Duck is. But what does the picture say to us somatically? We can see the elongated neck and note the cleft in the spine causing his water to be out of control, his incontinence.

The case history reports that he was diagnosed as suffering from spina bifida.

Fig. 101 Kim, 8 years 10 months, acute lymphoblastic leukaemia Rigshospitalet – University Hospital, Copenhagen, 'Donald Duck and the Pirates' Flag'.

Of the colourful figures of the cartoon we remember from our section 'On the Difference between an Original and a Patient's Copy' that Kim drew only Donald Duck and added the pirate boat. There are striking changes in the colour – most significantly – the red of the sky is now white, as is the blue of the eye, and even the straps of the swimming costume. The boat is on the horizon on the right, the pirate's flag with the crossbones and skull and an arrow pointing dangerously towards the boat. We asked ourselves already if this is the picture of a threatened, a dying 'white child'? His picture was made less than a week before he died, aged twelve years and two months.

From birds with the signs of certain specific illnesses we turn now to those showing characteristic qualities found both in patients' drawings and in folklore, legend, myth and art. Though I cannot in the context of this book go into details of why certain qualities become attached to particular types of birds, without doubt a strong element of factual observation is involved.

Wherever birds breed, out of their fertilised eggs, a chick will hatch, so we associate birds with a sign of new life being born. We meet this very theme in the drawing of Priska where three chicks walk from the left to the right in an enclosure, but to our surprise, with a notice: "Don't feed" (Fig. 24). Did she foresee her early end? She drew this picture after an operation for a tumour on the brain (medulloblastoma), followed by deep X-ray therapy and could enjoy nine months of life before she died in peace.

Fig. 129 Georg B., ♂, 13½ years, sinus sagittalis thrombosis, NC, 'Stork Family on top of Chimney'.

In our next picture we find the stork, a whole family watching over their young ones on top of a chimney – five birds altogether. Georg was admitted with a dangerous thrombosis of the longitudinal and sinus sagittalis. Under intensive antibiotic, anti-epileptic and anti-coagulant therapy, he regained consciousness after five days (we think of five birds) and had a normal temperature ten days later. After several weeks, he could be discharged and returned to school without drugs. We find his story in the chapter 'Recovering Children', but we note here that the motif of the stork is linked with the renewal of life.

In general belief the stork is associated with the bringer of new life, the arrival of a baby. Is it his long beak – the surgical forceps – which was associated with him fishing out babies from the depths of a pond? According to folklore the baby-bringing stork was once thought to be the messenger of the gods, based on the belief that children's souls are their gift.

Having seen the life-bringing aspect of the bird in ill children's drawings, we will now turn to birds in their life-threatening, death-bringing aspect. The owl from a drawing of a seventeen year old girl, Christa (Fig. 98), is a copy of a magazine picture with significant changes (See 'On the Difference between an Original and a Patients Copy'). Here we ask why this severely ill patient should choose an owl. We know that the owl can see and hunt in the dark and also pounces on living creatures unexpectedly. The case history reports that the girl suddenly died peacefully at home.

The motif of the owl as a life-threatening bird, a figure of death, takes us back to the Sumerian goddess Lilith (2,300 – 3000 BC). She is depicted with clawed owl's feet and spur (Fig. 130). In Hebrew '*Leila*' means night and in the Gilgamesh epic Lilith builds her house in hollow trees as owls do. She is feared as a snatcher of new-born babes and an amulet called 'Night Guardian' is still in wide-spread use today, for instance in Israel,

against her lethal powers. As the screech owl (*Käuzchen*) in folklore, its unpleasant call is feared as indicating death. In China the owl is called the bird that snatches away the soul.¹

The raven, and for us closely associated with it, the crow, like many other birds, have ambivalent characteristics. They can be the omen of death and disaster in European folklore – Shakespeare’s ‘fatal raven’² comes to mind. On the other hand, ravens can foster forlorn children³, and in the Old Testament we read that they fed Elijah⁴. In the cult of Mithras, they were even regarded as the messengers of the sun god. In connection with our pictorial material, we refer to the ravens in van Gogh’s last picture flying over the windswept cornfield, forecasting the early end of the painter’s life. (Fig. 131)

In the children’s drawings we have on the foreboding side, for instance, Peter’s picture (Fig. 132) where the beak-nosed figure of death has taken the helm of his life ship, going westwards into the dark unknown. The boy commented: “He steers the ship”. Naturally, the beak reminded me of the bird and its ancient significance as the carrier of the soul. Its appearance as a harbinger of death is a direct link with images of antiquity: the bird-headed Egyptian god Thoth⁵ is the guide to the underworld (Fig. 133). We are reminded of the Egyptian images with a human body and bird’s head, as well as of cave engravings of prehistoric hunters wearing animal heads (masks?), obviously representing important qualities of birds and animals.

Fig. 12 and Fig. 147, Peter, ‘Death with a Heart and Psychopompos’ and ‘The Devouring Sun and the Woodpecker’.

Peter drew this picture (Fig. 12) two weeks after a multiple metastasis of the malignant tumour (medulloblastoma) was diagnosed in an exploratory operation on the cerebellum. In a previous picture of the same day (Fig. 147) he had commented of a similar figure: “He comes to steal my eggs.” – his never to be born children? (See page 95 for a fuller description.)

His mother reported on his short spell at home that, although very tired, his appetite came back and his old vivaciousness. When he returned to hospital for a further course of treatment, he was in good general condition, without neurological symptoms, no sickness, no giddiness, no stiffness. We are aware, however, from subsequent drawings that the threat of death never again left him. What inner experiences children suffer we will never know, but through their pictures if we can grasp their significance!

Peacock.

Fig. 141, Kāti, ♀, 11 years, commotio cerebri, NC, ‘Colourful Peacock Returning into Life’.

Having found our way through so many burdensome pictures of dying children, I feel we need some encouragement. In Fig. 141, we see the peacock as a symbol of rebirth, beauti-

¹ Armstrong, *Folklore of British Birds*, Collins, 1958, p. 113.

² ‘Titus Andronicus’ II, iii, 97, 153.

³ ‘Winter’s Tale’ II, iii 186.

⁴ I Kings 17, 4–6.

⁵ Thoth, after a wall-painting in the tomb of Ramses, 1550–1575.

fully drawn in the picture of this eleven year old girl who returned to life after a severe concussion. (See 'All Colours' and 'Recovering Children'.) Since antiquity, the peacock has been known as a symbol of the sun and the birth of light. In early Christian art it appears as a symbol of immortality. What a good prognosis!

Birds as Mediators and Messengers between Man and his God.

We come now to birds as mediators and messengers between man and his God. We will look at a picture of Priska's drawn only three days after Charon had come to fetch the little girl's figure under the sun umbrella (Fig. 43).

Fig. 134 Priska, 'Magic House'.

We found Priska's picture the '*Zauberhaus*' (Magic House), as she called it, hard to understand. A house without a base is outlined in dark brown which stops short to allow space for a blue window above another window. Within it is a smaller blue circle, finely filled in with blue, looking like the pupil of an eye, near the position where we often observe the 'soul window'. Is it the 'all-seeing eye of God' which we find in the centre of the symbol of the Trinity? It also reminds us of Chagall's picture of the green eye (Fig. 135) in a similar position overlooking the village scene. Does 'it' in Priska's drawing look through the soul window? This is as far as I was able to go. Then HPW mentioned that Priska herself had said: "This is the magic house". I could only 'unlock' this picture with the help of a parallel, when HPW drew my attention to the Huichol Indian's sun temple¹ and ritual; then I understood the picture's significance. The Mexican Huichol Indians, living in the barren mountains of the Sierra Madre Occidental are also known as magic healers. Once a year, during a religious festival, the men go hunting for peyotl, the sacred cactus (*lophophora willeamsii*) containing a hallucinogenic substance which they believe grows from the hoof prints of the stag god. In preparation for this great ritual they paint their faces yellow to make visible their relationship to the Sun. When sufficient plants have been collected, the great magician medicine-man, crowned with the stag's antlers, shares out amongst them the juice of the magic plant. While they are in a state of trance they experience the birds flying to the sun, taking messages as intermediaries between themselves and their sun god, Tayaoh, and Tatehauri, the mighty grandmother, who tells them what the tribe must do in the coming year (Fig. 136).

Here, then, we have an astounding correspondence to Priska's '*Magic House*'; its shape, the round of the sun disc, the magician with horns, whom she had drawn a week earlier, (not reproduced here) the entrance door – with the difference, however, that in her picture important features of the ceremony appear together, manifesting themselves simultaneously. Yet what may correspond in the sick child to the meeting of this tribe with its deity? Will the magic house become her house of transformation?

¹ *The Magic World of the Mexican Huichol Indian*, Image Roche 1964, p. 13.

Cloud Bird.

Coming back now to western man, we turn to the cloud bird. The image of the bird seems to me deeply ingrained in man's mind, so that its reflection can be seen even in the clouds. Shapes of birds appear in the drawings of cloud formations in ill children's pictures as well as in artists' pictures.

Fig. 137 Peter, 'Cloud Bird'.

Here Peter's friend, the Red Indian, coming from the right, is bravely on his way to buy more ammunition from the shop (*Laten*) and a blue cloud bird that has swept in from the left (the sinister, the unknown) almost covers the whole of the picture, from the scarcely attached 'soul house' with the zig-zag line reaching out from its chimney to over the boy's courageous friend. We remember from Peter's short case history that he was admitted to the NC desperately ill and responded to combined chemotherapy and prophylactic X-ray treatment which led to a remission. The picture seems to reflect this: has the powerful cloud bird brought back to him some good months of almost normal life? We remember, however, his 'Bird of Peace', the last picture he ever drew, and that he died some months later. (See 'Short Case History' and 'Colour Black'.)

When we were studying this picture, Culver Barker, one of our team's members, happened to see a colour photograph in a shop of Giovanni Segantini's painting, *La Morte* (Fig. 138), the last picture of the triptych (Segantini Museum, St. Moritz). The artist, forty-one years old, went to the Schafsberg, near Pontresina, well known for its cloud formations, to finish this picture. His 'cloud bird' is turned to the left and reaches beyond the end of the canvas. The black figures wait outside the house with the empty sledge and the horse. Segantini completed the picture and died there suddenly, within a week, of peritonitis. (See also 'Decoding seemingly Incomprehensible Material' and 'Forecasting Signs'.)

In pondering about birds as mediators between man and God, I remembered the 'Fountain Bird' that birds can, so to speak, care for their fellow beings. In a Turkish manuscript (Ottoman, c. 1550–75) we find a bird feeding water, stored in its throat, in a period of drought to many others, large and small (Fig. 139). Here we recall also the Pelican, very humanised, who in legend feeds its young in times of dire need with the blood of its own heart – a well-known symbol which so captured man's imagination that in our own time we find, for example, a bird feeding its young on a Swiss postage stamp (1977). Of course, we ask what made the designer choose this subject (Fig. 140). Naturally, here St. Francis of Assisi (born 1181), who goes another step forward in this two-sided relationship, came to my mind (Fig. 142). We know that he preached to people, but why did he also have to preach to the birds? Did he try to make them aware that they are messengers of God and carriers of the soul? The legend has it that, after listening to St. Francis, the birds rose in the formation of the cross, flying off in the four directions of the compass, and sang to God's glory.

St. Francis, born in 1181 at Assisi, was the son of a wealthy merchant. He lived in luxury and led a dissolute life until sickness and civil warfare steadied him. Then one day, in the

Church of San Domiano, he heard the voice of Christ say to him: "Francis, repair my falling house". He followed the call and started to rebuild the Church of San Domiano with his own hands.

In 1217, although he himself was never ordained, he founded the religious order of the Franciscan Friars Minor, based on poverty, humbleness and evangelical freedom, of which he had always set an example.

A man of tremendous spiritual insight and power, with a burning love for all created things, he felt they were his brothers and sisters: the sun, the wind, the fire, the moon, the stars, the water and the earth, even Death he welcomed as his sister. The birds, however, were of very special significance for him, and he is perhaps more widely known for his preaching to them.

One wonders what holds St. Francis in man's imagination – how is it that his 'Gestalt' is so alive in us? The 800th anniversary of his birth was recently celebrated world-wide and, for instance, a postage stamp was issued in Chile (Fig. 143).

I myself had a personal experience with a colleague and friend, Dr. Agnes Herz, the Psychiatrist/Analyst at the Psychiatric Outpatient Department for Adolescents, Zurich. One evening after working in Zurich with her on some of her own patient's pictures, she invited me to her flat to see an embroidered hanging of St. Francis feeding the birds (Fig. 144). She had made it over many weeks after coming back from a day of hard work and it almost meant to her a link with the restoring power of the saint. I asked her how it happened that she 'met' St. Francis and she told me that hearing of him at an early age of seven had left its mark on the development of her future life and profession. In her own words, "The reverence for all natural things, humbleness and devotion towards all creatures as an expression of God's great love which St. Francis of Assisi felt, was what moved me to make, with the simplest means, this embroidered hanging."

To come back to our question: how is it that the 'Gestalt' of St. Francis has such an archetypal hold on our minds and hearts? Is it his unselfishness, the freedom from the burden of worldly materialism, his devotion to the needy, his love for all living beings, tapping the neglected values of our own selves? Is he the complementary aspect to our own unlivd life and deep longing?

His preaching to the birds may awaken in us a deep-rooted, half forgotten dream to be fed, protected, given shelter and looked after: the belief of the soul in a caring, loving God.

What came to me at the end of my pondering was this: could it be that he heard God's voice and followed it, whereas we might hear it, but not follow it?

Motif of the Sun.

A study on the motif of the sun as the great timer and pathfinder of man and all living creatures would fill a whole book. Here we limit ourselves to the motif of the sun in spontaneous pictures of children of different ages and sex, from different countries, suffering from different types of illness. We concentrate on the sun and its rays in relation to the age of the patient, his lifetime, the vital events in his life and note in passing the diagnostic and prognostic indications. (See 'How to See the Organic Aspect'.) We will finally meet the sun personified in its mood and as a timeless, suprapersonal power.

To a child, the sun is a person; a friend or a foe. It can smile benevolently, can be angry, can destroy, can heal, can cry. It can even be painfully missed, as in the words of a dying child, "there is no sun" (Fig. 101) Kim, described below in the section on the humanised sun and previously met in the section on the difference between an original and a patient's copy. The sun can be a far away power, melting away its own substance or melting your snowman. We will then meet it as a guide from the Beyond with its rays that link one up with God.

When I started working on the motif of the sun, I soon realized how its position, colour, size, number of rays, its features vary in different patients' drawings according to both the somatic and psychological condition and to the total life situation. Moreover when I tried to illustrate just one aspect of the sun's significance, I soon found out that several other significant qualities were also expressed in the same drawing.

Age and Lifespan.

Fig. 6 Urs, ♂, myeloblastic leukaemia, KiSpi, 'Spraying the Flower with Red Water'.

A friendly-faced, golden yellow sun shines over a 'flower tree' with eight red petals, his age, after he had been given two life-saving blood transfusions. (See 'On the Many Colours of Water'.) He returned to life after helpful treatment.

Fig. 17 Lisbeth, 'Apple Harvest in May'.

A great golden yellow partial sun in the west, deep below the blue horizon, with closed eyes, has eight golden yellow rays in its setting position. We know from the section 'Compare with the surrounding World', which gives a fuller evaluation of the picture, especially the ordered rows of apples in the basket, that the child died in her eighth year.

Fig. 28 Lisbeth, 'Jumping Jack'.

This is the last picture by Lisbeth whose 'Apple Harvest' we have just seen (Fig. 17). A blood-red partial sun in the west (top left corner, — + quadrant) with black features has only three red rays, one nearly touching the round blue tassel of the jumping Jack's cap. The repetition of the numer three in the cap with three cell-shaped stripes and three stones on the ground adds to our apprehension that the child's life may come to an end in

three units of time. She died three months later. (See also 'Units of Time' and 'Forecasting Signs'.)

Fig. 14 Peter, 'Coup de Grâce'.

In one of Peter's last pictures, the golden sun in the top left corner with an almost inexplicable face, reaches with its sixteen rays his soul house in tumour-red (in the $- +$ quadrant). Taken as weeks, it gave him sixteen weeks of lifetime after he had drawn this picture. Indeed, he did die sixteen weeks later. (See also 'Units of Time' and 'Forecasting Signs'.)

The Sun as a Friend.

Fig. 145 Peter, 'The Toy Horse'.

On the frame of the television set, as the boy's picture shows, stands Peter's beloved toy horse. It has been broken and glued together by HPW. Here it is radiated by the X-ray sun tube on the very spot where the boy had had his radiotherapy that same morning. It brought him 'healing' for a considerable time.

Fig. 146 Josef, ♂, 13½ years, retarded boy, 'The Brown Cow with Golden Udders'.

With Josef's picture we come very much down to earth. The brown, milk-giving cow with a golden, sun-shaped udder with four nipples links up the ancient image of the Great Mother with the condition of a child of our time. Josef was a retarded boy with a mental age of four years.

The Sun as a Foe.

Fig. 147 Peter, 'The Devouring Sun and the Woodpecker'.

A doubtful partial sun in its setting position under the horizon (top left corner $+ -$ quadrant) has eleven rays. It is pale yellow and has mauve features and its rays if elongated would cover the entire picture, implying that the metastatic spread would affect his whole bodily existence. The young patient commented that the sun would come down and steal the rest of his eggs. Three days later Peter painted the sun once more in the upper left corner and commented that the sun is melting (not reproduced here). We remember that he died at the age of eleven years.

The Changing Significance of the Sun.

Fig. 97 Vreni, ♀, 8 years, NC, 'House and Parrot'.

We know that this little girl copies from HPW's mural Noah's Ark and adds, with other objects, a house and the golden sun in its western position, with seven rays. We wonder why a child of eight years should paint a sun with only seven rays. We find in the case his-

tory that she stopped growing after her seventh year; did the sun with its seven rays then stop helping her to grow? We also note that her house has eight windows with flower-pots on their sills, and the ninth central window has its shutters closed still. After an operation on an intrasellar craniopharyngeoma she started to grow again and had already grown five cm on discharge. We trust that the shutters of her ninth window will soon be opened and we are pleased to read in the case history that she made a good recovery.

The Humanised Sun.

Apart from the, to me, staggering observation that physical symptoms could be reflected in the motif of the sun, we see here a 'humanised sun', expressing the child's psychosomatic condition. So far we have met the sun in different moods – friendly, doubtful, angry, destructive, healing. In the following two pictures, the sun is almost identical with the child's condition. Once again, we concentrate on one motif only, leaving all others aside.

Fig. 148 and Fig. 149 Suter, ♂, leukaemia, KiSpi, 'The Sun cries Blue Tears' and 'The Sun goes Blind'.

In Suter's first picture we notice a golden sun, off-centre, with many rays and an almost regretful expression, crying blue tears. They are of different sizes and are cell-shaped with white centres. We remember here that this is the painting of a leukaemic patient.

In his next picture the sun, now in its western position, has gone blind (the child's words). On the basis of these pictorial statements, Professor Hitzig had the young patient's eyes examined. There was no implication of disease. But shortly after, leukaemia had reached his eyes and he lost his eyesight. Can we say that something in the child himself, in his utter plight, was anticipating and 'knowing' his fate?

Fig. 101 Kim, 'Donald Duck and the Pirates' Flag'.

This picture was based on an original already described in the previous chapter, 'On the difference between an original and a patient's copy'. We remember that Kim copied Donald Duck from a coloured magazine illustration into the gripping picture of a leukaemic child facing death. To me the quintessence of his situation was summed up in the comment to his mother that he had forgotten to put in the sun – this was two months before he died. Was it then that 'it knew' in him?

The Suprapersonal Sun.

In the next pictures the sun is conceived as a timeless, suprapersonal power.

Fig. 62 Käti, 'Overshadowed House and Tree'.

The roof of the house and the crown of the tree are overshadowed while the sun in its eastern position shines on. The young girl fell on a stone floor which left her temporarily

unconscious (*commotio cerebri*). For a fuller description of the case and picture, see 'Recovering Children'. Fortunately, after two days she recovered and could be discharged for three weeks bed rest. Here we can see the sun as a suprapersonal power shining on seemingly unconcerned, regardless of the patients's condition. What an age-old feeling! St Matthew's words come to mind: – 'Your heavenly Father who makes His sun rise on good and bad alike'. (Matthew 5, v. 45)

In Käti's picture, we saw the sun as an impersonal force, but for Adrian, whose picture follows here, this suprapersonal power has almost become one with his deepest religious belief.

Fig. 150 Adrian, 'Adrian's Last Picture'.

In his picture we see seven rays which seem to be emanating from God above and which do not quite reach his isolation tent. The word 'healed' is written above the tent. Here the life-giving Sun and the Eternal Light are fused. He died seven days later fulfilling a deep wish to be with God, which he had already expressed when first admitted to the KiSpi. (See also 'Forecasting Signs' and 'Spontaneous Pictures as a Bridge between Doctor and Patient')

Here the Cairo Stele of ancient Egypt comes to mind, the sun sending out its numerous rays, ending in hands. The King Akhnaton and the Queen Nefertete offer gifts and receive the sign of life. The innumerable rays of the sun end in hands for any one of us to grasp. In Culver Barker's words, 'We need only to realize it'. (Tell-el-Amarna, ca. 1400 B. C., from a stele in Cairo) (Fig. 151)

We are also reminded of the motif of the ladder in Jacob's dream where the relationship between Man and God is conceived in the image of angels, as messengers, coming down from heaven to bring gifts from God and taking up to Him presents from man.

Fig. 152 Pub Sign in Küsnacht, Switzerland.

To end our exploration of the sun in ill children's pictures, we will now come back to ourselves and we go in our memory to Küsnacht where people from near and far used to travel to see C.G. Jung. We might well sit for a while at the pub, with its beautiful, golden sign, to ponder for a while before we set out for our visit at Jung's house to meet our great friend and teacher in search of insight and enlightenment. This book may testify to the light he threw onto my own life's path.

Motif of the Letter Tau.

We all may have the experience that once the name of a person, author, composer, or even a recipe has been mentioned to us, it will recur many times in the same day or over the following weeks and months. Once it has registered in our minds, we will hear it surprisingly often. This happened to me with the letter Tau.

I first became aware of the significance of it in spontaneous pictures when studying the drawing of a small boy with a suspected brain tumour, our first example below. In Hebrew, *tov* is the last letter of the alphabet and the sign of God's ownership.

Fig. 56 and Fig. 57 Roberto, ♂, 7 years, malignant brain tumour (medulloblastoma of vermis of cerebellum) NC, 'Nothing left but a Plume of Smoke' and 'Tau Sign and Two Fishes'.

After one day of X-ray therapy, the boy drew an outline indication of a roof with a plume of smoke on the left side of the chimney, but nothing else. In Fig. 56, after ten days irradiation, the house is reconstituted, with a red mark on the left side of the roof (the seat of the tumour). A light brown path coming from the upper left, with a car and a slender tree with almost trembling branches, stops short of the house. In an open pond are two fishes facing left (why?), and a man (boy's description) with outstretched arms, strides from the house to the left. The door is marked with a *T* (the initial of his surname). A barely visible horizon line is drawn across the whole sheet. We notice the jagged branches of the slender tree. The sun, in the upper right corner, sends out scattered rays and both may be understood as depicting the feeling of seizure experienced by patients suffering epileptic fits. We later found this condition confirmed in Roberto's case history.

Now we come to the *T* on the door. Can it be taken as the initial of the boy's own name? But why should it be there? I was reminded of the Tau as signifying the seal of God. The open pond with its two leftward-facing fishes, the living contents of the unconscious, seemed to me to indicate two units of time for the boy to live under the protection of God. The patient died two months later of his malignant tumour.

I was so struck by this picture that, while I was still working on it, I told a close friend about it. Shortly thereafter, he sent me a postcard which had been sent to him by relatives (Fig. 153). We see a 12th-century enamel cross with one section showing the *signum tau* being painted over the lintel of a house (Fig. 154). It is the illustration of the Passover story, when God through Moses led the Children of Israel out of the slavery of Egypt and saved them from God's threat to have all first-born killed in one night. To protect them, their doors were marked by the letter Tau. In *Exodus 12* we read, 'And the blood shall be to you a token upon the houses where you are and I will pass over you and shall not . . . destroy you'.

After HPW had worked with me on this picture, he too recognised the letter Tau elsewhere, for instance in the white portion of the collar showing in the dress of clergy visiting the hospital. Years later still, I came across yet another letter Tau or Tov, with relevance to critical moments of life, of healing and God's ownership. Christianity derives its Advent Cross from the Hebrew Tau Cross, which, in turn, comes from the pole that Moses lifted up entwined by a brass serpent, to heal his people from the plague of serpents God sent among them as a punishment. As the *Book of Numbers* records it, according to God's word, 'Moses made a serpent of brass and put it upon a pole, and it came to pass, that if a serpent had bitten any man, when he beheld the serpent of brass, he lived.' (See

Fig. 155. Matthew Merian, 16th Cen.)¹ The physician will readily be reminded by this Tau with serpent of the tree-pole and the serpent of Aesculapius, the god of healing.

Figs. 156 and 108 Marcel, ♂, 6 years, acute lymphoblastic leukaemia, KiSpi, 'Brown Boat with Black Tau Sign Masts' and 'Golden Boat with Rainbow and Tau Sign Mast'.

It was ten years later, while exploring several picture series from patients at the KiSpi as possible aids for the prognosis of bone-marrow transplant operations, that I saw the letter Tau once more in the mast of a boat drawn by a critically ill leukaemic child. The decision on a transplant was to be taken because all other treatment available at the time for leukaemia had not helped the boy to recovery. The question was whether to attempt it in this case and whether the understanding of his spontaneous pictures could aid in this crucial decision. Might they contain any forecasting signs?

The presence of the Tau undoubtedly alerted and encouraged me. As I have pointed out before, one needs at least three or four indications before coming to a tentative conclusion. But here we concentrate on the boat motif, one of the boy's favourite themes and consider only two pictures; the full series is discussed in detail in the chapter 'Recovering Children'.

In the first picture (Fig. 156), what struck me so in the brown boat were the black masts with a cross bar in which I recognised the letter Tau. Can we see in them a reflection of the radiation treatment, prior to a bone marrow transplant, the burnt-outness of 1000 r.a.d.? Psychologically, may we grasp them as the letter Tau, God's ownership sign over the boy, though in its dark aspect? For me, this was the decisive indication. I felt one should risk the operation, and this in spite of the blackness of the masts, for even the black Tau sign is God's.

The second picture (Fig. 108) was drawn shortly after the hazardous transplant operation; a golden boat with the Tau-shaped masts in red-brown, one with a crow's nest, a look-out under a golden sun, and lo and behold a tiny rainbow – so God has made peace with one of his endangered children? So we dearly hope.

¹ I wish to thank Dr. John Peck for drawing my attention to the Merian engraving and the 'Tau of Moses'.

CHAPTER 13

How to See the Organic Aspect in Clinical Conditions

After having been concerned with how to see the psychological aspect, we turn now to the question of how to see the organic aspect, keeping in mind that we have conceived spontaneous pictures as a visible expression of the total person. We bring as an introduction a paper by Professor Walter Hitzig on 'Leukaemia in Childhood'. Another paper by Professor Hitzig on 'The First interview with the Parents of a Fatally Ill Child and Psychological Follow Up' is to be found in chapter 3. We remember here that we are not dealing with pictorial material which reflects the known symptoms, for example feeling depressed, suicidal, living under a cloud, or on the organic side, suffering from physical handicaps such as paralysis of an arm or blindness in one eye.

A parallel from the Arts comes to mind: Dürer's famous drawing sent to his physician to locate his illness (Fig. 160). We are concentrating here mainly on pictorial reflections coming spontaneously from less conscious, deeper layers of the personality. These often reveal 'silent' unrecognised diseases, not known to the patient or, sometimes, even to the physician.

Leukaemia in Childhood.

by Prof. Walter H. Hitzig.

Definition.

Leukaemia has been circumscribed as 'cancer of the bone marrow'. This is a useful and essentially correct comparison: the bone marrow is the factory of all the blood cells, which it must replace at an amazingly high speed, i.e. every 100 days for the red and every 10 days for the white cells. Mistakes in this rapid multiplication process are rare, but they amount anyway to several million cell mutations every day. Usually these abnormal cells are of reduced vitality and are therefore immediately eliminated. If, however, a mutant cell happens to possess better chances of survival than the other (normal) blood cells, this single 'cancerous' or leukaemic cell will start to proliferate and steadily overgrow and gradually displace the normal cell elements. It will find up the entire marrow space, and may also emigrate and invade neighbouring tissues and organs.

Symptoms and Signs.

As a result of this slowly progressing overgrowth two groups of characteristic clinical signs ensue:

1. Displacement of the normal blood cells leads to reduced numbers of red cells = anaemia, diminution of white cells, in particular of bacteria-removing neutrophils explains severe infections, and lack of platelets (thrombocytes) causes a bleeding tendency. It takes usually several weeks until these slowly appearing signs are noted and recognised in their true importance.

2. The second group of symptoms results from ectopic growth of leukaemic cells in different organs, which causes enlargement of lymph nodes, liver, spleen, kidney, swelling of the face, severe pain in bones and joints (misinterpreted as 'rheumatoid pain') and impairment of nervous functions.

This development explains why the diagnosis of leukaemia is always made at a late stage, when the malignant cells have already widely spread in the body. The clinical features depend on the properties of the primary mutated, leukaemic cell.

Natural course of acute leukaemia.

In children, most leukaemias present as rapidly progressing, i. e., acute disease. We assume that this might present a parallel to the particularly great growth potential of all tissues in childhood, including the blood cells. The diagnosis is therefore usually quickly established without major difficulties and beyond reasonable doubt when the child is finally presented to the doctor. The definitive proof of the diagnosis comes from the bone marrow investigation which is done in a few seconds by a simple needle puncture. Its result is unequivocal in more than 90% of the cases. Accordingly, the experienced haematologist is, usually within a few hours after the first presentation of a child, certain of a devastating diagnosis, because he knows that the untreated disease would be fatal within a few weeks, due to uncontrolled anaemia, infection or haemorrhage.

Treatment of acute leukaemia.

Almost fifty years ago, the first successful attempts at influencing this fatal progression of the disease were done by transfusing blood to improve the anaemia and by fighting against infections with antibiotics. The decisive turn, however, was the introduction of cytostatic drugs which interfere directly with cell proliferation (Sidney Farber, 1974). It initiated an impressive development which in the last forty years has radically changed the outcome and therefore the evaluation of these diseases. With some simplification, we might say that paradoxically the most malignant acute leukaemias can most efficiently be influenced, because their cell proliferation is highly active and so can be hit hardest by our drugs. This explains the amazing fact that a child admitted severely ill will experience a spectacular improvement within one month and leave the hospital in apparently good health. In medical terms, we speak of remission of the disease.

Because recurrence of a temporarily suppressed disease is a characteristic feature of cancer, we avoid speaking of cure. Unfortunately, malignant cells quite often get used to cytostatic drugs, i.e. after a longer or shorter time they find ways to circumvent their deleterious influence. Accordingly, they regain their ability to grow in an uncontrolled manner, and the signs of the disease reappear, the leukaemia relapses. This is a great disappointment, but it did not discourage physicians and research workers who lived through the preceding miraculous remission: they set out to find new ways to control the disease again and to avoid future relapses. By slow and patient work they developed combinations of several drugs with the purpose of sustaining the remission for a longer time.

As a matter of fact, even in the early fifties patients were observed who did not relapse, even when all treatment was stopped. Cautiously, we started to speak of a cure. At the present time we are confident that we will be able to cure certain forms of leukaemia in children in a high percentage of cases. Sadly, this does not apply to all forms, but it encourages further research and shows clearly the lines to follow in the future. We might roughly estimate that we have covered possibly half of the way to the ambitious goal to cure all leukaemias.

In adults acute leukaemias are rare. The experience with children has turned out to be quite useful also for the treatment of adults, but all the difficulties are not yet solved.

Case report.

A typical case may outline the course of such a disease: Urs presented with typical signs and was diagnosed in March 72. The severely sick eight year old boy had to undergo an intensive treatment comprising injections, infusions, blood transfusions and lots of tablets to swallow. Within one month he was in remission, which was consolidated by changing the treatment and adding lumbar puncture and irradiation of the central nervous system. After almost three months, the patient could leave the hospital, but the treatment was continued on an ambulatory basis. After six months, the intensity could be decreased. During the following years, the boy was regularly controlled by his family doctor, and every three months he attended our leukaemia clinic. He regularly took his tablets and received his injections. Occasionally, blood transfusions were needed and sometimes adaptations of the treatment were necessary, when he didn't tolerate certain drugs.

After five years, the treatment was stopped altogether, but in the following months the controls were intensified in order not to miss a relapse. When five years later the remission was still sustained, we were confident that the patient was completely cured. Seventeen years have now gone by since the beginning of the disease, and twelve years since the end of therapy. During this time, Urs has completed the normal school, since he managed to catch up the interruptions due to visits to the hospital or to side-effects of the drugs. His somatic development was slow, but within normal limits, and he grew up to be a healthy young adult. He has accomplished an apprenticeship as an ironmonger to the full satisfaction of his superior, and he is now working full-time in a specialised factory. In June 1988 he married, and he leads a normal happy life. His morale has not suffered from the many effects of his treatment; on the contrary, he gives the impression of being an extraordinarily disciplined and well-ordered young man.

Actual evaluation of acute childhood leukaemia.

In accordance with present knowledge, children with acute leukaemia are treated more intensively during the first phase; additional drugs are used and in most cases the central nervous system irradiation can be avoided. Hospitalisation time is sometimes reduced to 3–5 weeks, and in exceptional cases may be unnecessary. On the other hand, the total duration of the treatment is shortened to two and a half years. The initial remission rate of the most common acute lymphatic leukaemia (ALL) is higher than 98%, and cures are possible in the most favorable cases in more than 80%.

Within the last forty years, therefore, crucial aspects of acute leukaemia have radically changed: it is no longer an inevitably fatal disease, but has a good chance of complete cure, if the complex treatment modalities are strictly followed. A new superspecialist-paediatrician, the medical oncologist, with all his technical skill and knowledge must guide the patient, and the sick child with his family must confidently collaborate and bravely support all the pains and burdens of the treatment.

Obviously, this deeply changed outlook has also modified the approach of the doctor to the patient and the explanations he gives on the disease.

Relation to Susan Bach's work.

Leukaemia is the disease of 'White blood' according to the German pathologist Rudolf Virchow. When Susan Bach asked us about children with severe and rather uniform signs of disease, we suggested this disease. She baptised her new investigation tentatively 'Project white child'. We were soon deeply impressed by the 'bloodless' pictures of these unusually severely anaemic children. In many instances their art work offered us easy opportunities to initiate a helpful dialogue, also with children who on the first approach seemed unwilling to communicate.

How to see Organically.

Although we are still more accustomed to looking for the psychological significance, we will now consider, equally, the somatic aspect. With this, we come to a central question: how does one see organically?

During a case conference at one of the largest English mental hospitals in 1947, I saw unexpectedly and for the first time, in the picture series of a chronically ill patient, that not only her mental and psychological states were reflected, but also the condition of her body. It happened at a clinical discussion on whether or not to leucotomise a woman of twenty-eight, mentally ill for many years and not responding to any treatment.

Miss C. had been an in-patient for eight years, variously diagnosed as suffering from schizophrenia, hysteria, or anxiety neurosis, and all the then available types of physical treatments had been without effect. The entire staff was in favour of this irreversible operation, but for the Superintendent who had called me in. Feeling deeply the disquiet in Dr. Cyril Birnie's mind, the idea came to me to ask whether Miss C. had done any painting and she had. Among her pictures was 'Cat without Feet'.

Fig. 40 Miss C., ♀, 28 years, schizophrenia, hysteria, or anxiety neurosis, St. Bernard's Hospital, London, 'Cat without Feet'.

We note that this cat had no feet. Why not? Could Miss C. not walk? She could not, or would not. The cat had no neck. Why not? Could the woman not swallow? She could not

and had to be artificially fed. What struck me further was the face of the 'cat' – a moustached man? Do we see here the pictorial expression of a psychological problem, a hint of a traumatic experience? I suggested postponing the operation for three weeks during which time she should receive psychoanalytic treatment within the hospital. It was known that, at an early age, she had been given to a childless unmarried aunt who lived with her brother. During the analytical sessions, she remembered that this uncle had sexually interfered with the upper part of her body. The experience was so forbidden, dangerous and possibly enjoyable that in her picture she had to blacken it out. Moreover, the colourless face of the cat was – can we say purposefully – outlined only. As it turned out, it closely resembled that of her uncle and therefore his identity had had to be suppressed. Her guilt feelings towards her aunt/mother for having 'sinned' with her uncle/father was certainly a factor in her hysterical reactions. She was well enough, after eight months psychotherapy, to be discharged. The follow-up over several years showed progress without relapse. (See also 'Colour Black', 'Objects Painted Over' and 'On the Danger of Misinterpretation'.)

Decades later, HPW, our valued and much loved clinical artist at the NC had a similarly arresting experience of seeing the organic side in a spontaneous picture. Here is the story in his own words:

Fig. 157 and Fig. 158 H. B., ♂, 58 years, tumour of the brain, NC, 'University Dome' and 'X-ray transparency'.

"There was a knock at my door. In came H. B., a craftsman mechanic who had worked for many years at the University Hospital in Zurich. A few years previously he had given up his job as locksmith at the hospital and had worked ever since as the caretaker of a high school.

He settled down next to me and asked how things were going – and then he told me why he had come; he was to be admitted to the clinic for an operation. Everything had happened so quickly! He had begun to be forgetful. During the last few months he sometimes overslept and did not arrive at work punctually. Moreover, he had even forgotten to carry out the tasks he had been asked to do by the headmaster. He had been reprimanded and this had hurt him. The Head had decided that he should go at once to see his doctor for a check-up. The physician had given him a short examination and sent him straight on to a neurologist who, in his turn, had had an X-ray taken the same afternoon. The diagnosis was a tumour of the brain requiring immediate admission to the University Hospital. And that was how he came to be there.

After Mr. H. B. had settled down in his room, I visited him the very same afternoon – I already had drawing paper and coloured pencils with me. I knew he would be operated on the next day or the day after. I asked him whether he would make me a drawing because I was collecting drawings of patients; he could draw whatever he wanted – "absolutely free, large or small, a lot or very little". He hadn't done any drawing for such a long time but, to please me, he would try. But he did not know what to draw. I shrugged my shoulders and said he would know what he would like to draw. And I left.

The next morning I visited him before ward rounds, asked him how he had slept and pointed towards the drawing he had made. He had drawn the view from the window into the garden towards the University building, a very difficult subject, with its complicated domed roof; in front of it, right and left, were light green trees, birch trees or something similar, and in the middle, the copper beech (German, *Blutbuche*, or Blood Beech) directly below the dome of the roof.

When looking more closely at the drawing what puzzled me most were the view over the garden and then the very delicate colours added to the pencil, a very light green and dark green only in touches, and directly under the roof of the University the copper beech in cool red, very finely applied. I was staggered by the shape and size of the red coloured patch and also its position, just below the roof (Dach), the 'seat of thinking'. Was this the size of the tumour? Was this the position at the base of the skull? Could this be an olfactory meningeoma? After the operation had been performed, I just had to get hold of the X-ray so as to check up on my observation. I asked for a copy of this X-ray film, traced the outlines of the tumour and put it on top of H. B.'s drawing. The outlines of the copper beech and of the tumour were almost identical."

What an astonishing example of the possibility of seeing organically: HPW taking the dome of the University as corresponding to the patient's head and being puzzled by the red area of the copper beech (patient's own comment), not yet in season. On my suggestion, HPW drew the sketch of a human head on transparent paper: putting it over the patient's drawing, we found it to fit the X-ray film precisely. (Fig. 159). We are glad to know that Mr. H. B. made a good recovery.

Fig. 49 Xaver, 11 years, myeloblastic leukaemia, KiSpi, 'My Doctor'.

Thirdly, we turn to a picture from a younger patient who was selected for the qualifying examination of a medical candidate. The boy grew bored and Professor Hitzig gave him our standardised coloured pencils and paper. After the candidate had left, Professor Hitzig went over to the boy to see what he had drawn and this is the result.

When admitted, he was bleeding dangerously from his nose and mouth, and the spots of blood on the doctor's clothes in his drawing correspond exactly to the haematomas on the child's skin. We note the stiffness in the boy's right arm, which was immobilized by a drip so that he had to draw with his left hand.

If, after so many years of concentrated endeavour, we needed another visible proof of the precision with which a patient's drawing reflects also his somatic condition, this was it! However, what puzzled me was the red of the cover of the trolley until it turned out in reality to be of the same red. Again checking on outer reality, Professor Hitzig made sure that the coat of the candidate had been spotlessly white. Here we have once more an example of the necessity to check the details of a picture with the actual facts.

The boy responded well to intensive drug therapy without a relapse for three years, before succumbing to his illness four years after its diagnosis.

We now consider these three pictorial statements together. The first was made by a twenty-eight year old woman who could neither swallow food nor walk, was treated in a mental hospital and diagnosed as schizophrenic/anxiety neurosis; the second by an adult man of fifty-four, suffering from a tumour of the brain, treated at University Hospital, Zurich, Neurosurgical Department, who had made the picture before the operation; and the third was by a boy of eleven, admitted to the KiSpi suffering from myeloblastic leukaemia which was diagnosed the day before he drew the picture. And yet, we see that each of these pictures from different hospitals reflects the organic condition of the patient, regardless of age, type of illness and sex.

We shall find this still astounding observation of the organic aspect – once we are aware of it – in clinical and other material inside and outside the hospital.

Spontaneous Pictures as a Reflection of the Clinical Condition.

We will turn now to examples of spontaneous pictures which reflect the somatic condition of the patient and its use in case history, diagnosis, prognosis and treatment. We will also emphasise how such material often reflects the patient's past, present and future. Reference will be made to sections where the same picture and case history have previously been mentioned.

Case History.

Fig. 62 and Fig. 141 Käti, ♀, 11 years, accident, NC, 'Overshadowed House and Tree' and 'Colourful Peacock Returning into Life'.

We have two pictures from this young girl, drawn on the same day. In Fig. 62, the sun is shining in the East, whilst the roof of her house and the crown of her tree are overshadowed. We understand this as a pictorial reflection of a short unconscious state. In the second picture, the Peacock – the sun bird in full colours – is moving from left to right, can we say back into life? We note especially the central quill of his crown is red, the very place on which she fell so heavily, as we later learned from the case history.

The patient was admitted in an unconscious state as an emergency, having fallen onto a concrete floor. She recovered within two days and was discharged for three weeks bed rest. Like the peacock, the child returned steadily to life. (See also 'Colour Black', 'Motif of the Sun' and 'Recovering Children')

Fig. 18 and Fig. 19 Lisbeth, 'Flower with a Devil's Mask' and 'Magic Flower'.

In our chapter on 'Colour', we observed in Lisbeth's *'Flower with a Devil's Mask'* the change in colour of the leaves of her flowers from dark to light green after the fourth flower and the change of the blooms into a devil's mask, implying for us the onset of her illness, leukaemia, her 'Yesterday', between her fourth and fifth year. We also note that the space after her seventh flower on the right, her 'today', was filled in her following picture by the 'Magic Flower' (Fig. 19) standing next to a little girl resembling herself! We

have found similar flowers in the pictures of other seriously ill patients to reflect a deep inner knowledge of the nearness of their completion. Can we take this flower as a symbol of transformation, her 'tomorrow', forecasting her early death in her eighth year? (See 'What is Odd' and 'Light and Dark Green'.)

Fig. 91, Richard, ♂, 8 years, leukaemia. 'Three Puffs'.

We know from our section on 'One Colour Only' that Richard's engine, off the rails, was drawn all in red, going to the left. We now link up the three puffs with the onset of illness at three years (coinciding with the birth of a brother). Might we say a pictorial reflection of his 'yesterday's' condition? The shape and colour of the puffs remind us of leukaemic cells. We related the eight sleepers in the track to his tomorrow, his life-time, as he drew this picture in 'the here and now', shortly before his death, making a total pictorial statement of his whole life. He died at the age of eight. (See also 'One Colour Only' and 'Forecasting Signs'.)

Fig. 97 Vreni, 'House and Parrot'.

We have met this picture in our section 'Motif of the Bird' and will meet it again in the chapter, 'Forecasting Signs'. Here we refer to the girl's history in 'On the Difference between an Original Illustration and a Patient's Copy': the seven rays of the partial golden sun may reflect the onset of her illness when her growth was stopped and the eight windows, each with a flower pot, to her present size (that of an eight year old child). The ninth central one over the door, still shuttered, might well be opened after a successful operation. We also remember that the parrot's tail in the house, which she added to HPW's mural, points to the seat of her successfully operated craniopharyngeoma (radically extirpated with excision of the pituitary stalk). She subsequently grew five centimetres.

Diagnosis.

We have met most of these pictures before, but draw them together here because of their diagnostic aspect.

Fig. 161 R. W., ♂, 60 years, carcinoma of the throat, NC, 'Portrait of a Man'.

The face of a man, looking to the left, has been drawn in mauve, a colour often associated with metastatic spread. This was clinically diagnosed and verified only after the drawing was done. The patient added the stroke of 'active red' – the colour of an acute process – at the last moment before handing the drawing over to HPW. The patient made a reflex-like choice of these colours from a new box of crayons. Suffering from a carcinoma of the throat and, despite a seemingly good prognosis, he died four months later.

Fig. 145 Peter, 'The Toy Horse'.

Here, the boy's favourite toy horse is standing on a television set and being 'X-rayed' at a spot corresponding to the very part of the boy's body which had been X-rayed that morn-

ing. The young patient suffered from a malignant tumour of the brain. (See 'Peter's Story', 'The Sun as a friend', and our chapter on 'Motifs')

Fig. 80 Hans Peter Schw., ♂, 9 years, epilepsy, NC, 'Jumping Jack'.

The patient's condition of epilepsy (generalised and left focal) is reflected here in the deep mauve-coloured area on the left of the cap, indicating the location of the disturbance in the brain and recurring in the affected limbs, especially the right leg. (See also 'Colour Mauve')

Fig. 162 Christa, ♀, 17½ years, leukaemia, KiSpi, 'Cobblestone Path to the Out-patient Clinic'.

We have met Christa before in our section on 'Colour Black' and will meet her again in our chapter on 'Spontaneous Pictures as a Bridge between the Doctor, the Helping Professions and the Patient and his Family'. Here we give our attention to the clinical aspect in her painting. Professor Hitzig spontaneously recognised in the cell-like shapes, especially the pale blue 'ball' which she tries to push away with her right foot, a reflection of the diseased bone marrow, as illustrated in the photomicrograph shown in Fig. 163.

Fig. 87 Hans Peter Schw., 'Blue Rain'.

We described this picture in our section on 'Colour White', where we pointed out that the blue rain was diagnosed by Professor Hitzig as an outburst of leukaemic cells. The white figure at the top of the house forecast the child's impending death. (See 'Colour White' and 'Motif of Rain')

Fig. 115 Edouard, ♂, 11 years, cystic fibrosis, KiSpi, 'Murky Rain'.

Here we see two birds flying from the east to the west, the larger of which (black) holds a reddish morsel in its beak, which reflects the shape and colour of the sputum of severely ill cystic fibrosis patients. The smaller of the birds (encircled with black) has been drawn in an almost excreta-coloured yellowish brown. The background has been filled with murky, drop-like shapes which, as we have read, reminded Professor Hitzig of X-ray photographs typical of the lungs of cystic fibrosis patients; the greyish 'snowflakes' being similar to the dark foci of bronchopneumonia in the lungs. (See Fig. 116 X-ray photograph of affected lungs and also 'Motif of Rain')

Fig. 70 Beat, ♂, 10 years, tumour of the brain, NC, 'Sunrise or Sunset?'.

In this picture, drawn pre-operatively, the yellow-red rayless sun between two hills reflects exactly the position and colour of a solid, chestnut-sized tumour (craniopharyngeoma) between the optic nerves and the chiasma. The tumour was successfully removed and, following the operation, the boy's eyesight improved so much that he was able to return to school. We shall find a fuller description of this picture in the chapter on Forecasting signs. (See also 'Quadrants' and 'Colour Red')

See Fig. 71 for a diagram of the four possible positions for a tumour of the optic chiasma.

Parallel from the Arts: Fig. 164 Fritz von Graevenitz (1893–1959), Germany, 'Angel of Justice'.

Finally, as a parallel from the arts, we look at this impressive piece of sculpture from the Stiftskirche in Stuttgart, which the artist completed in 1958. Diagnostically, we note in particular the malformation of the angel's right eye. It so happens that, just after the artist finished this work, the sight in his right eye failed. (Fig. 165) (See also 'Forecasting Signs'.)

Treatment.

It became obvious in the course of studying our clinical material that the patient will state his or her illness pictorially, both in its location and its spread. However, this does not often imply what kind of treatment may be helpful. We describe two of Peter's pictures which he drew soon after admission, illustrating the effects of treatment.

Fig. 54 Peter, 'Pulling in Two Directions'.

In the first drawing, we see two figures without feet in blue coats, the larger one above with 'burning red' head-gear, is walking to the left, away from the house, whereas the smaller one, with yellow head-gear is walking to the right, towards the house with a blue chimney.

Fig. 9 Peter, 'Under the X-ray Lamp'.

About a month later, in our second picture, fully framed in many colours, we see a central figure. He is still pulled in two directions, his legs in 'seized' mauve walking to the left, his arms with crab-like claws pointing one right, one left. But his head, orange-coloured, is determinedly swung to the right, as a reaction to the yellow radiating light in its blue triangular frame shining down on him, perhaps as a response to radiotherapy?

Looking up the case history, we find that very soon after admission, radiotherapy on the occipital and upper cervical region was given. Peter responded well to the daily treatment and a steady improvement resulted.

Fig. 75 and Fig. 76 Michele, ♂, 8 years, astrocytoma of the left cerebellar hemisphere, NC, 'Vase with Flowers'.

After an operation, the young boy drew a bowl without baseline, lightly shaded in dark brown with four flowers with their heads turned to the right. The human figure with a double face (full face and profile facing to the right) is striding to the right. We note an internal squint to the right eye. The drawing still reflects the pre-operative inclination of the patient's head (to the right), as well as the deviation of the right eye to the left, due to the sixth nerve palsy causing double vision when the boy looked to his right. Three months

later, he again paints a vase of flowers. The patient's continued progress is reflected in an increase of objects and colours. The figure of the ill person is now gone. The vase, in a mixture of dark brown and orange (almost the colour of rich soil), with fifteen flowers, as compared with four flowers and good foliage outlined in pencil, now stands firmly on a broad base (mixed dark blue and light green). From the case history, we learn of good post-operative progress and subsequent development. The boy was able to attend school without difficulty, wore glasses and had no nystagmus; the ocular fundi showed sharply defined optic discs of normal colour.

Fig. 6 Urs, ♂, 7 years 5 months, acute myeloblastic leukaemia, KiSpi, 'Spraying the Flower with Red Water'.

The little figure in red is holding a red hose and spraying a red flower (with eight petals – the boy's age) with red water. We translated the red water as the blood transfusions which saved the patient's life. He had been admitted in an acute condition and responded to two blood transfusions and the haemoglobin level rose encouragingly (from 4.9 g to 9.9 g per 100 ml). (See also 'Many Colours of Water', 'Recovering Children' and 'Colour Red')

Prognosis.

Finally, we bring four pictures on prognosis. One is by a patient with a malignant tumour, the other three by patients suffering from lymphoblastic leukaemia. All are more fully described in the chapter on 'Forecasting Signs and Inner Knowingness'.

Fig. 37 Trudi, ♀, 9 years, tumour, NC, 'House and Tree'.

This young patient drew her picture before surgery for a haematoma and before a second operation, half a year later for a malignant tumour (ependymoma). Prognostically, we were very concerned by the tree (her life tree) with its ten branches and gnawed-off crown, as well as by the rodent (understood as her relentless illness), about to sever the tenth branch. The girl died of a malignant tumour, can we say pre-painted, in the overhanging, burning-red roof, in her tenth year? We were indeed impressed to find in the case history that the picture had been drawn nine months before the child's death. How pertinent to prognosis! (See also 'Quadrants' and the 'Motif of House and Tree' and also 'Colours' and 'Forecasting Signs')

Fig. 28 Lisbeth, 'Jumping Jack'.

In this picture, we were startled by the red mouth of the Jumping Jack, the partial red sun in its western position, with a black face and red rays almost touching the cap's blue tassel with its red pom-pom, and the number three which is four times repeated: the three cell-shaped footprints or stones, three red lines across the white-painted cap, each centrally marked and the three rays from the sun. Can we take these as prognostic implications? We learn from the case history that she drew this picture three months before she died of acute lymphoblastic leukaemia. (See also 'Numbers', 'Position of Objects in Picture', 'Motif of the Sun', 'Units of Time' and 'Forecasting Signs')

Fig. 30 Marina, 'Manöggeli'.

We have met Marina before in our sections on 'Numbers' and 'Birds' and we know from our description there that the little girl commented on her seven birds "all flying to heaven, but the smallest one will get there first". Here we take the repetition of the figure seven prognostically as a hint that she might die in seven units of time. From the case history, we know that the young patient did die seven days after she drew the picture – in her seventh year. (See also 'Forecasting Signs'.)

Fig. 150 Adrian, 'Adrian's Last Picture'.

We have met this picture before in the section 'Motif of the Sun' and 'Relationship between Doctor and Patient'. Here, as a final example of prognostic signs, we concentrate again on the seven rays emanating from God above, which do not quite reach the boy's isolation tent. A leukaemic patient, he was awaiting a bone marrow transplant. He had withstood the preparation for this operation amazingly well and it had been dearly hoped that the procedure would save his life. To our deep regret, however, he died seven days after drawing this picture, of an acute infection. (See also 'Forecasting Signs'.)

The above examples are but a few of the clinically severe conditions reflecting themselves in spontaneous paintings. Case histories, diagnosis, treatment and prognosis – all four are often contained and recognisable in the same picture.

Looking back over the rich material that I have studied in the course of my work, it can be said that most of the pictures reflected such clinical implications. It is therefore worthwhile for the student in this field to be on the look out for them.

In the following table, we have ordered the pictures according to the types of illness from which the patients suffered. From our collection, we have chosen those examples where the pictorial statement seems to be most easily recognisable, once their significance has been pointed out. As our research was mainly carried out at the NC and KiSpi, drawings of children with tumour of the brain or leukaemia are predominant.

Table 1. Different Images reflected in various Types of Illness.

Type of Illness	Name, Age, Sex	Picture Title	Pictorial Indication
1a. Cystic Fibrosis	Edouard, 11 yrs, ♂ KiSpi	'Murky Rain' Fig. 115	Similar to dark foci of bronco-pneumonia.
1b. X-ray photo- graph		X-ray, Fig. 116	
2. Brain Concus- sion	Käti, 11 yrs, ♀, NC	'Overshadowed House and Tree' Fig. 62	Roof and crown of tree overshadowed while the sun is shining in the east.
3. Epilepsy, gen- eralised and left focal	Hans Peter Schu 9 yrs ♂, NC	'Jumping Jack' Fig. 80	Deep mauve zone on the left of the cap (Dach) indicates the area of disturbance in the brain and recurs on the affected limbs especially the right leg.
4a. Hiatus Hernia	L. M. 52 yrs, ♀, London	'A Dream Obeyed' Fig. 170	Black sickle rupturing red bag from which blood streams.
4b. X-ray schematic		Fig. 171	
5. Spina Bifida	Cyril, 6 yrs, ♂, NC	'Donald Duck Cries', Fig. 100 ('Copy' of magazine picture)	Sitting in a puddle of water which he cannot control. Note the 'cleft' in the spine.
6. Diabetes Mellitus	S. Z. 9 yrs, ♂, NC	'A Rainy Day' (Class theme) Fig. 117	So much rain and not a drop of water into the patient's wide open thirsty mouth.
7. Liquor-filled cyst	Esther, 9 yrs, ♀, NC	'Little Girl with Red Face' Fig. 174	Plump figure with head painted all in red on school frieze.

Types of Cancers

8a. Craniopharyn- gioma	Beat, 10 yrs, ♂, NC	'Sunrise or Sunset?' Fig. 70	Successful operation to remove chest- nut-sized, solid, yellow-red tumour from between the optic nerves and the chiasma, painted preoperatively.
8b. Diagram		Fig. 71	Diagram of tumour position: one of the four possible.
9. Carcinoma of the abdomen	F. T. ♀, adult, Ger- many	'Octopus Tree' Fig. 169	Painted by a woman who died 15 months later of an undiagnosed carcin- oma of the abdomen.
10. Carcinoma of the colon	E. D., ♂, adult, Swit- zerland	'An Artist's Picture' Fig. 226	The artist said: "I want to make a com- position in blue and red". Painted 5 months before first symptoms and 6 be- fore subsequent diagnosis, screening and successful operation of a carcinoma of the colon.

Type of Illness	Name, Age, Sex	Picture Title	Pictorial Indication
11. Carcinoma of the throat	R. W. 60 yrs, ♂, NC	'Portrait of a Man' Fig. 161	Mauve encircled head (metastasis) looking to the left. After finishing the drawing, the patient quickly 'squiggled' in the stroke in 'active' red, before metastasis was clinically diagnosed. Died in spite of good prognosis, 4 months later.
12a. Tumour (epidermoid) in region of right frontal lobe of brain	S. U., 7 yrs, ♂, KiSpi/NC	'Family House with Soul Bird escaping over Chimney' Fig. 172	First diagnosed as behaviour disorder with attacks of confusion, nausea and headaches. Reassessed somatically upon evaluation of the picture which led to a successful operation.
12b. X-ray photograph		Frontal Tumour Fig. 173	
13. Malignant tumour of brain, metastasis	Priska, 9 yrs, ♀, NC	'Portrait of HPW' Fig. 166	Projection of metastasis onto a loved person. Malignant tumour of brain extending fast down the spine. Died 2 months later.
14. Malignant tumour of brain, metastasis	Peter, 8½ yrs, ♂, NC	'Portrait of Miss T.' Fig. 167	Independent painting of a much liked secretary. Malignant tumour of brain extending more slowly down the spine. Died 15 months later. (See red area down spine)
15. Tumour, ependymoma and haematoma, metastasis	Trudi, 8 yrs, ♂, NC	'House and Tree' Fig. 37	Differential diagnosis: right-sided temporal tumour reflected in typical red of roof overhanging on right, haematoma in characteristic brown-red of windows.

Leukaemias

16. Acute myeloblastic leukaemia	Xaver, 11 yrs, ♂, KiSpi	'My Doctor' Fig. 49	The spots of blood on the doctor's clothes correspond precisely to the haematomas on the child's skin and the red nose and mouth reflect his dangerous bleeding from nose and mouth on admission.
17. Acute myeloblastic leukaemia	Arthur, 6 yrs, ♂, KiSpi	'White Child on Red Couch' Fig. 48	Group theme: 'My family'. About the white figure on the red settee in the top left corner, the boy commented: "this is me". Has all the blood-red gone and left the patient white?
18. Acute myeloblastic leukaemia	Kim, 12 yrs, ♂, Denmark	'Donald Duck and the Pirates' Flag' Fig. 101	University Hospital, Copenhagen. Frightened white Donald Duck sees the pirates' flag with skull and crossbones.

Type of Illness	Name, Age, Sex	Picture Title	Pictorial Indication
19. Acute lymphoblastic leukaemia	Lisbeth, 8 yrs, ♀, KiSpi	'Apple Harvest in May' Fig. 17	Prof. Hitzig recognised in the transparent container with its well-ordered red, round units, some with white centres, the reflection of a cell formation which has become disturbed. The girl died in the same year.
20. Acute lymphoblastic leukaemia	Hans Peter Schw, 9 yrs, ♂, KiSpi	'Blue Rain' Fig. 87	Outburst of leukaemia cells in a severely ill child's drawing, with a white figure in the top window of the black-outlined white house. The young boy died shortly after he had drawn the picture.
21 a. Acute lymphoblastic leukaemia	Christa, 17½ yrs, ♀, KiSpi	'Cobblestone Path to Out-patient Clinic' Fig. 162	Cell-like shapes in cobblestone path, particularly at her feet which Prof. Hitzig recognised as the pictorial representation of diseased bone marrow. See photomicrograph.
21 b. Photomicrograph		Diseased bone-marrow Fig. 163	

Spontaneous Pictures as an Aid to Prevention.

To write about prevention in the field of seriously ill patients seems almost a contradiction in itself. More often than not, they arrive at hospital already in a critical condition. On the other hand, from their drawings, we have learned that, months before the illness has given visible or recognisable signs, even the seat of their illness was reflected in their doodles and drawings.

The four paintings which follow show the helpful role of spontaneous work in widening our awareness of situations threatening to the life of the individual, thus enabling us to take precautions. Through decades of study and observation, I and other workers in the field have observed forecasting signs in spontaneous pictures and dreams. Our question here is whether they could be of help in the field of prevention.

Leaving aside for now the legal and ethical question as to whether and when we should attempt to 'interfere' with the natural life-span of a dangerously ill individual, in this part of the book we will consider whether spontaneous pictures can be an aid to prevention, in the broadest sense of the term, in daily life as well as in the field of physical illness.

We shall now study paintings from quite different areas of life in which what I have called the forecasting preventive element can be discerned.

Fig. 168 H. K., ♂, 29 years, German working in Switzerland, 'The Furnace Man'.

In the centre of the drawing, a person's head peers out of a burning furnace, his hands holding onto the edge; two large black bats are hovering above and on the right is a man with a doubtful expression: is the large poker meant to lift the lid or to push the man down? Even if the threatened person could escape from the fiery oven, the red hell-hound on the left, with snarling teeth, may well 'go for him'.

The discovery of this water-colour during a search of a suspect's room led to his confession of the murder of a younger assistant whose skeleton had been found months after the deed, in the heating plant of a factory. H. K. had painted the picture *before* committing the crime. This brings the call for prevention right home to us. The murderer had tried several times before to commit suicide. Afraid that he might kill someone else, he had asked repeatedly, according to the case history, for professional help. But in vain; no-one had seen the picture and taken notice of the forecasting aspects in it and thus saved a man from committing a murder and a young man from being murdered.

Fig. 169 F. T., ♀, middle-aged¹, 'Octopus Tree'.

The clinical history of this patient is an almost classical example of how in spontaneous drawings the physical condition is reflected, in this case fifteen months before diagnosis. Once more we are confronted with the question of prevention.

The patient originally came to consult Professor S. (Munich) for psychotherapeutic advice because of difficulties in her relationships to other people and her surrounding world. In her dreams and drawings the psychiatrist very soon noticed the possibility of the problems of a death-bound person. And he saw it as his task to restrict himself to attending to this situation and to help her to live meaningfully while she prepared to die. Her spontaneous drawings and dreams led Professor S. to suspect that there might be a somatic process at work and so he sent her to her physician for consultation; however, no physical cause could be established with the clinical means available at the time. Alarming paintings and dreams followed, but inconclusive examinations continued for the next two and a half years.

Fifteen months before diagnosis, she painted this half-dead tree, which alerted us. It stands on a brown-green ground, sloping towards the left (— quadrant). The left side is leafless. Halfway up its full height, on the lowest branch which juts out beyond the rest sits a bluish red octopus-like shape with many tentacles. Is this the pictorial expression and location of an undiagnosed malignant growth? It was only three months before her death that her somatic condition so deteriorated that Professor S. persuaded her to see a specialist, who again found nothing organic until finally, through X-ray examination, a tumour was traced. During the subsequent operation, a carcinoma of the abdomen was found, too advanced to be removed. Here we are reminded of the octopus half-way up the tree. Attended by her psychotherapist, she died, reconciled and in peace. The spontaneous pictures of this patient clearly indicated a somatic process at work long before a diagnosis

¹ Precise age could not be verified.

was made. Once again, we see the potential in such drawings for prevention in the clinical field.

The next picture in this chapter gives an example of a painted dream becoming a direct aid for prevention. The patient had come to me for psychotherapy, so I could, so to speak, be 'present' during the whole process.

Fig. 170 L. M., ♀, 51 years, hiatus hernia, 'A Dream Obeyed'.

In the course of psychotherapeutic treatment, the patient dreamt: "I tear up the picture of a little girl, who says, 'Help and guidance are needed for further development'. This child would like to know how and what and where". At the end of the analytical session, I suggested that she might draw the child's picture which she, the dreamer, had torn up. And so she brought the water-colour to the next session, during which a feeling of a threat to life emerged. We see an 'egg-shaped form', slightly inclined to the right, into which a black scythe-like shape penetrates; a splash of red streams down. To me, this seemed to reflect a hiatus hernia. The patient complained of tiredness and I did not like the colour of her skin and her general sluggishness. Feeling that she was apprehensive, I suggested, under the pretext of her need for some helpful iron or vitamins to be prescribed (as it was winter), that she should see her general practitioner. It took this patient three weeks to dare to consult her family doctor, which gave me a hint of how apprehensive and fearful she must have been.

On clinical investigation an X-ray was taken, and my suspicion of a hiatus hernia was confirmed (Fig. 171). I am glad to say that after physical treatment and without an operation, her health was fully restored; this was confirmed by check-ups over the next twenty years.

Fig. 172 S. U., ♂, 10 years, tumour in the right frontal lobe, KiSpi, 'Family House with Soul Bird escaping over Chimney'.

From the age of eight the boy suffered increasingly from short, occasional attacks of confusion, nausea and headaches. As these attacks became more frequent over the last year in connection with behaviour disorder (Charakterveränderungen) he was admitted to the KiSpi for investigation. Neurological examination proved normal, so did EEG and X-ray of the skull. The transfer to a mental institution was considered.

However, the careful interpretation of a spontaneous picture by the boy led the consultant neurologist (psychiatrist), Professor W. Isler, to the diagnosis of a tumour in the right frontal lobe which was then confirmed by pneumoencephalography at the NC with consequent immediate operation by Professor Krayenbühl: extirpation of a partially cystic, partially solid epidermoid in the laterobasal part of the right frontal lobe (see Fig. 173). The boy recovered totally and is now studying medicine.

We bring this picture under the heading 'Prevention' because it shows how precise understanding of the picture could prevent a patient from becoming a psychiatric case.

Fig. 174 Esther, ♀, 9 years, NC, 'Little Girl with Red Face'.

Miss H., a teacher who had been a voluntary helper at the NC during her holiday, let a class of her school children paint themselves on a classroom frieze. As is the custom in Switzerland, the children were seen by the school doctor after their return from the holidays. Miss H., who by now has left the educational field, spotted on the lower right of the mural, a plump little figure, its head painted startlingly all in red. Her association was: "This is one of Mrs. Bach's children."

Esther had been, since her time in kindergarten, regarded as a slow learner, very weak in arithmetic and logical thinking, but, on the other hand, having an almost phenomenal memory for stories and strongly gifted in drawing, showing great clarity and precision in her choice of colour. In class she alternated between excellent concentration and almost complete apathy, with a nearly total blockage of the 'thinking function'; in short, she was treated as a retarded child.

Alerted by this out-of-place colour red, Miss H. put all the pressure she could on the child's mother to draw the special attention of the school doctor to the child's condition. The result was that he immediately sent Esther to the NC. The girl was operated on almost at once and a large left temporal liquor-filled cyst was found. It could not be removed but could be drained, thus decreasing the pressure on the brain. After her successful operation the little girl recovered quickly and could develop normally, though she lived with a capillary tube which she learned to handle.

Some years later she again suffered from severe headaches and had to go back to hospital to have the canula (capillary drainage tube) between the cyst and the heart lengthened down to the peritoneal cavity.

The spontaneous painting with its somatic symptoms, once recognised, and clinically attended, saved her life. On the psychological side, it could change a child regarded as mentally handicapped into a girl who could develop normally, find a job, and finally work as a receptionist. Some years later by a chain of helpful coincidences, I was glad to hear that she was happily married. What a difference between the little girl of the classroom frieze and this picture (Fig. 175) on her wedding day! The reader will find the full story in a note on 'coincidence'.

I have selected this story, not only to exemplify prevention, but also because to me it shows a new application of the insight one can win with the help of the scientific evaluation of spontaneous drawings in a field hitherto untapped; in schools. It may be relatively easy to help teachers and school doctors in a specially designed short course to recognise scribbles, doodles and paintings which may be of considerable or vital significance to the well-being and life of a child.

A story of coincidence in honour of our combined work.

When searching my mind for examples of 'Prevention', Esther, the little red-faced girl from Miss H.'s school frieze (Fig. 174) came to my mind. But how to get this frieze, the original, a slide or at least a photocopy? The natural thing for me was to contact HPW and ask if he could not track down the picture, could he get hold of Miss H.'s address? I found in an old diary (1968) her Zurich telephone number. It was, of course, no longer in operation. HPW suggested she might long ago have married and have another name. Then our beloved and much respected Madame Shoe, as I called her, Professor Krayenbühl's secretary, with her unerring gift of diagnosis before 'the chief' had seen the patient, came to mind. And amazingly she knew Miss H.'s name and abode. As if this were not enough, she lived round the corner in HPW's village. She was very pleased to hear from us, the old NC guard, and promised to help in the search for Esther's picture, though she doubted if we would find it.

'But what would God do?,' to quote a dear friend. At this time I was to move my Zurich archive to be housed at the KiSpi, an enormous task. Very good friends offered to help with the sorting out and removal. After hours of their 'up and down' carrying the material, I was still sitting in this beloved room overlooking the beautiful landscape and could not leave. We had quite some reunions with great treasures from the NC – beautifully ordered by HPW – but no sign of the frieze. Wondering why I was still sitting there, my eyes fell on a window-sill and I spotted two bronze hinges. A memory came to me that at the time that this archive was to be fitted out for the purpose of housing the NC patients' pictures, case histories, slides etc., some of the paintings were too large to find a safe home on the shelves. Was it HPW's idea to build a small but wide cupboard under the window-sill? I then asked our generous helper to try to lift the sill, and lo and behold, the first thing his hands touched was a large cardboard roll with Miss H.'s schoolchildren's holiday mural. What a find! It made the strenuous task of moving this precious material more bearable and we went for a very good meal to celebrate the event.

Of course as soon as possible I informed Miss H. of the find. She was very impressed by the coincidence. But there was another to come. At a social gathering Miss H. had mentioned to some visitors the story of the little girl and how her painting had reappeared. Next morning Miss H. received a phone call and a woman's voice announced: 'I am your little girl's mother. I am the secretary to Director X. who told me about your search for Esther. We would be so glad and proud to be of help'.

This is how I received the clinical data (case history) and enclosed with them was a lovely photograph (Fig. 175), taken on Esther's wedding day years later, with permission to use it in whichever way I wished, but with a proviso to let them have a copy of my book once it was published. I am not one for making promises, but this one I gave wholeheartedly!

CHAPTER 14

On the Relationships between Psyche and Soma.

The relationship between psyche and soma is an age old question of mankind. But that it can change, I personally learned only when I was studying hundreds – may I say thousands – of pictures of fatally or seriously ill children. I found that this relationship can change according to the state of their illness, that is, the station which they have reached on their journey through life towards death or towards recovery. To my knowledge, this is the first observation and description of the changing relationship between psyche and soma as expressed in the imagery of seriously ill children's drawings.

Before we go into the question of this interconnection, it may be the moment to say a few words about my own comprehension of the psyche-soma relationship. It is my deep conviction that this is God's world and that everything in it may carry a glimpse, a golden spark of the vessels of light which were broken 'In the Beginning'. As Hassidic understanding grasps it, it is man's task to search for the golden spark even in the last bit of dirt. As we know, early candles were made of tallow which was useless for human consumption, but could give substance to feed the wick so that it could burn and be transformed into light. Similarly, we have observed in the psyche-soma relationship that, if the body is diseased beyond recovery, the psyche-spiritual side may grow and develop. The more diseased the body becomes, the more the psyche's spiritual side may be set free. On the other hand, we may by now have learned that the psyche has an effect upon the body in health and sickness, even to the extent of giving a new lease of life to the diseased individual.

As for myself, I can see or conceive Psyche and Soma as the oldest and best-suited couple on this earth and visualize them in good times going hand in hand, without even being conscious or aware of each other. We call this state harmony. It is similar to when our body is in good health and we do not feel any aches or pains until, say, we cut the little finger and it bleeds. To quote from the Oxford Dictionary: 'Harmony is an agreement', the joining together from the Greek, *harmonia*, 'a pre-established harmony between body and soul before their creation', which then brought to my mind Leibniz (1646–1716)¹, the German philosopher of the 17th century whose thoughts were so familiar to C.G. Jung.

In this chapter we will illustrate this changing relationship between psyche and soma as it is expressed in the drawings of children from different hospitals, suffering from different types of illness. We will begin with psyche and soma going in the same direction, be it to the right or to the left. This will be followed by pictures showing soma leading, then psyche and soma diverging, foreshadowing their separation, and we will end with pictures reflecting the separation of psyche and soma at a synchronistic moment.

¹ See *La Monadologie*, 1714.

Psyche and soma going in the same direction.

I have chosen two pictures from two children who have not met, a boy and a girl, both nine years old, who chose the same motif: St. Nicholas and Schmutzli, Santa Claus and his dark servant. The young patients were suffering from the same type of illness and were treated by different physicians.

Fig. 176 Priska, 'Priska and St. Nicholas in Step'

We remember that St. Nicholas, the patron saint of children, is expected by the children of central Europe on December 6th, his saint's day in the calendar, to bring gifts to the good ones, but the birch to the naughty ones, who may even be carried away in his sack. It is important for evaluation to consider that both pictures are drawn out of season, the girl's at the end of January and the boy's in September.

Priska, whom we know quite well by now, paints St. Nicholas (Santa Claus) with his golden staff, leading the way to the right, followed by his earthly servant, Schmutzli, the dirty one, and by a little person. They all bear somewhere the red colour of the ill child's disease as does the empty partial house. Somatically noteworthy are also the artificial looking legs. The young patient after a successful tumour operation was able to move around again for a while.

Psychologically, Priska has a good relationship with the saint, whom we may well take as the guide of her soul. In her own words "I am not afraid of St. Nicholas". She even "pokes a hole in his sack filled with fruit and all good things, and gets a tangerine out of it". They move in step towards the cypress-shaped tree, the holy tree of Aesculapius' sanctuary.

Fig. 34 Peter, 'St. Nicholas, Schmutzli and the Teddy Bear calling for Help'

Peter draws his St. Nicholas full of colour, taller than the tree, his conical hat reaching into the sky, but he wears a black cross. He is going to the left, followed by his armless and earless servant, Schmutzli, who carries a teddy bear-like animal – his body side – that calls for help. The young patient comments: "The disobedient one is in the sack". Do we have here a pictorial example of psyche and soma expressing themselves in the same pictorial image, both in the 'caught' condition: his body by a relentless illness and his psyche by a haunting feeling of guilt? Unlike the girl, he is not on good terms with the saint and his servant. Are they here an early image of God and the Devil?

From the case history, we can learn that this picture was drawn two months after the young patient's malignant tumour had been treated by deep X-ray therapy; but the anticipation of being punished, caught or bewitched runs through nearly the whole series of two hundred pictures which we have by him.

Psyche takes the lead.

Fig. 77 Peter, 'St. Nicholas and the Defecating Animal'.

In our next picture Santa Claus is shown once more as the saint with the bishop's staff, the staff of the guardian shepherd (we note the predominance of red and blue). His head is turned upwards towards the top left corner, the west, the direction of the setting sun; at the same time, he is pulling along by the snout a reluctant animal which is defecating with fear.

Taking the saint as a mediating helper, the guide of the soul, we certainly can understand the animal as an expression of the frightened instinctual somatic side of the young patient. So here, psyche takes the lead and soma follows unwillingly. Pictures for comparison:

Fig. 177 Peter's coloured paper picture with the boy's comment, "The sow does not want to be slaughtered".

Fig. 178 Sacrificial Bull, Egypt, 5th Dynasty. Limestone bas-relief.

Soma takes the lead.

Fig. 179 Peter, 'Brave Little Fighter'.

After two months' fight against his relentless illness, Peter paints the brave little fighter armed with halberd and rifle overhead, weapons old and new. His bird – his soul bird, so often found as his companion in the picture story – seems hesitant to follow. The whole picture is drawn in burning red, clinically seen as an indication of a burning process, a consuming state of illness. (See 'Colour Red'.)

Psyche and soma diverge.

We will discover in our next set of two pictures how psyche and soma can diverge. Both paintings are again by Peter and Priska. We remember this picture, '*Peter fights the Fire*', (Fig. 8) from the section on the many colours of water. It was drawn about one month after admission and successful radiation treatment, at which time he was on his feet again. A most cooperative patient, he helps to fight the fire, the threat to his house, the body, with a mauve spray, so often the colour of metastasis.

To our dismay, the boy comments on the four children to the right, three boys and one girl: "they are all crying because they are losing their house". He gave each of them a name but we could not track any of them down to children he actually knew. Are they the life not to be?

So much for the soma side, now to the psyche side. Let us take the burning house as an equivalent of the body, and then consider the young children who seem to know the final outcome of their illness. What a contrast to the calm bird on the left, smoking a pipe in its

nest, completely unperturbed, almost contradicting the children's fears, the instinctive knowledge of the body. Comprehending the bird as a symbol of the soul, we are glad to learn from the case history that, the bird was – so to speak – right, because the boy, after treatment, was able to live a normal life for another eleven months.

Fig. 24 Priska, 'Don't feed'.

About one month after a successful operation, Priska drew a tree on the left, under a strip of dark blue sky, with a colourless cloud. In the enclosure, on the base of pale and dark green grass, are three chicks – earth-bound birds – with golden-yellow bodies, red beaks and little brown tails, coming from the left towards the right. To our surprise we see, however, a warning notice: “Nicht füttern” (Don't feed!) Why not? What is it in this child that says; 'no' to newly growing life? An unerring directedness of the soul away from the earth? Here psyche and soma obviously diverge.

Psyche and soma: foreshadowing the separation.

Fig. 124 Anneli, ♀, 11 years, malignant tumour of the brain, NC, 'Cat and Mouse'.

The next three pictures illustrate the separation of psyche and soma. In the first picture, (Fig. 124) drawn after an operation in the region of the nucleus caudatus, we see a small girl, with a thorny headband, standing nearly up against the wall. She tries to distract the giant cat, her devouring disease, which has a mouse already in its snout. The bird – her soul bird – flies, shadowlike, above the cat to the left.

Do we have here a pictorial reflection of what one might call a separation of body and soul? The case history reports that, soon after she had drawn the picture, the young patient fell into a coma from which she never awoke. (See also 'Motif of the Gnome'.)

The next drawing is again by Peter:

Fig. 180 Peter, 'Tank with Parachute and Bird'.

We see a tank, standing on nothing, its gun firing cannon balls, with just the pencilled head of its driver visible. On the left, faintly outlined, is a human figure, its body empty, the colours of life gone, hanging from a parachute between heaven and earth. On the right, at almost equal height, a pencilled bird, again empty bodied, flies towards the tank. The cannon ball nearest to the bird is also empty; will it not yet destroy him, or does it mean that, after all, his soul is indestructible?

Without any further treatment at the local hospital we know clinically and from other pictorial signs that this could well have been the time when his life might have come to an end. (For details, see 'Peter's Story'.) For us, this picture foreshadows the separation of psyche and soma.

Fig. 181 Adrian, 'Tarzan and the Monkey'.

Here we see Tarzan, a favourite of Adrian and a hero of many children. In this picture, painted before the boy entered the sterile unit for preparation of whole-body irradiation for a bone-marrow transplant, Tarzan, wearing a leopard-skin loin cloth, is in a fighting position, with clenched fists and the knife safely in its sheath. A member of our research team in Zurich commented that the leopard-spots reminded him of the areas from which the young patient's father so willingly gave of his own bone marrow for the transplant operation.

It is strange that Adrian's great friend and steady companion, the monkey, who always appeared when he was in danger, seems to be rising from the shoulder of Tarzan, whose head is severed. The monkey's nearest arm is bent and holds an olive branch, the sign of peace, across its chest, towards the right. Is it on the ascent to heaven, almost leaving the stricken body of the courageous fighter, who has turned to the left in what may well be his last fight? Tarzan, painted in the much feared mauve-red, his body completely seized by his illness, struggles on while the monkey, his guarding friend, knows better and is about to leave the totally diseased body. Can we grasp that here a separation of psyche and soma is foreshadowed, almost as if the transformation of the child's terrestrial part is taking place?

Separation of psyche and soma.

The next two pictures, both by Swiss farm boys, will bring us a graphic reflection of the separation of psyche and soma. We will give only a few details relating to our present theme.

Fig. 125 Georg O., ♂, 8 years, malignant tumour of the brain, NC, 'Soul Bird leaving Tumour-doomed House'.

In the first picture, an ox-wagon with the brake pulled up and slightly overlaid by wisps of green grass, turned to the left, stands in the middle of the picture. A man dressed in black with shoes and black top hat, merely outlined, holds the ox on a very thin rein. In the doorless empty shed we note the three red window frames under the roof: significant like any colour out of place, we remember this red often indicates a burning process, in combination with other somatic signs. A shadowy bird flies off to the left. Is it the soul bird leaving the tumour-doomed house with stricken trees, whilst the ox-wagon hearse waits on a limited path? The boy died soon after. (See 'Birds'.)

Fig. 22 Walter H., ♂, 8 years old, pinealoma, NC, 'Early Harvest'.

In this second picture we will concentrate on the small winged figure flying towards the left which here awesomely bears the features of a little person, whom the young patient had drawn earlier. We remember that in our section on 'Birds', we found the significance of this small winged figure (Fig. 22), the *eidolon*, in the drawing of the dying child. We also recall that a friendly coincidence helped me to discover a photograph of a Greek vase

depicting *The Death of Prokris* (440 B.C.). The caption reads: "As she draws her last breath, a soul bird drawn in her likeness, escapes into the air." (See Fig. 126)

Shortly after, I found an even earlier parallel of the soul bird over the body (Egypt about 1200 B.C., 19th Dynasty) on the sarcophagus of 'Ani'. Ba, a winged spirit of the dead, is painted leaving the body of the deceased. The face is also drawn in Ani's likeness. (Fig. 127)

The first two pictures forecast the moment of separation of psyche and soma: the last two show the actual death of the body and the release of the soul bird simultaneously.

This moving similarity between the representation of the event of death on a Greek vase from the year 440 B.C., on a sarcophagus in Egypt about 1200 B.C. and a spontaneous drawing of a Swiss boy in the year 1949 A.D., shows the steadiness of such symbols over thousands of years, in different cultural realms, independent of each other. This could give us a consoling feeling of our belonging to mankind and of the unbroken continuity and sequence of life to which we belong and which holds us.

Part III. Amplifications and Reflections

CHAPTER 15

Decoding Seemingly Incomprehensible Material.

If we find a picture difficult to understand, it may be helpful, as we said earlier on, to copy it and give it a name according to what seems to us of central significance. Once this is done, it can be very revealing to look at other pictures the patient has drawn during that period. To illustrate this, I have chosen two pictures by Peter.

Fig. 34 Peter, 'St. Nicholas, Schmutzli and the Teddy Bear calling for Help'.

In this picture, a colourful St. Nicholas is followed by his servant Schmutzli, earless and armless, with a little teddy bear-like figure in his sack calling for help. 'Help for what?' was our question.

The next picture, which Peter made the following day with coloured paper, gives us an answer.

Fig. 177 'The Sow'.

The young patient commented: "The sow does not want to be slaughtered". (He is the son of a farmer.) This gave us the clue as to how Peter felt and made us wonder whether he, ever so dimly, anticipated that 'Schmutzli' would finally take him to the 'slaughter house', and make his teddy bear cry out for help. And indeed, this proved to be only too true. In spite of his own brave resistance and the hospital's skill and efficiency, he finally had to die of this relentless illness. (See 'Numerals' and 'Quadrants'.)

Parallel from the Arts: Fig. 178 Musée de Cairo 5th Dynasty 'Renversement du Taureau de Sacrifice' ('The Overthrow of the Sacrificial Bull').

Helpful Coincidences.

It is worth becoming more aware of the phenomenon we call coincidence, which we may all have experienced. We are thinking of contacting someone – a letter from them arrives in the mail. We have been meaning to telephone a person, when at long last, just as we are about to do so, the telephone rings and it is that very person ringing us. It is important to notice such interconnections and not push them down into the dungeon of forgetfulness but ask each time whether they may be of use and are meaningful – they may come from the most unexpected and seemingly unlikely quarters. But here in the following four drawings we give examples of how coincidence helped us in decoding puzzles in a picture.

Fig. 182 Priska, *'The Dancing Princess'*.

I was working on Priska's picture, *'The Dancing Princess'*. She had commented, "This is a royal person like the queen looking out of the window of the palace". I could not translate her skirt of many colours with the blue antennae at each end. HPW came into our study and said "Stop now, you have done enough for today. Let us go to the Schlemmer exhibition", then on view for the last day. So we went. In a sequence of ballet scenes, the artist represented with three dimensional models his idea of the possible 'dematerialization' of the human body into movement and colour 'from the earth up into the light'. When I saw his dancer, (Fig. 183) the body clothed in the colours of the rainbow I was immediately struck by the similarity with Priska's dancing Princess.¹

HPW made a rough sketch of the figure for me and feeling we had taken the first steps towards understanding Priska's picture, we went off for a meal.

The next morning, we were at work in the library of the NC with this sketch on the table, when Professor Yasargyl entered and, on catching sight of it, exclaimed: "But this is a dervish – oh no, a shaman!" We urged him to tell us about the shamans and the significance of their dance.

The original function of a shaman was that of a physician and healer. He was, and still is, regarded as a special kind of medicine man in so-called primitive societies, or groups, in Central and North-East Asia, North America, Indonesia etc., where illness is regarded as an estrangement of the soul from the body.²

The shaman tries to bring the fugitive soul of the patient back to his suffering body; he tries to bring about a reunification of psyche and soma: healing. If the separation is too great so that the body has to die the shaman then becomes the guide of the soul. What Priska's 'Dancing Princess' reflected seemed to find a close parallel in Schlemmer's dancer, representing the dematerialization of the human body into movement and colour. Both dancer and princess convey the age-old image of transformation. We could now understand Priska's picture better. It made us hopeful that, in spite of her relentless illness, she would 'dance' peacefully out of this world – which she did.

At another time we were studying Peter's *'Cloud Bird'* (Fig. 137). The boy's comment was that his friend, the Red Indian (on the right) goes to the *'Laten'* (shop) to buy some more ammunition while a little figure pulls a wagon towards the left. A blue cloud bird has swept in from the left (the sinister, the unknown), overshadowing almost the whole picture. What could this cloud formation signify? (See also 'Motif of Birds'.)

¹ Oscar Schlemmer (1888–1943), together with Gropius, Klee, Kandinsky and Feininger, was one of the teachers at the 'Bauhaus, Academy of Architecture and Sculpture at Weimar', later at Dessau, the aim of which was to unite the monumental and the decorative arts.

² M. Eliade, *Shamanism: Archaic Techniques of Ecstasy*. Routledge, London, 1962.

Once more our co-worker, Dr. Culver Barker, by coincidence found the key to unlock this part of the picture. He was going out, in our lunch break, to buy stamps. Next door to the Post Office was an art shop selling picture postcards and there he saw and bought a colour photograph of Giovanni Segantini's painting *'La Morte'* (Fig. 138), with another huge cloud bird, and he brought it back to the clinic.

Putting the two pictures side by side, we noticed that the artist's cloud bird was turned to the left, towards the west, the side of the setting sun, almost reaching the end of the canvas – the artist's canvas of life? He died unexpectedly within a week.

Peter's blue cloud bird, however, comes in from the left, flying to the right, the side of the rising sun. (See 'Motif of Birds'.) Can we say the patient is returning to life?

Through the case history, we are reminded that he was admitted to the NC desperately ill, and had responded well to combined chemotherapy and prophylactic X-ray treatment which led to a remission and gave him a spell of almost normal life.

Our next example will show how the present of a book at the right moment can unlock the meaning of a puzzling shape.

Fig. 22 Walter H., ♂, 8 years, medulloblastoma, NC, 'Early Harvest'.

We have met Walter's picture before under the heading 'Compare with the surrounding world' in the chapter on 'How to See Systematically' and most penetratingly perhaps in our chapter on 'Psyche and Soma'. At the time when I was intensely studying this picture, I was especially puzzled by the little bird-like figure with a human face over the chimney of the tumour-doomed house. Just then I was given Armstrong's newly published book *The Folklore of Birds*. It was in one of those rare moments when the inner and outer seem to coincide utterly, that I opened Armstrong's book, and saw the picture of a Greek vase, ca. 440 B.C.¹ (Fig. 126) depicting the death of Prokris, with the words, 'As she draws her last breath a soul bird, drawn in her likeness, escapes into the air'. Here then was the answer to my puzzlement about the significance of the boy's strange little winged shape with the features of the dying child, drawn in 1949 in a hospital ward in Switzerland. So this is his *eidolon*, carrying the image of the dying child to the left, to the unknown, to the land of peace. He died nine months later of an inoperable tumour.

Fig. 57 Roberto, ♂, 7 years, malignant brain tumour (medulloblastoma of vermis of cerebellum), NC, 'Tau Sign and Two Fishes'.

Our fourth example of unlocking an incomprehensible motif which became understandable with the help of meaningful coincidence is the letter Tau. I have written as much as I could grasp of it in our chapter on motifs in the section entitled 'Letter Tau'.

¹ By courtesy of the British Museum, London.

Fig. 98 Christa, ♀, 'Owl on a Rotten Branch'.

Our last example of the phenomenon of coincidence as an aid comes from quite a different setting. We have read in the section on 'Birds' that this girl, suffering from severe leukaemia, had chosen the motif of the owl and we asked even then why she had painted this life-threatening bird. We found in mythology and folklore helpful parallels for our understanding, but somehow this question had never left me, and one day it got a sense of reality in the here and now. When I was pondering about this image whilst in my kitchen cooking dinner, my husband, Hans Bach, came in. I told him about the patient's picture and its connection with Lilith, the Goddess of death. He became so fascinated, even following me into the larder, and I finally asked him, "What has all this to do with *you*?" He suddenly stood quite still and said: "I remember being told that my grandmother had an amulet against Lilith's lethal power fixed over my cradle because Lilith was known as the snatcher of newborn babies". It is still in widespread use to this day and is called Night Guardian (*Wachnacht*).

To come back to Christa's picture, we knew at the KiSpi that she was seriously ill with acute lymphoblastic leukaemia. Her family insisted on trying yet another new drug which we were aware had most undesirable side effects. I thought in my heart of hearts, 'You may well discuss further treatment, but she will just go off suddenly without consulting you'.

As it happened, before any readmission could take place, the young girl died within a few moments from internal bleeding, in her own bed. Had the owl turned into a friend and suddenly pounced on her for a blessed release from her relentless illness?

CHAPTER 16

The Same Motif Changing within a Given Lifespan

We will look now at the same motifs in drawings as their appearance changes in the course of an important lifespan. Once again we have chosen pictures of two boys of approximately equal age who never met, who suffered from different types of illness and were treated in different hospitals – two children of our own time. We will compare their pictures with a parallel from the arts of a series of tapestries from the 15th century wherein a similar significant variation in the motif can be found.

Peter and the Snowman.

Fig. 184 Peter, 'Two Snowmen'.

The motif of the snowman appears within Peter's rich series three times. In the first picture there are two snowmen: the one on the left with mauve features and no legs, bearded, a walking stick in his left hand, has a 'top hat' bearing the boy's initials, P.M.; the second snowman following closely on the right, with an indication of legs, carries three apples in his rucksack, two large ones and a small one – food for two to three units of time? Why snowmen in August, we ask ourselves? The patient's temperature was normal. The Central Meteorological Office in Zurich recorded an average temperature of 15.6°. Could this, then, be the pictorial reflection of the sun eating up his snowman, an early experience of life vanishing under the impact of a far-away power? The second figure in this picture, however, being on the right-hand side, may indicate the existence of 'food' for at least another span of life – responding to treatment? Or could it also reflect the emergence of an age-old experience of man, the killing force of icy winter being followed by the life-bringing warmth of spring?

This picture was drawn the day after the boy's admission to the NC in August for a malignant tumour of the brain. Because of a recent attack of measles no operation was performed, but he was given radiotherapy and withstood the treatment surprisingly well; a good period of eleven months of life followed.

However, the young patient had to be readmitted fourteen months later. He had an exploratory cerebellar operation, a decompression was performed and multiple metastasis of a malignant tumour (medulloblastoma) was diagnosed. We can see from his first post-operative picture (Fig. 12) that he had met Death within himself, though with a heart; and following him, Psychopompos, the guide of the soul. But his illness developed relentlessly and we know from his picture series that he felt dragged away to the left by the patron saint of children, St. Nicholas, (Fig. 77) even bewitched by a sorcerer and lured into the woods by a witch, although he resisted her call "with all his might" (Fig. 65).

Six weeks after this operation, he drew another snowman, this time in gold and orange (Fig. 185). Whilst drawing, Peter commented, "they have put this (a fishing net) into his

hand, although he can't go fishing in winter time." Who are 'they' who draw through him? Pondering on this net, designed for landing a fish already hooked, I wondered if it could reflect the young patient's unconscious feeling that his body is 'hooked and caught'? On the side of psyche, we are reminded of the Great Fisherman, Christ, the fisher of souls.

Fig. 186 Peter, 'To be eaten up'.

Eighteen days later, Peter drew his third and last snowman, with two buttons in 'burning red' down his middle (the spine?), this time outlined in mauve. Does this indicate that he is totally seized by his deadly illness? The children in the ward, singing a Swiss folk song, "*Los Hans, du muesch dabeime blibe*" ("Listen John, you have to stay at home"), laughed so much that Peter said, "A button burst off the snowman's coat" – that extra red blob on the right hand side. But from the refrain he picked out the words, "to be eaten up" ("*gefressen werden*") and wrote them in red capital letters on the right, which is often the place of the present and the immediate future – the plus-minus quadrant. So 'it knows' in him that he is to be eaten up and vanish, like the snowman painted on admission fifteen months before.

Once more I wondered on how many levels we live at one and the same time and on how many levels we may grasp this child to be living. One part in us may 'know' while another may react quite differently, almost in the opposite way. In one of Peter's pictures death is faced, and in another it is laughed at. We observe the snowman bearing the signs of the metastasis which will ultimately 'eat him up' and the boy expressing this in the words of the folk song and yet, at the same time, joking with the other children. One is forced to realise, if one can bear it, that this young boy knows somewhere that he is going to perish, and like a hero, he is smiling at it.

We recall the first snowman picture in which the second figure carries two large apples and a small one in his rucksack, possibly bearing substance to last him two and a half units of time. So the far-reaching sun which melted his first snowman in August, out of season, did, in his own words, eat him up in the end in January, in season. We shudder to learn from the case-history that he died two years and five months later on the 21st of January. What a forecast!

Whatever our understanding of this snowman series may be, it might reflect that winter, the icy season, would kill life – first the snowman with the top hat marked P.M. – to be reborn with an extended life-time in spring. Could it be that, from the deeper layers of man's total mind, this age-old experience, this paradox of nature, emerges in different forms through the ages? In our own times, the custom of the Burning of Winter is still relieved and celebrated at, for instance, the shore of Lake Zurich in Switzerland where the column of St. Nicholas still stands, a very important image in the young patient's mind. On an enormous pyre, the effigy of the snowman is burnt. A procession of young children, boys and girls, beautifully dressed up, march through the town and assemble at the place of the pyre (with 'Winter' on top) which is set alight when they arrive and the bells chime 6 p.m., *Sechseläuten*. Fig. 187 and 188.

In my search for what seems to be a nature cult, I heard that, in the course of the nineteenth century, the guilds took over the ceremony of the Burning of Winter, with horsemen in splendid uniform boisterously galloping around the stake. (Fig. 189). I could not be contented that this was the earliest form of the ritual and thus started my hunt for what I felt were its deeper roots. After a search full of surprises, I finally tracked down, in the Zurich Central Library (Wikiana Department), a colour folio, F21, of the Burning of Winter, dated March 4th, 1543, when the lake was completely frozen over (Fig. 190). We see here a group of young men coming from the right with their torches, passing St. Nicholas' column to set fire to the stake and melt the winter down. But in the lower right quadrant, in the most delicate tints of green, there is a rounded, leafy tree, the branches of which seem to be outstretched in a loving woman's gesture of embrace. So not only is Winter killed in this picture by the fire of youth, but Spring is also about to emerge and to create new life. The text above the picture tells of a March fire near the St. Nicholas column; "In the year 1543, on the fourth of March . . . then was the Lake of Zurich so hard frozen, so thick with ice that Junker Krieg called together other citizens to light a March fire on the Lake. Everyone came to see it as a great miracle and wonder".

Strangely, I found this lithograph on the 4th March, 1981, which also happens to be the birthday of a great friend and co-worker, Culver Barker (4th March, 1891), who was especially fascinated by this series.

Is it not an amazing fact that mankind's age-old experience of the natural succession of winter and spring is expressed in the 1543 folio and in Peter's snowman, the drawing of a dying child in 1960? We think here of the last picture Peter ever drew, the wing of his soul bird tinged with the same gold that surrounds his snowman. Will his soul in the end be gathered in? Over a span of more than four hundred years, both reflect death as well as a whiff of hope and – one hesitates to ask – a hint of rebirth?

Our second example of changes in the same motif, the boat theme, comes from a leukaemic child of the KiSpi and is expounded by Dr. Kaspar Kiepenheuer. In these three drawings it is the boat motif which takes us through the various phases of this illness with all its ups and downs. We can see how the constantly changing outer and inner situation of the sick child is expressed in the paintings. Let us therefore follow the course of his ship.

The Boat Motif as an Expression of the Physical and Psychic Development of a Child suffering from Leukaemia.

by Dr. Kaspar Kiepenheuer, Zurich.

Fig. 191 Adrian, 'The Naval Battle'.

For this picture, Adrian chose a large sheet of pale yellow paper; he used ten different colours of felt pens. We note sections of two large sailing boats, they actually extend beyond the limited size of the sheet. The bows of the two ships are interlocked as though they had collided, or had rammed each other. The flag with the black skull in the upper left-hand

corner (−+ quadrant) of the picture is probably meant to show that the boat on the left is a pirate ship. It seems to carry a full press of sail in contrast to the pale pink sail of the ship on the right, which seems to droop limply in the shape of a tent. The ship on the left has a strong mast, while none can be seen on the right-hand ship.

In the course of the battle, which seems to be raging on the decks of both ships, seven pirates in brown appear to be assaulting the eight other sailors (clad in blue) with a variety of weapons. One man in the crow's nest of the pirate ship throws daggers at the enemy ship from a considerable distance. Protected by the basket panels of the crow's nest another one fires shots in the same direction. Below deck we note seven gun barrels in the seven square-shaped hatches. Fire and smoke point to the fact that two shots have just been fired, while arms with fire sticks can be seen in the other portholes, presumably to fire off the other artillery. The hair of the attacked sailors in blue seems to be standing on end, indeed hats can be seen flying about. In comic-strip fashion a question mark is placed on the doubled-up blue sailor on the far right of the picture. We are left to wonder what his question might be. The seven portholes on the attacked ship seem to be empty, or maybe they are closed. Below them, we note six red bull's-eyes in the hull of the ship. The waves are curiously rigid and sharp-edged, as though they were actually rocks. A large portion of the hull of the ship on the right seems to have no contact with the water.

What seems to be going on at the centre of events (or at the core of Adrian's being) is a battle. In terms of Adrian's outer physical reality, we know that the boy had suffered a relapse of leukaemia five weeks earlier. Since that time, he had received seven massive doses of a highly effective drug, the last one on the day he did the drawing. On the same day, he had received, in addition, a single injection in the spinal canal to prevent any possible threat of leukaemia in the cerebral meninges.

Looking at what happens in the picture through the eyes of a clinical observer, we find that both the boy's physical condition and our medical efforts are clearly represented. At that time, the frequent visits to the out-patient department of our hospital were in the forefront of Adrian's daily life experience. The clinical procedures were very impressive for the boy and, in part at least, they were also painful. The heavily armed attack, which is represented with such determination may reflect the child's rage against his illness, or possibly his courageous co-operation in our joint struggle against the disease. Under cover of heavy fire from above and below the seven pirates throw themselves into the battle, over-running the crew of the other ship which seems to be taken by surprise and hopelessly overwhelmed. According to the medical chart, the struggle against the boy's illness showed particularly good results that day; the blood and bone-marrow tests pointed to a complete remission. So far, the battle seemed to be crowned by success.

Upon closer scrutiny the drawing seems to reveal more, however. To welcome the pirates' superiority exclusively as a success would be a one-sided over-simplification of the situation. This is clearly indicated in the picture; the blue crew – which represents no doubt the spiritually alive side of the sick child (blue; colour of the clear sky) – is involved in a life-and-death struggle. Their faces express sheer dread and despair. The large question-mark above the sailor on the far right of the picture, i.e. at some distance from the

centre of events, reflects some doubt about the ultimate outcome of the battle. The slack, 'transparent', pink sail of the assaulted ship does not permit us to make any positive assumptions about its further 'course through life', even though the six red bull's-eyes in the hull of the ship might point to the recovered red blood cells. After all, there was evidence that the aggressive treatment had helped the child yet again. But where are the weapons which may or may not be at the disposal of the assaulted crew for their defence? We see none. If we tried to slip into the ship's hull as observers, we should feel ill at ease just as the drawer most likely did himself; to a large extent the hull no longer has any contact with the water, which is meant to carry it. The pointed waves remind me, in fact, of the edgy curves, marked by the illness on the boy's medical chart. (See chart of medical record, p. 138)

Fig. 192 Adrian, 'The Viking Ship', (for Mother's Day, May 12, 1974).

On waves splashing high, the big-bellied ship sails from left to right. On deck there are ten vikings of various sizes and colours and with an assortment of weapons. All the weapons are raised: swords, lances, clubs, sabres and daggers. Strikingly there are only nine shields at the disposal of ten vikings! Six blood-red stripes cover a part of the bulging sail. On the white space after the sixth stripe would be room for about three more stripes. Above, at the masthead, is an eleventh viking. He looks through his telescope in the direction they travel, to the right. In the usual style of this gifted child, the seven strokes above this viking's head probably denote that something has suddenly caught his attention. The existence of this far-seeing man offered me a welcome opportunity to start a conversation with Adrian. It struck me again and again how important it was for this reserved child that I should take note of all the details of his drawing. He asked me to describe the picture down to the last detail. After I had duly admired it, its many colours, the weapons, etc., I asked; "And who is that up there?" Since there was no reply, I went on to ask; "What does he see in his telescope?" He said, "Another ship".

Some weeks later, I asked him again who was up there. He replied: "That's you!"

Once again, Adrian's imagery is related to a distant epoch, one steeped in legends, the medieval vikings, bold seafarers of the North. Alerted by Susan Bach, my attention was drawn to the significance of numbers in this picture, especially in relation to some biographical data; if the six blood-red stripes correspond to six healthy years of life, we can estimate how much room remains for the following 'white' (leukaemic) years. If the ten vikings have only nine protective shields, what happens to the tenth in the case of attack? Or, again in terms of the same time unit, what will happen in the tenth unprotected year after nine protected ones? The course of the illness and his next picture provides a deeply moving answer. (See chart, p. 138)

Yet, from another level, so to speak, something new is in sight, so significant that it is worth seven little strokes to the boy artist. That he links the doctor who takes care of him with this far-sighted man may perhaps be taken as a confirmation that he felt inwardly understood in our kind of dialogue. That encouraged me to continue on the same level, pursuing at the same time, however, the professional haematological procedures.

Fig. 193 Adrian, 'The Pirates and their Ship'.

The picture was a present for the sister of the ward, whom he called 'Sheriff' in jocular consideration of her rank. In the left corner of the picture we see twelve pirates, as the child called them himself. Some are only half visible. They carry many kinds of weapons and appear to be in full attack. Some lack a leg, an arm or an eye. The fat, athletic pirate in the foreground is particularly conspicuous. He has three weapons, a dagger, a sabre with a strange (skull-like!) handle as well as a big pistol whose shot – in the middle of the picture – is aimed at the shadowy form on the right. According to the child it is a ship belonging to the pirates. Its outline is barely recognisable. Of the two portholes, the one on the left seems to look like a proper eye; the other is empty (blind?) and a ladder with twelve rungs leads inside. The twelve pirates are separated from their ship by a grey, rising kind of threshold.

With the external, physical interpretation one could be tempted to see among the pirates not only our 'Sheriff' ward sister, but also the other members of our team who are fighting against Adrian's leukaemia. The weapons (our therapy?) are impressive. But are they effective? The child's pictorial language indicates a lack of co-operation and integration in this fight. Susan Bach, as she looked at this picture, was reminded of the disintegrated, pathological growth of leukaemic cells. The Sheriff's pistol dominates the picture. That very day an important and incisive injection had to be carried out after it had been explained to Adrian. The picture tells us how this 'shot' must have dominated his feelings and thoughts! The whole-body radiation, planned for a few days later and also discussed with the child, may be announcing itself and its 'burning out' effect in this burnt-out ship.

Let us now look at the drawing as a reflection of the child's inner experiences. Again, two opposed worlds are facing each other. To the left, colourful life, the daily courageous grappling with reality, but also unrest, confusion, contradictions. To the right, colourless, still, motionless and quiet; the ship of death? As the picture tells us, the child seems to 'know' that, however radical the operation, such a burnt-out shadowy structure can no longer be saved. On the contrary, it is already steering towards other horizons. Do the twelve rungs (for the twelve pirates?) not bear a gruesome resemblance to the ribs of 'death' in Fig. 88 (twelve there too)? Here they give access to the realm of the shadows. The visit to Hades was the twelfth and last of the labours of Hercules in Greek mythology, and surprisingly, Charon's boat that carried people across the river Acheron is depicted on Greek vases with an eye at the bow! The threshold to this new horizon is low, the anchor is ready for weighing. Thus, the fight is still on.

Adrian left us a rich collection of more than three hundred spontaneous drawings. The three pictures we have discussed represent only a small, but important, cross-section. He returned to the boat motif three times during the last few months of his life, although these phases were very different from the point of view of his physical state.

Now to compare the three pictures.

The first picture shows clearly a heated battle. Two ships of equal size are facing each other. It seems to correspond to the actual course which the illness was taking at the time;

an acute attack of leukaemia is offset by means of chemotherapy, while the boy, with his determination, seems to be doing the best he can to offer resistance. On closer scrutiny, we become painfully aware of the way in which the living substance (the crew of the boat on the right) is overwhelmed and annihilated. We are left to wonder whether this is the price that had to be paid for the intensive treatment with medication, which gave the boy a few more months to live, but which he may have experienced as an overwhelming assault.

Soon afterwards, the child had another series of relapses and suffered from new complications. In the very open talks he had with his parents and with us, we were impressed by his maturity and his readiness 'to go his way', as he put it.

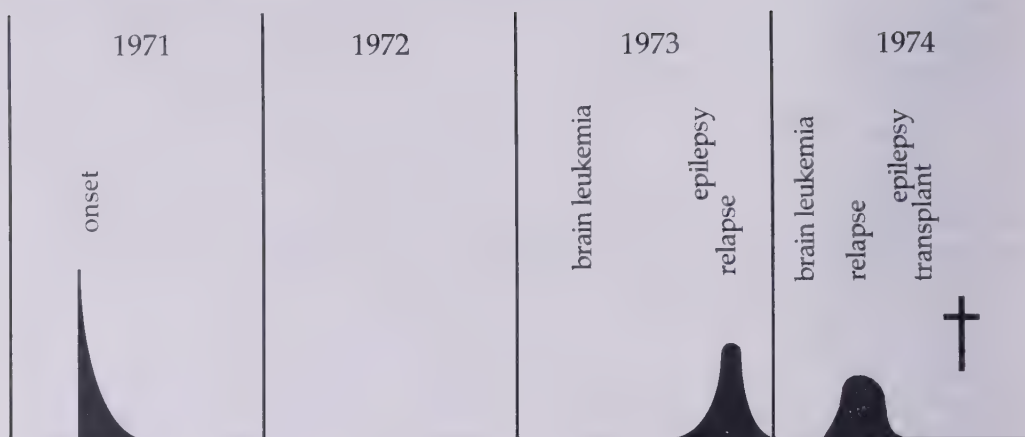
The question, which is underscored in the second picture, is not so much concerned with the ongoing confrontation – despite the impact of new complications – but with the further course of his life, possibly even beyond the horizon of life itself (c.f. the man in the crow's nest). Furthermore, this picture seems to be an expression of past and future developments. Although certain details hint at a rather ominous turn of events, in fact the picture, as a whole gives almost an impression of audacity, a forward striving movement.

In the third picture, we are given a clear notion of the kind of horizon the ship is heading for. The 'armed' chemo-therapeutic struggle is no longer expected to save the situation; the use of weapons seems to be a desperate, even absurd gesture in view of the dead silence expressed by lack of colour in the other boat. The almost excessive use of colours for the pirate figures seems to reflect his joy in life, which accompanied the boy throughout his last months and became visible just once more, shortly before his death. This impression was confirmed verbally in many of the child's remarks to his parents.

Summary of the Medical Record:

Adrian, born on April 1, 1965. The diagnosis of leukaemia was made when he was six years old. After an initial hospitalisation of six weeks he had regular check-ups in our Out-Patients department. Meningeal involvement was found in March 1973. There was a bone marrow relapse and brain infiltration in October 1973. Meningeal involvement started again in February 1974, and bone marrow relapse in March 1974. In the intervals that were free from relapses and complications the child was in satisfactory general condition and was able to go to school. On June 26, 1974 a bone marrow transplant was performed after preparation of the patient with highly dosed antileukaemic medication and whole body radiation while he was being cared for in a sterile unit. On July 12, 1974 the child died of a serious pulmonary infection.

Adrian's Medical Record.



All the people who were close to the boy, both at home and at the hospital, felt that they were carried along by his courageous attitude, which we find reflected in the child's pictures as well as in his own words. To the very end, he radiated a confidence and trust in God, which lent new meaning and content to our work with other sick children. The life-giving strength for many of us, which emanated from this child just before he died has had a lasting significance on our own way through life.

In the three pictures by Peter, we have seen how one motif, the figure of the snowman, changed in the course of his serious illness, a malignant tumour of the brain. In Adrian's boat series, we found the pictorial reflection of suffering from another relentless disease, lymphoblastic leukaemia.

The Lady and the Unicorn.

It is a well-known fact that artists, too, quite often repeat – for whatever reason – the same theme. As our third example of significant changes in the same motif I have chosen a parallel from the arts, the six tapestries of *"The Lady and the Unicorn"* (15th century), now hanging at the Musée de Cluny (Paris). The sequence of the series is open to discussion and, likewise, the interpretation of the story contained in it.

They are usually taken as an illustration of the five senses, a theme popular at the time. But why, then, six panels?

In his thorough study and devoted work, Erlande Brandenburg¹ follows the usually accepted sequence; Taste, Sight, Smell, Touch, Hearing, A Mon Seul Désir. Treating the

¹ *La Dame et la Licorne*, Alain Erlande Brandenburg. Paris, 1979.

six panels as if they were a set of unordered and undated paintings by one of our NC or KiSpi children, I would apply my systematic approach to see where it would lead us, what we might find or discover. Then a human story may reveal itself and the sequence of the tapestries fall into their own meaningful order.

Since 1883, after having been traced, rescued and reconditioned, the tapestries have hung in the Musée de Cluny in Paris in a specially conceived round hall. They were woven in wool towards the end of the 15th century, possibly in Brussels. Originally commissioned by a certain Jean de Viste for his castle de Boussac, it is also believed that they were commissioned as a wedding present. Another series of Unicorn tapestries hangs in New York in the 'Cloisters' of the Metropolitan Museum. This has seven panels and dates back to the 15th century with quite differing representations from those in Cluny and may be titled; *"The Hunt of the Unicorn"*.

The motif of the Unicorn held the imagination of men for thousands of years, from China to the Middle East and from there to Europe – it is still used as an heraldic emblem and even as a design on modern postage stamps. What, then, is the fascination of the Unicorn? In the Old Testament, it is said that God envied the Unicorn for his swiftness and his untameable might, which made him unapproachable and untouchable. Most important, however, is his magic power of blessing and healing any earthly being, and the ability of his horn to detect and detoxify any solid substance or fluid into which it was dipped – especially at a time when poisoning was the usual way of dispensing with a dangerous rival. This was obviously the reason for which the Unicorn was hunted and killed: to be stripped of his priceless horn.

According to the legend, he could only be tamed by a young and beautiful virgin who, later in Christianity, was associated with the Virgin Mary as the maiden and the mother of Christ. In this almost mysterious all-embracing conception, the Unicorn was seen both as an image of Christ and as his Father. I quote Dante's words from Hymn 33 of the *Divina Comedia*¹; "O Virgin Mother, Daughter of thy Son", "Jungfrau und Mutter, Tochter deines Sohnes".

Looking now for the story behind the tapestries and their meaning as we would look systematically at spontaneous pictures, we concentrate on the three main 'characters', the Unicorn, the Lady and the Lion.

If we free ourselves from the idea of an illustration of the five senses, we may be guided first by the changing position, attitude and expression of the three main 'characters' in themselves and then look at them in relationship to each other.

Before going into detail, I was undoubtedly impressed by the beautiful blue of the base and the marvellous red of the background (unfortunately it was not possible to reproduce the colours precisely), populated all over with living things, plants, animals, the variety of flowers, trees, birds – some familiar, others more exotic. As with an undated series of

¹ Stefan George's translation (Engl. by Chaucer. *Everyman. The Divine Comedy*, p. 429, 1967).

paintings of an ill child, I would put them on the table or hang them up and see which part of the pictures draws my attention first. It would be the faces of the Lady in the six tapestries, which are so different in expression and age.¹ (See also, 'How to Choose from a Large Series')

So I would put 'The Mirror' (Sight) at the end of the row portraying the face of the oldest and most unhappy-looking woman and look for a happier, younger one. Thus, I would put 'Feeding the Bird' (Taste) at the beginning. This would give me the first and last of the sequence and would leave me with four others to fill in. No doubt I would see a change in 'Touching his Horn' (Touch), looking to the left, from 'A Mon Seul Désir', looking to the right. Of course, I would also ask myself, what brought about the change, what happened to the princess? This would make 'A Mon Seul Désir' the centre piece and put the much more serious 'Touching the Horn' (Touch) as next to last. I would tentatively put 'Playing the Organ' (Hearing) as number two and 'Making a Coronet' (Smell) as number three. We, therefore, have a preliminary order of the panels in the following sequence: I. The Lady Feeds the Bird. II. She plays the Organ. III. She makes a Coronet. IV. A Mon Seul Désir. V. Touching his Horn. VI. Holding the Mirror.

We will now go into a more detailed study of the characters.

Fig. 194 I. In panel one, generally named 'Taste', we see the Unicorn depicted just as an heraldic animal, holding the Lady's standard, blue with silver moons, in the same way as the Lion on the left, looking straight ahead. We take this panel tentatively as the first of the sequence from which the story may unfold itself.

Fig. 195 II. The second panel would be the one where the Lady plays the organ. The Unicorn is sitting up and turns towards – can we say – the music, with his mouth slightly open, almost bewildered, not quite knowing what is happening to him, his flag fluttering; the Lion seems unmoved but thoughtfully listening. We notice the figures of the Lion and the Unicorn at the endposts of the portable organ, in their conventional form.

Fig. 196 III. In the third panel, the Lady is making a coronet – for whom? The Unicorn is sitting up on his hindlegs, more and more alerted. He and the Lion look almost tenderly at the Lady. Here it is the Lion's flag that flutters. Both the change in the position of the Unicorn and the expression of his face would seem to confirm our preliminary sequence of panels 2 and 3.

Fig. 197 IV. The next – so beautiful – panel number 4 is the only one with words in it; 'A Mon Seul Désir'. The Lady stands just outside the tent, for once without a necklace. It would seem that she is either taking some jewels out of a casket – held by a pensive maid-servant – or is wrapping them and putting them back. The Lion seems puzzled by what is going on, his flag fluttering downwards. He seems to be a most instinctively conscious

¹ We remember here that the weavers had to move from one place to another as the work was available and therefore the 'model' very likely had to change accordingly.

creature deeply concerned about his friend, the Unicorn and the lovely princess. Is he foreseeing disaster? The Unicorn is now fully alert.

This is the most discussed panel of the six – what does it mean? Erlande Brandenburg took it that it was to show the abandonment of worldly goods, “the renunciation of all passion”.

On the rare occasion when a child uses words in his drawings, we look for a special significance and emphasis of his total situation. So in this series of tapestries, this is the only panel with words – ‘A Mon Seul Désir’ (To my soul’s desire). Is the Lady preparing herself for an occasion of special significance? We may find a possible answer in the Jewish tradition in which the bride takes off all jewellery before the wedding ceremony under the canopy. Here, the Lady, too, stands at the tent’s opening; has she come out, herself a jewel, to be given to the bridegroom?

Fig. 198 V. In the fifth picture, the Lady now wears a dark green, almost straight, velvet dress. She holds the standard with one hand while, with the other, she lightly clasps the Unicorn’s horn, who is without his standard, as is the Lion, their shields displaying silvery moons. The Unicorn looks expectantly at the Lady. But why does she, herself, look almost sad?

Fig. 199 VI. The panel usually called ‘Sight’ and often considered to be the first of the series, would be our last. Here, the Lady holds the mirror up to the Unicorn and shows him his image. Only part of his horn can be seen. He has his paws almost in her lap, looks at her lovingly, full of expectation. Another striking feature of the picture is perhaps the changed face of the Lady. In contrast to all others, it is the face of an aged unhappy woman.

What a difference to the radiant young girl of the first four tapestries. What has happened? Can we assume that this may be the last of the panels?

Has she realised since she touched his horn, that he, who had fascinated her more and more, was not for her; that he was wanted for the unique healing power of his magic horn, that she had been used to lure him out of the woods, so he could be caught and sacrificed for his horn’s sake, a tool to fulfil his destiny?

Studying these woven pictures steadily and systematically, it became gradually quite clear to me that there were several layers of legend interwoven here and I could suddenly understand why the story of the Unicorn, the Lady and the Lion is not painted, but woven in so many different colours of wool.

Bearing in mind that the tapestries were illustrating the legend of the Hunt of the Unicorn for its priceless magic horn and that it could only be tamed by a beautiful young maiden, I also knew that in Christianity, the Unicorn was associated with Christ losing his life by betrayal.

But what I had not realised, what I could see only now, was a human story: a young girl being used as bait, falling in love with a creature that was hunted, unaware that she would lead him to his death.

How different this is from a fairy-tale, where the brave kiss of the princess frees the ugly bewitched animal, releasing the prince so that they can marry and go forward into life together.

A more comprehensive presentation would be needed for a full evaluation of these woven 'pictures'. This would include for instance the change of colour of the Princess's garments, and paying more attention to the maidservant and the living creatures in the background. We would also ponder further the symbolism of the Maiden-Unicorn and the Virgin Mary-Christ relationship.

Also, a comparison between the story of the Lady and the Unicorn and the Hunt of the Unicorn, in the Metropolitan Museum of New York (Fig. 200), may give some further insight. Here are just two points: have we, in the fifth tapestry (New York), the more worldly aspect of the innocent maiden, the virgin turned into this intriguingly seductive damsel with her sly expression, having betrayed the Unicorn, beckoning apparently to the hunter – her lover – blowing his horn, to signify that the unicorn can now be taken?

Moreover, what always struck me is that the Metropolitan Museum Cloister series in New York has seven panels. The last shows the caught Unicorn chained to a tree, in a circular enclosure with twelve wooden poles, miraculously coming to life again. (Fig. 201) We think here of the Last Supper with Christ and his twelve apostles whose task it was to spread the gospel.

Summary of Inexorable Changes of the Same Motif in a Series of Pictures.

All three series reflect the life situation of an individual person. In Peter's and Adrian's picture stories, we find the brave struggle and an increasing, almost awesome, awareness of their fatal condition: from the snowman outlined in mauve, drawn in August, melting away under the impact of a far reaching power, to the golden snowman fishing in winter when the lakes are frozen, to Peter's last snowman, where the young patient bravely succumbs to his relentlessly advancing illness, laughing at it, but writing in words, 'to be eaten up'. Adrian's total condition, as seen reflected in the boat pictures, shows how he puts up a desperately heroic fight with a hair-raisingly precise forecast of the end of his journey to death.

In the story of the Lady and the Unicorn, it is the growing awareness of a fatal outcome so movingly reflected in the changing face and attitude of the Lady which helped us to put an ordered sequence into these undated picture-tapestries and unravel, beneath layers of legend, a profound human story. (See also 'Forecasting Signs and the Phenomenon of Inner Knowingness')

CHAPTER 17

On the Dangers of Generalisation and Misinterpretation

Having acquainted ourselves with a systematic approach to the 'reading' of spontaneous pictures, we will now turn to the task of evaluating them.

However, before going into details, I should like to offer a word of warning against the urge to generalise. The wish to find something stable, something general, a golden thread in the diversity of our colourful and daily changing world is healthy and deeply understandable. We think of the relief which Jung's emphasis and newly conceived idea of *primaeval* – the archetypal images, Burkhardt's 'Urbilder' – brought to us; the recognition that, deep down, at the roots of our being, we can find a layer common to all mankind, regardless of race and place. This recognition may indeed carry a glow of hope for international understanding, ultimately for peace.

But the wish to possess something 'in black and white to take home' (to quote Goethe's *Faust*), something secure and certain, has its dangers. Much as we would like to have guidelines which are beyond human error, nothing we say should be taken as absolute. Our conception of God over thousands of years as Holder of the Absolute and its values is now being abandoned more and more and in ever wider circles. Into its place have slid our hopes of finding security in, for instance astrology, cults, specialised knowledge, perhaps most of all, in modern technology – despite the threat to all life on earth from the potentially disastrous misuse of splitting the atom.

We are therefore well warned in this field of research not to take our empirical observations as final in their significance and to over-generalise from them. This holds true, whether we try to 'translate' colours, positions, directions or even motifs into meaning just 'this' once and for all. Jung, much more cautious and so wise in his approach to what we call facts, learned to consider the opposite significance of an observable fact; I would say to look also for the complementary side. In this regard, a story of his comes to mind: "When your bell rings and you open the front door and there stands God, let Him in, but go quickly to the back entrance for the Devil."

We need always to allow for being, if not wrong then possibly one sided, and should therefore check our first deductions against other elements in the same picture, or, preferably, in a series by the same patient and in comparison with similar elements in other patients' drawings. In addition, it may be helpful to look on the psyche-spiritual side for amplifications from anthropology, mythology, the arts, etc., as exemplified in this book.

But never let us lose the joy of discovery, of finding also the somatic significance of a specific colour, the poignancy in the change of direction, the shrouded meaning of a motif, and finding this significance in a drawing reflecting a different type of illness. Even after years of studying spontaneous pictures, when looking at new material a flash of comprehension may come from the observation we made long ago.

I cannot stress enough that, just as in a clinical diagnosis, we need as many indications as possible for the evaluation of a picture – one symptom is not enough. As I said before, three or four supporting signs are needed.

To my great regret, misuse of spontaneous paintings and their interpretation is becoming more and more widespread. Some workers in the field mistake their own interpretation of a picture and its contents for what a patient has expressed and tend to project their own understanding and believe that this is the ‘message’ contained therein. Thus, they may miss the potential significance of this invaluable means of communication between unconscious and conscious realms, which may become recognisable in such material.

Great precision is required for the evaluation of such pictures and one needs to avoid the temptation of believing that one has understood and ‘knows’. This reminds me of a remark of Jung’s regarding the understanding of dreams; he said that whenever he thought, “oh, this is quite clear and simple”, he would hold himself back, knowing that he would first have to clear his mind so as to be able to receive what the dream had to say to the dreamer, while at the same time keeping up his sleeve, as he put it, what *he* thought of it. Moreover, unless one takes such pitfalls consciously into account, there is a danger that one may even tell the child and its parents one’s own subjective interpretation, as if that is ‘what it is all about’.

I will give here two personal examples; the first where the misinterpretation of some drawings could have led to an irreversible operation and another where I myself almost discarded a picture and its carbon copy because I could not ‘translate’ them.

Some years ago I was invited to speak to the Royal Homeopathic Society, London, on “Spontaneous Pictures as an Expression of the Total Personality”, especially the somatic aspect. It was a large audience mainly of professional people. Among other pictures, I chose *‘The Cat without Feet’*, which we have already met in the section on ‘Objects Painted Over’ and will see again in ‘How to see the Organic Aspect’.

Fig. 40 Miss C. 28 years, schizophrenia, hysteria, or anxiety neurosis, St. Bernard’s Hospital, London, ‘Cat without Feet’.

The picture was projected onto a screen and the original paintings used for this lecture hung up on the wall. As you may know by now, I would only give the age and sex of the patient, and whether colour-blind or not, and let the audience comment on what they could see for themselves. Almost without exception they called out “schizophrenia–typical!” Asked why they thought so, they answered “Can’t you see the dividing line right through the middle of the cat’s body?” So I suggested that they should have a look at the original drawing and only one or two members of the large group volunteered “half the body may be painted over”. Why should the patient have painted it over? What about the cat’s face, looking like a man with a moustache?

Had this interpretation been used diagnostically and the patient 'labelled' as schizophrenic, the then available treatment would have led to an irreversible leucotomy with unforeseeable consequences.

As we describe in the chapter on 'How to See the Organic Aspect', the recognition of the somatic aspect in the body of the cat and the psychological aspect in its face, led to a successful psychological treatment. For me it led to a new and wider comprehension of spontaneous pictures as an expression of the total person – psyche and soma. (See also 'Colour Black' and 'Whether objects are filled in or not')

The second example I wish to give is an extreme case – when I myself almost discarded a picture altogether.

Fig. 202 and Fig. 203 Peter, 'St. Nicholas, Schmutzli and the Teddy Bear calling for Help' and 'Carbon Copy'.

One day as the boy prepared to draw a picture, he asked for a carbon paper. HPW, although not at all understanding why this should be wanted, brought him one. And so we have not only the picture of St. Nicholas, the patron saint of children, but both the colourful figure and, shall we say, the saint in his shadow aspect. One may be tempted to discard the carbon copy of the coloured picture as just a fancy of the young patient, 'just' a copy. It was only when I studied the picture much later, systematically, that I could see, with amazement, its possible significance and also saw the danger of being blinded by a preconceived assumption.

Let us look at the difference between the coloured drawing and the carbon copy. In the top drawing the boy used all the colours at his disposal but commented: "The disobedient one is in the sack" and "all the good things are running out." In the carbon, the colours are gone but for the dark green, with which the human figure in the sack is marked. We note first that 'all the good things' are now in the grey of the carbon: there are eleven – the boy died when eleven years old. However, he added in green, the colour of life, four strange markings inside the sack and six outside adding up to ten, his present age. And then, thirdly, the letter H, also in green, above a human figure, is added. What could it mean? The answer to our puzzle can be found in a picture drawn five days before, of St. Nicholas with his servant 'Schmutzli' carrying a teddy bear in his sack, with the word 'help' above him. Is the human figure in the boy's picture now calling for help? (See 'Inter-Relationship between Psyche and Soma' and 'Decoding seemingly Incomprehensible Material')

If we put the two pictures next to each other, how might we 'translate' the difference? Has colour gone out of the life of this boy, but for some green? Will his brave resistance in the darkened future be 'eaten up' by his irrevocable illness, as he wrote against his 'snowman' picture about a year later? (Fig. 186) Is he calling for help against the power of the saint?

Comprehended in this way, the copy of his St. Nicholas is not just a 'copy' of Fig. 202, to be discarded as not significant. Do we have here one of the many pictures, which contains a heart-rending forecast?

What would we have done, how would we have reacted had we understood the possible significance of St. Nicholas, here no longer the patron saint of children but rather a destructive, all-powerful shadow figure?

We might have felt that this child may well have experienced how something good, someone utterly trustworthy, had turned bad, a friend into an enemy; the human figure in the sack had even called for help, for understanding – but to no avail, 'no-one heard'. It may have brought into his young conscious mind an old experience of small 'sins', never discovered and never understood – illness as a punishment. In Peter's own words "the disobedient one is in the sack".

If I, or somebody else, could have understood these pictures in time, what might they then have taught us? We have the 'H' for help so we may take on his call and set out together with him to hear what happened to Teddy Bear, to the small person, helplessly carried away in the sack. If we could have shared the boy's fears and forebodings then at least he might not have *felt* so alone and forlorn.

Though we can no longer help Peter, what can we learn for other children experiencing similar moments of despair? To be with the child in any appropriate way, with a gesture; to hold a beloved toy of his, to put a hand on his shoulder when listening to Teddy Bear's story, to make sure that this time he does not feel forsaken: in short, to humanise a child's comprehension of good and evil, of God and the Devil. (See also 'The Ellipse')

CHAPTER 18

On the Self-Protection of the Observer

So far, we have concentrated mainly on the patient and his picture, but it is also necessary to realise what such spontaneous expressions may do to us, the professional helpers: the doctor, the art therapist, counsellor or nurse – not forgetting the parents or anyone else wanting to help.

After all of our endeavours to see the child's or patient's side, I feel very strongly that we need to look to those who surround the patient, including ourselves, and to assess our stamina and ability to stand the strain of what might be seen and realised in such a picture.

This calls for considerable awareness of the difficulty of the work we are doing in studying seriously ill children's painting; it is important to learn how to feel with the child without becoming identified with his or her particular situation. We need first to try to trace our own 'sensitized' areas and to come caringly to terms with them. This may help us to be more free with the child when looking at the picture together with him.

If possible, it is desirable to see the picture before meeting the patient and to link up our observations with our professional knowledge and insight so as to be able to help the child in his physical and psychological dilemma as best we can. Even if nothing more can be done medically, we can still be a trusted presence at this moment of his life, and take the patient out of his feeling of abandonment and utter isolation. But let us never forget to watch for and realise what may have moved or struck us within ourselves.

Fig. 204 Micki, ♂, 9 years, leukoblastic leukaemia, KiSpi, 'Suspense'.

As an illustration, I have chosen the picture of a nine year old boy suffering from leukoblastic leukaemia, we have called it '*Suspense*'. The boy himself wrote on the back of the drawing sheet (in Italian): "This is a castle from which an armoured knight descends towards a prison. And a battle ship". (The handwriting slopes markedly downwards). He was admitted to the KiSpi with a severe relapse lasting a month and the picture was drawn two days before his discharge and two months before a second relapse. Although he suffered five relapses before dying in June 1971, chemotherapy, deep radiotherapy and blood transfusions made it possible for him to return to school in his home town during the short periods of remission.

In describing and evaluating this picture we will concentrate on such details as may be relevant to potentially vulnerable areas of our own, and try to prepare ourselves for situations which we might find difficult to bear. The crayon drawing shows the facade of a castle, empty, though not burnt out, in slight, though purposeful strokes. The light brown colour with white shining through the empty windows, and especially those of the tower, makes us think of leukaemic cells. Apart from this somatic aspect – his 'white illness' – what else might have rendered the house empty? For an answer we have to look at the

psychological significance of the letters 'REGGIA', (the royal palace, all in capitals), with an arrow pointing to the open empty window on the right of the castle.

Had Regina, his Queen, left the castle? She who carries all the feminine virtues of a boy's soul – his Anima? The writing in dark brown may well imply that, though no longer in the castle, she is still to be found on this earth; this would be a positive prognostic sign.

The castle is surrounded by water, but made accessible by means of a drawbridge let down onto a strip of light green land, with a dark brown, almost black path and a barren tree on the left. Drawn in February, the leafless tree would be appropriate for the season and suggests that the boy is related to the reality of his present situation.

We particularly notice a small range of dark hills in the upper right corner, through which passes a boat with three blue sails, larger than the rocks. There is a slight indication of blue sky above.

Again taking up the young patient's own description, we notice that the battleship is placed significantly in the top right-hand sector (the ++ quadrant), which so often reflects the 'here and now' situation. Is help in sight? If so, will it arrive in time? (See 'Quadrants'.)

We now come to the figure to the right of the tower, which appears to be suspended from a gallows with a thinly drawn rope reaching towards the building below the prison. Is the knight in full armour leaving the castle, ready and equipped for a heroic fight, or is he a prisoner himself, descending to the dungeon, in the grip of his threatening illness?

We take heart from the drawbridge lowered as it is onto a piece of green land, so that those who might join him to fight the invisible foe or threat can go straight in with reinforcements (clinically speaking, treatment), possibly to the relief of his painful state of suspense.

Now what might this drawing do to us, the observers? How can we use this picture to help ourselves support our patient? First, we can try to recognise the vulnerable parts in ourselves which might be activated by it. We may well have experienced what it is like to come to an empty house and find nothing but the indication of where a beloved person once lived (recall the arrow pointing to the special window above the name). From this feeling in one's own heart, one may sense what this abandoned castle means to the boy.

Many of us will probably have experienced the feeling of inner emptiness – like being in an empty house with only a facade remaining. Without even knowing it, we may live with such a feeling and attempt to escape into illness, work, or any kind of addiction, perhaps by having the radio on day and night or being glued to the television set. More on the somatic side, how often may obesity be caused by an inner hunger, by the feeling of emptiness? In special circumstances, this hunger might even lead to the necessity for a Caesarian operation when a mother unknowingly does not want to release her child from the womb after nine months of wonderful fulfilment.

Looking again now at the castle in its setting; it is engulfed by the sea. Have we ever experienced a similar situation: the relentlessness of the returning tide overtaking us; being caught in a life-threatening snow or sand storm and urgently needing to be rescued?

In working with such material, there are times when one may feel at sea within oneself and need to seek help in order to find one's bearings again. I personally would not dare to see a despairing patient, with or without his pictures, before trying to rescue my own hurt or frightened side which may well have been activated. At such moments it is very good if one can turn to one's co-workers and face such hair-raising pictures and try to grasp their wordless messages together. This not only makes it easier to understand a picture, but also to bear it, before trying to help a critically ill patient.

Sometimes the picture can provide one with a link to some safe ground, just as here the drawbridge is down to let help come in. Even in a desperate situation, it is always worthwhile to look around for hints of a way out and to give a sign that one needs support before giving up and burning one's bridges. In this boy's picture, if we take the ship as a hope for helpers in the fighting of his battle – the hospital and its physicians – the drawbridge may be let down for them and this time it was. (For fuller details of his story see 'Healthy Child or Ill Child?')

Finally we need to see what perhaps the most arresting part of the picture, the suspended knight, might do to us. Is he about to descend to the dungeon to help and free others or become a prisoner himself? We may well know what it is like to be suspended, waiting, not knowing what is going to happen. The situation may concern us personally; but what about the physician who is attempting to help another, his patient, at such a decisive moment of suspense, when all the clinical means available to him are exhausted? To bear this helplessness he will need to be a hero himself.

If we know what it feels like to be in the patient's situation, we may be more able to help him. Jung once said to Laurens van der Post, "Only the doctor who is himself affected by the plight of his patients can help".¹ To quote Aesculapius, the Greek God of healing, "Only the wounded physician heals."

At the end of our endeavours, we come to the experience of being a prisoner, whether through outside powers, as with persecution, or a situation of being locked between opposing forces within oneself. In either case, one helpful thought may be Jung's question: "What is this saying to me and what can I learn from it?" As prisoners from concentration camps have experienced, you may lose God or you may find Him.

For us ordinary people, the question "Where am I a prisoner within myself and what is it that makes me one?" needs also to be considered. It does not always have to be the tension between life and death, hanging between 'heaven' and 'hell'; it can also occur while waiting for some decision, or information, either outside oneself or inside. It is not always

¹ In Culver Barker's *Healing in Depth*, Preface by Laurens van der Post. Hodder & Stoughton, 1972.

necessary, or possible, for the professional helper to have been in an identical situation, but somehow, he must have been near enough to share and be with the patient who tells his inner story in a picture.

I hope that focusing on the personal impact of this picture in such a detailed way has conveyed the necessity of accepting one's own limitations, the fact that one is human and that the observer must care for himself as he does for the patient. As Culver Barker pointed out – one should have a fairly good idea of one's own vulnerable areas, to avoid becoming identified with the patient in one way or another, to stay clinically outside, but to feel with the patient with all one's heart¹. That may enable us to become a bridge for him onto some safer ground. Even if no answer comes from our own depths or knowledge, we can still truthfully share the child's fears and his feeling of being threatened by the unknown – and thus he will no longer be alone.

¹ See Culver Barker's *Healing in Depth*, "The Analyst's Hygiene", page 152.

CHAPTER 19

Spontaneous Pictures as a Bridge in the Relationship between the Doctor, the Helping Professions and the Patient and his Family.

We return now to our clinical work with patients.

Many of us who work with children therapeutically have had the experience of a direct question remaining unanswered. I remember years ago a child was brought to me with tears running down his cheeks. When I asked him what had happened and why he was crying, he said: "Nothing". But when we looked together at a picture of a trapped animal and I asked, "Whatever has happened to Teddy?", he told me his whole story of inner misery and unhappiness. It was then, more than ever before, that I realised that a child's drawing may become a bridge between him or her and the doctor and members of the helping professions.

Fig. 205 Marina, ♀, 6 years, acute lymphoblastic leukaemia, KiSpi, 'Nobody Comes'.

When Marina, a rather reserved child, was admitted at the age of six years and ten months, she would neither talk nor eat. She drew a picture showing a tilted red house with a brown roof without windows or door, no earth, no sky and no sun. She commented later: "This is a cowshed – the cows are mooing because they are hungry. The farmer has gone into the woods and forgotten them. Nobody comes". So she felt utterly alone. It was decided that someone *should* come and Dr. Agnes Herz from the Psychiatric Outpatients Department for Adolescents was called in. She made good contact with the little girl and after two sessions, there was already a marked improvement both physically and psychologically.

Two months later, however, the little girl contracted pneumonia; her last drawing (Fig. 30, *Manöggeli*), dates from this period. The description and evaluation of this picture we already know from our sections 'Motif of the Bird' and 'How to See the Organic Aspect'. We also learned that she died seven days later in her seventh year, in great peace.

It is good to see how the doctor could help the child to communicate through her pictures and satisfying for the physician that the fatally ill child could finally die peacefully, not forgotten and not alone.

Fig. 86 Christa, ♀ 17½ years, acute lymphoblastic leukaemia, KiSpi, 'Poppy with Black Centre'.

In this picture, we will be able to observe how a patient's painting became instrumental in helping a parent not only to accept his child's serious illness, but also to change his own attitude and approach.

Many parents feel in such circumstances that avoiding mention of the illness and its lethal outcome would be the greatest love that could be given to the child. However, we have learned that the patient often knows before we do about his illness and its outcome.

On the whole, we have found that two different basic reactions come from the parents: one is to say – “if the child has to die anyhow, then let it die quickly”; or “I have just read of a new drug developed overseas which I wish to be tried.”

This picture was the last Christa ever painted. She had drawn many different kinds of flowers and one wonders why she chose a poppy. In nature, the poppy bloom, when lifting and opening from the bending bud, lives for only a very short time. In this picture it is a single object, a flower all by itself, as if hanging in the air, its stem skillfully cut off. There is no water for it to drink from, nor any earth to feed from. In comparison with a naturally growing plant, we note a striking difference: the flower head is drooping, the main petals are drawn in, almost dissolving – is that how she feels? Its colour is a sickly pale red. Instead of silvery furriness, its stem is marked with single black strokes increasing towards the top. Somatically evaluated, the black markings remind us of metastatic spread so often observed in the drawings of children suffering from a consuming process. (See ‘On the Use of Colour’). To the haematologist, this aspect of the picture reflects the infiltrated bone marrow and the dark centre of the flower, the cross-section of the spine. The psychologist may well recognise a butterfly shape and be reminded of this symbol of the psyche (Greek psyche = butterfly). Its blackness, though, may bear a special significance.

We cannot help asking ourselves whether the young girl knew that her life would reach an early end. I remember that the title, ‘Early Autumn’ had already come to me in November seven months earlier, when I was studying her owl picture in autumn colours (Fig. 98).

To turn now to the family, the consultant had been asked by the parents to give his solemn promise never to tell their child about her lethal illness; but from her twenty-four pictures it became more and more clear that she already knew.

When she finally drew the poppy, the physician decided that the moment had arrived when, with the help of the picture, the parents might be able to accept that their daughter knew of her illness and her life’s end and so release him from his promise. Then he could talk to the young patient about it so that she would not be so very alone and isolated in her knowledge. In view of the picture, the parents finally accepted this situation.

Once free to discuss her condition openly, it became apparent that the girl had known about her illness for a long time from blood tests she had made as an apprentice laboratory assistant. When asked what her dearest wish was, she said that she would love to go on holiday with the whole of her family. This wish was fulfilled and the girl was happy and even sang again.

From the case history we learn that on the day when the father was to discuss with the physician a new medication which would have had very disagreeable side effects and give

only small hope for an extension of her life, she died suddenly at home with symptoms of internal bleeding, three days before the autumn equinox. We are reminded of the strange colouring of her owl. We remember the choice of the poppy for her last picture: the blood-red, fast-fading bloom, the seeds being the source of opium which brings peaceful oblivion.

Fig. 150 Adrian, 'Adrian's Last Picture'.

The last picture in this section is chosen to show once more how a child's spontaneous picture can help the doctor to assist the family to accept the child's fatal condition positively and to adjust later to their bereavement in a well-balanced way. Out of his own experience, this physician developed what I have called the after-care of the family. For further notes, we refer to Dr. Kiepenheuer's contribution to the chapter on 'The Same Motif Changing within a Given Lifespan.'

This picture was drawn by Adrian, whom we have met quite often in this book. The young patient knew that he was suffering from a probably incurable disease, but had great courage and the will to live. He gained much strength from a deep religious conviction. Five months before his death, he said to his mother: "Give me your headache, which you have only because of me. I suffer so much, I will take it with me where there is no pain."

The boy's last picture, pencilled on 'healthy green' paper, shows his bed surrounded by the enclosing sterile unit. In a cloud-like shape, a little human figure with outstretched arms calls out 'Healed' ('Geheilt') and a bent, almost protecting hand is between himself and what may be four syringes. (Dr. Kiepenheuer's observation). The trolley with clinical appliances is put aside, as is his praying mother. Above, he drew God with his aureole, the waning moon on the left, the stars around him. Below are the names of his father, mother and two brothers, with seven rays emanating from God, but not quite reaching the sterile unit.

The boy died seven days later.

The picture seems to convey the sense of calm acceptance which the child also expressed verbally when, on entering the sterile unit, he said to his parents, "Jesus has given me so much strength that I will stand everything that is to come."

The boy's fortitude communicated itself to the whole ward and to his doctor, Kaspar Kiepenheuer, who gained a sense of orientation and support from it, which enabled him to console and help the young patient's family and, later on, to also help other children and their families.

Weeks after the boy's death, his parents looked at the picture with the physician and the mother said tearfully: "Our son has given us so much more than we have given him." Since the beginning of his illness, it was difficult not to give this child a special place in the family, even though, during remissions, his parents had tried to treat him like the other children and mention of illness and death were not avoided.

After he had died, his parents, with all their personal grief, not only accepted the death of their child, but were even in danger of idolizing him, treating his pictures almost as something sacred. The effect on the two younger brothers was disturbing: the youngest began bed-wetting and would soak his bed whenever the physician came on a family care visit and the older boy would never mention his dead brother's name. It was again with the help of the pictures, this time the drawings of Adrian's two brothers, that the psychiatrist and haematologist, could resolve their problems and bring them back to a normal life. (See "The Same Motif Changing within a Given Lifespan").

In the drawings of three children, we have tried to show that the physician can, through the paintings of his patient, make contact with him or her and form a bridging relationship. Our last picture will show how the caring attitude of the doctor was deeply felt by a dying child and expressed in his picture.¹

Fig. 206 Edouard, ♂, 10 years, cystic fibrosis, KiSpi, 'Bird House'.

The young patient painted this picture at the Children's Hospital during the last phases of his unremitting illness in November, when he had been admitted with acute pneumonia.

On a blue-green base stands, almost centrally, a bird-house on a post, painted light brown, with four strange, black, worm-like strokes. Next to it, on the right, is a poplar-like tree, the holy tree of Aesculapius, with a blue-green crown and the trunk in a darker brown. The heavenly bodies, three stars and a waning moon, are painted in a warm gold. The background in strong deep blue strokes seems to have been added last. The brownish-black bird on the right, with orange-coloured beak, is followed by a much smaller flamingo-pink bird, also with an orange-coloured beak. The triangular bird-house is strongly outlined, protectively encircled, but also, as Professor Shmerling of the KiSpi commented, translating it somatically, tightly closed, possibly reflecting the breathing difficulties experienced by cystic fibrosis patients. The little bird has landed on the well-filled feeding place which has appeared so surprisingly in its path; we wonder who has provided the food.

This was the moment in which I had the insight into this special role and function of the physician, which is obviously deeply felt by the child. In a later conversation, Professor Shmerling, the consultant, told me that when he saw the end was coming and Edouard's father, who could not accept his son's condition, so badly wanted the child to be at home for Christmas, he talked to the boy in the presence of his parents and told him that he could always come back, whether for half an hour or longer, or even for days if he wished: the room would be waiting for him, unchanged, with all his things in it.

The comment of the physician in charge, which we would not have found in the case history, was for me the 'proof' of our understanding of the young boy's picture of the bird table and its sheltered feeding place, with the little bird above it: the child knew in himself

¹ We refer here to a paper of mine on "And Who thinks of the Physician?" (Hexagon 1985, vol. 13,4), which takes up this theme on a broader basis with further illustrations.

how much he could trust and how well he was cared for in this hospital by his doctor who stood by him.

So he went home for Christmas, but, not unexpectedly, he had to be re-admitted with acute broncho-pneumonia and died about a month later.

CHAPTER 20

Healthy Child or Ill Child?

We will now apply what we have learned so far in this guide book to the systematic reading and evaluation of two pairs of pictures, each containing a drawing by a healthy and an ill child. The first two children are from the German-speaking part of Switzerland: they never met and the ill one was treated at the NC. The second pair are from the Italian-speaking part and the ill one was treated at the KiSpi. Both young patients were suffering from a different type of disease. All four are of a roughly similar age.

The first two were originally selected because the same motif, the woodpecker, appears in both of them. We will look at these pictures with as open a mind as possible and try to find out for ourselves which may be the ill and which the healthy child. The fact that we know that one of them is ill will heighten our awareness and sense of discrimination.

We shall ask of these pictures the systematic questions which we have discussed earlier: what does the picture show and what is missing, what is the significance of the four quadrants, of position and direction, of colours and finally of the various motifs and repeated numbers. We will then compare the different answers, note whether they contradict or support each other and from this assess the state of health and well-being of the young boys who painted these pictures.

Fig. 207 S.Z., ♂, 9 years, 'On the Edge of the Woods'.

The whole space of the sheet is filled. Following the four quadrants clockwise, we see that the one in the upper right (+ +) shows a well-established farmhouse on a hill with sheds, a pinewood behind and clear paths leading to it. Further down, the farmer with his horse and waggon works on his tilled field. In the lower right (+ -) quadrant, we see a cowshed with two cows, the pond alive with water lilies and frogs, and a young lad with a heavy pitch fork, slightly outgrowing his colourful clothes – has he just driven away the fox who, under the central tree, moves unperturbed towards the left, to go hunting in the woods? The tall fir tree almost frames the picture on the left, reaching from the lower left (- -) quadrant, where an owl – the bird that can see in the dark – is spreading its wings. Each tree has its own particular kind of bird. On the smallest, freshly sprouting one in the foreground, a fledgling in its nest is being fed by its parent. Near the central vertical line stands the tallest, a larch, with nine branches on each side (the boy's age); a woodpecker is climbing up – will he find some food? Near the horizontal middle line a stork flies from the right into the picture. Altogether the painting contains twenty-eight main objects. All are fully and appropriately *coloured*. The boy has used all the colours at his disposal, except mauve and light blue, and has added a new one by mixing the browns. All *motifs* are in their natural surroundings and in their right place; all are clearly recognisable as what they are meant to be. Asking ourselves *what is missing*, we find there is no female human figure in the picture. Is the boy still in the mother-child situation where the fledgling is fed in its nest, the cows go to their shed (to be milked?) and the stork possibly brings a new

baby? Quite properly, for a growing boy however, the male element is predominant and active: the farmer with his waggon, laden with sacks, the lad with his strong stick, and in the animal world, the fox in the rich orange of his natural fur and with outstretched tail purposefully on his way to the wood. For a farmer's child, the hunter and killer has as rightful a part to play in his world as the woodpecker on the tree.

On the somatic side, we are puzzled by the slight bend in the upper trunks of the two larger trees and wonder whether the smaller, sprouting one may have suffered a too severe pruning.

Can we tentatively conclude from the absence of sky colour, of cloud or sun that the young boy lives wholly in the here-and-now of his earthly existence, where the sky and the celestial bodies are taken for granted? Or is it his moment of life just before sunrise?

Fig. 208 Peter, 'The Devouring Sun and the Woodpecker'.

Looking at the other boy's picture now, the amount of empty space is striking. The main objects (nineteen) are placed apart from each other, most of them thinly outlined, their bodies are not filled in, and have no base. Although there are fewer items in this drawing, it seems more difficult to understand. Again we use the four quadrants as an aid to precise observation and description of the picture. This will also help us to understand better the significance of the objects.

The sun, the great timer and guide of natural man, is in the top left (— +) quadrant, its western position and has eleven rays (Why eleven, we wonder, as the boy is only nine years old?). Moreover, the mauve 'face' of the sun, a colour rarely found in children's drawings, makes one feel uneasy. In the upper right (+ +) quadrant, often the place of the here and now, we see a rider on his horse, outlined in red, facing left. He has no arms and there are no reins. Near the top of the vertical pale green boundary is a brown trough, but it is empty. What could this picture express, both somatically and psychologically, with the horse looking straight out of it, its mouth seemingly muzzled? In the lower right (+ —) quadrant we see the outlines of four crooked fir trees, faintly drawn in dark brown; why are they so faint when the sun is shining? We have observed, and it has been confirmed by children's comments (and some primitive peoples conception) that more than three means 'many'; thus four trees may indicate 'the woods'. From the base of the tallest of the trees stretches a narrow light green grass border along which walks a small Easter hare. He, too, is only outlined but carries on his back a bag of coloured eggs from which the mauve one is falling out. As the picture was drawn in September, we wonder what at this time might have brought an Easter hare to the mind of the young painter. The grass border continues to the lower left (— —) quadrant; on it stands a tree, its stem and foliage drawn in the same light green, bearing nine and a half pairs of red cherries (the boy's exact age). At its base is a nest of coloured Easter eggs, encircled in mauve. There is a woodpecker at a well-defined mauve spot on the trunk, and we wonder whether something is wrong with the tree there. Moreover, a firmly drawn black outlined figure is coming from the left lower corner, a touch of sun-ray colour in its body. With claw-like hand extended, it is striding towards the tree with the nest at its base.

Dominating the centre is a large, strange-looking animal with a horse-like head and what looks like a T-shaped muzzle – it is outlined in red and has a strongly marked red eye, a heavy body and short hind legs, with stretched-out tail, open-ended – as if emerging from the woods. It seems to be galloping on nothing leftwards towards the fruit tree. As to directions we note that the central and largest figure in the picture is turned towards the left, as are the rider on his horse and the Easter hare with his eggs. The black figure comes from the unknown, the dark, towards the right, and the woodpecker faces in the same direction, while the sun (– +) quadrant shines diagonally across the picture. So there is an open balance of forces, though slightly weighted towards the left.

Having studied the main contents of the four quadrants and the indications of the predominant directions, we are still puzzled by what the whole picture may express. So we try to get some further clarification from the *colour guide*. We look out for the same colours recurring on different objects as well as considering whether they are the natural ones.

We note that out of the 12 + 1 colours available, 8 + 1 are used, with ‘burning’ red and light green predominant. Except for the red of the cherries, the colourful Easter eggs and the rays of the sun, they seem to be out of context with the nature of the object.

Orange and dark green are used only once each, in the Easter eggs, which have the greatest number of colours – do they not carry the substance of future development?

On the ‘life side’, we are glad to note that there is healthy brown four times in the picture. It is very faint in the ‘forest’ trees; it is used in the outline of the tree (upper centre) with open base; in the trough that is empty and in the Easter hare that has neither paws nor ‘feet’; each time, unfortunately, the reflection of health in the colour is devalued by a negative aspect of the object on which it appears.

Light green is used six times. In the narrow edge of grass on the bottom of the picture, might it indicate a depleted basis of life, both physically and for the boy’s inner feeling? This observation is supported by the boundary line of the same colour in the plus-plus quadrant; together with the empty trough and the patch of green out of reach of the horse, could this mean that neither water nor grass, these basic nutrients, is readily available? The same light green is once more used for the unfilled leaves of the cherry tree and for the outline of its trunk (colour out of place). As we have mentioned before, this green appears in pictures of those who have come back into life with the aid of treatment or are leaving it; we wonder whether Peter has had a severe illness and is coming back into life, or, on the other hand, whether he is fading out of it.

Bright or ‘burning’ red is used seven times. In connection with other symptomatic pictorial signs, we have very often found that this particular shade of red is the somatic reflection of a consuming process. Thus, if we take the rider and horse in the top right enclosure (+ + quadrant) as an expression of the body state of the young painter, is he suffering from such a severe disease? And can we understand the composite not quite identifiable animal in the centre, that is outlined in the same red, as a threat in connection with his ill-

ness? Even though the colour may be appropriate for the cherries, we notice that their stalks are of the same red, decidedly out of place, and that most of the fruit clusters no longer obey the law of gravity; could they reflect disturbed cell development?

Yellow, found many times as the colour of the celestial bodies, is used not only in the sun and its rays but, surprisingly, also in the body of the black grabbing figure. How can they be interrelated? Mauve, a colour so often reflecting, somatically, a 'seized', as well as psychologically, a 'held' and supported, possessed or possessive state, appears nine times; a lighter shade in the central animal, its tail and the links of its collar, and the darker mauve in the line through these, in the mark on the stem of the tree near the woodpecker's beak, in the circle around the eggs, in the one that falls out of the Easter hare's bag and, finally, in the face of the sun. Considering the dark mauve line through the nine links of the animal's collar and taking their number as possibly related to the boy's age, can we tentatively ask whether his whole lifespan is in danger? The nine and a half pairs of cherries in his tree, hanging in great disorder on 'sick' stalks, reinforces this possibility. On the other hand, could the hare's losing the mauve egg be regarded as a good sign? Taking the tree as his Tree of Life, we ask whether the mauve spot on the trunk, attended to by the woodpecker with his capacity to trace the larvae invading the tree, could be an indication that there is an invisible process at work in the boy's own 'stem'?

As the last colour, we turn to black. The boy seems to have drawn in colour straight away without any prior pencilled outlines. Both in the woodpecker and in the dark figure, pencil is laid on so strongly as to produce black; are they both related to the 'dark' realm, the one fighting it on the tree, the other, a bearer of the dark realm himself?

If we now consider the picture as a whole, what does it express somatically?

- 1) Nearly all the objects are only outlined and their bodies not filled as in the other boy's painting. (Fig. 207)
- 2) From the predominance of the 'burning' red which so often appears in the wrong place, one might deduce that the young painter suffers from an acute, advanced stage of illness.
- 3) The motif of the woodpecker points to an unrecognised process.
- 4) The localized mauve zone in the 'stem' of the tree seems to indicate a specific area of disease in the spine of the boy.
- 5) As the woodpecker, the 'surgeon' of the woods, with his strong beak and his long tongue is so 'near the mauve' can we conclude that the boy's illness is receiving attention and treatment?

We will now turn to what the motifs may express on the psyche side. In order to do so, we shall have to try and feel what the situation as depicted means to the young painter.

- 1) Why does the Easter hare appear, and why out of season, in September (though this is the hunting season for game in Switzerland)? I checked that the hare was not at that time a group theme in the ward. Could it be that, from the depths of his being, this age-old image of death and rebirth has come up in this boy as a foreboding?

- 2) What may it signify that his eggs are threatened three times: (a) by the Easter hare losing one, b) by being encircled in their nest by a mauve line and c) most of all, by the threatening hand of the black figure – will they never be hatched?
- 3) And who, indeed, is this sinister figure? Coming from the furthest corner of the ‘dark quadrant’ to threaten the eggs, this token of further development, of growth – is he an image of death?
- 4) Compared with him, the woodpecker – could we say, an animal aspect of the healer – is much smaller in size. Will the dark one be stronger than the healing power? Considering at the same time that the Easter hare is much further away from his nest, the outcome of the struggle seems painfully evident.
- 5) We now turn to the human figure in the plus-plus quadrant of the here and now, which may show more clearly the boy’s inner situation in the present. Can we feel with Peter what it is like to be this rider on his horse in the enclosure, armless and without reins, unable to deal with the threatening animal in the centre, to tackle the grabbing black one from behind the tree, to stand by the hare and its endangered eggs? What anguish for a young boy’s heart and his dream of the knight to realise that he is incapable of helping the helpless, the wronged! Is this why the horse looks so sadly into the picture?
- 6) Finally, the sun with its mauve face; why has it eleven rays? Taking numbers as an expression of the principle of order – why eleven when the young painter is only nine and a half years old? Can it mean that he feels deep inside himself that the sun will destroy him in eleven units of time, or when ‘his number eleven’ is up? Or is it his eleventh hour? We hesitate to accept this pictorial statement as prognostically indicative.
- 7) If we look at the picture again, as if for the first time, what strikes us in particular? The ‘burning’ red, the colour most used and nearly everywhere in the wrong place – what does it mean to the boy? Danger? A threat to his life? An urgent problem in his soul? What must have happened to a boy of nine to experience the life-giving sun as threatening and destructive? Would this get us nearer to an answer to the ‘burning’ question in his mind?

In the last resort, the translator of such pictures can only ask himself whether, within this young being, there is something that ‘knows’ more than we can fathom.

If we enter our observations systematically into a table (see Chart at the end of the chapter), it will become apparent that this is the drawing not only of an ill child but of a severely ill one.

When I was first intensively studying this picture of Peter’s and not knowing anything about the child, I was often puzzled about the outer reality of the boy. Even after many years of research, I still prefer for the sake of scientific objectivity (and for my own sake, since I like to discover rather than be told) to ‘read’ and ‘translate’ such material without knowing the case history. Now, however, we will check our observation and findings against the available facts. (For further details of the case history, see Peter’s Story.) We remember that Peter had been a patient of the Neurosurgical Clinic when he was nine years and five months old. He painted this picture two weeks after he had been operated on for the removal of a malignant cerebellar tumour, a medulloblastoma with multiple metastasis, followed up by deep X-ray treatment of the cerebellar region. However, not

until a month after his drawing was it found necessary to irradiate the spine (the region indicated by the spot on the tree) prophylactically.

As to the meaning of his often unusual objects and shapes, and the comprehension of the picture as an expression of his total situation, we are in the rare position of having a few remarks by the boy himself, fortunately noted by HPW. For instance, Peter said: "This is the rider and his horse"; "That is a trough"; "This is the Easter hare"; and "There is the woodpecker and the nest". The central animal he first described as a horse, then as a pig. Knowing how very precise patients' comments can be – more even than they may realise – could we take this change of character in the animal as indicating a transition or transformation from the horse, the gallant animal side of the rider, into the pig which in his own picture series and that of other ill children, often appears as an animal, about to be slaughtered, a sacrificial one? Without the boy's comment or, on the other hand, further pictorial material from the same child (about five weeks later he drew a similar animal and said spontaneously: "This is the man-eater"), I would not have reached this conclusion, although I would have held in my memory this puzzling entity within the picture.

Of the strongly drawn black figure in the lower left corner (— — quadrant), Peter said: "He comes to steal the eggs", adding; "The sun will come down and will also take some." Do we have here an astounding explanation for the touch of the sun's yellow in the body of the grabbing figure? Will the stealer of life on the earth level relate the boy eventually to the celestial bodies, as the colour implies?

To have the essence of one's life, the eggs, threatened by the powers of earth and heaven – what an immensity for a boy of nine to experience!

After having assessed both pictures separately, we now put them next to each other and find that, apart from the woodpecker for which they were chosen, there are quite a few other points for direct comparison. In S.Z.'s picture, the peasant and his horse and waggon, with its sacks of seeds, though going to the left in the rhythm of their work, pursue their special tasks. In the same quadrant of Peter's picture, the rider and the horse in their enclosure are not inter-related, looking in different directions. In S.Z.'s drawing, each animal is clearly recognisable as what it is meant to be; in Peter's neither he nor we could identify the central animal. Whereas the colours of the young farmer's clothes reflect his healthy condition, in Peter's picture the red overrides the natural colour of man and animals. What a contrast between the rich green of the wood behind the farmhouse and the almost intangibly faint one behind the Easter hare!

Moreover, S.Z.'s trees have their trunks and branches filled in, though delicately, giving a sense of texture and substantial body; those of Peter are mere outlines, with colours mainly out of place. S.Z.'s life tree stands in the middle of the picture, with nine naturally shaped branches outstretched on either side; Peter's is placed in the minus-minus quadrant, fruit disarranged, the leaves barely indicated by light green and without stalks, suspended on nothing. On the main tree, in both pictures, sits a woodpecker, but only Peter's shows a definite mark. The nests, too, are different; in the one a fledgling is hatched and fed by its parent while the other nest is dangerously threatened.

If we now take the two pictures as expressions of the total personality, what do they reflect? S.Z. called his painting '*On the Edge of the Woods*' with the countryside opening up before him. Everything is coordinated, plant, animal and human life are in friendly relationship. The cows and water-lilies appear in pairs and the frog, the good-weather prophet, joins his companion with a vigorous leap. Woodpecker and stork are purposefully following their own tasks, and even the fox, the hunter, takes its natural place in the setting. The picture reflects the harmony of the young painter with his surrounding world, and the impression of the whole is that life feels good and spring is in the air. Although signs of damage are not entirely absent, we could conclude that this is the picture of a relatively healthy boy.

S.Z.'s drawing was taken from a newspaper competition for the best freely painted picture of school children, which we were permitted to use for purposes of research.

It was only after this chapter was completed and I wanted to check the findings, that this boy was traced and subsequently interviewed by Professor G. Weber. He had almost forgotten what he had drawn three years earlier. He gave the impression of being a 'good boy', friendly and likeable. Although he was twelve years old by now, his mother, to whom he seemed rather attached, arrived with him. Somatically, he had had an operation for tonsillitis before his sixth year – we wonder whether the five branches of the lopped tree and the slight bend of the two tall ones may be related to this experience. He suffered from German measles when about nine years old. Could this be why the woodpecker appears on his tree of life?

Peter, his fellow being, had at the same age already experienced a world full of danger and uncertainty. He had undoubtedly lost the early trust and security of childhood containedness. We called his picture '*The Devouring Sun and the Woodpecker*'. Diagnostically, as we saw, it shows the type of illness and its location, and prognostically a fatal outcome. The different motifs hardly reflect the painter's outer reality. Only the woodpecker is constructively related to the diseased spot he is attending to, whereas sun and thief seem to have joined forces in threatening to destroy life.

On the psyche side, these motifs are more like inner images thrown onto a screen, seemingly incoherent. Can we take them as an expression – profound and unconscious as it may be – of the boy's search for comprehension of what is happening to him? Then the picture reveals its meaning. Finally, his painting shows that 'it knows' within him, with almost awesome precision, the development of his illness and the span of his lifetime. We remember here that his sun had eleven rays: in fact, he died when he was eleven years old.

The Twins Micki and Manuele.

We have compared pictures of a healthy and an ill child who were completely unknown to each other. As we mentioned before, their pictures were chosen because of the woodpecker which they happened to have in common as a subject. We take as our second example pictures drawn by children who not only knew each other but were identical twin brothers, eight and a half years of age.

Fig. 209 Manuele, ♂, 8½ years, 'Cherry Harvest' and Fig. 210 Micki, ♂, 8½ years, 'Cherry Harvest'.

Though these two boys had chosen the common theme of the cherry harvest, they were in different places when the pictures were drawn (one of the pictures was painted in the Ki-Spi on April 11th, whereas the twin brother's picture was painted on April 30th at the family home, several hundred miles away). As by now we have learnt to read and evaluate pictures individually, we will not follow my systematic approach in studying each in full detail. Instead we will concentrate on a direct comparison between the two – put them next to each other and find out what is similar and what is different.

Although both boys have used about ten colours and drawn twenty or so main objects, the impressions of the two pictures are totally different; the only identical motif to be found in both is the cherry tree and the cherries. (Note: HPW's comment on the almost identical number of colours and objects was that this may have to do with their relationship as one-egg twins, though this is an area requiring further exploration.)

'Cherry Harvest', which in this part of Switzerland takes place in June, is a rather surprising choice of theme for the month of April (we could not verify which of the two brothers had the greater part in making this choice). Manuele develops the theme realistically in accordance with the season; he takes the theme indoors so to speak – is it too cold outside? Whereas Micki depicts an actual harvest time in an outdoor scene.

Both pictures have a considerable amount of the drawing sheet unfilled. Whereas in Manuele's home there may well be fitted carpets (this we were unable to verify), in Micki's picture the foreground would not be white in the ward, nor would we expect snow at the time of the cherry harvest.

About one-fifth of the total space is left empty-white. This includes the unfilled background area.

In neither picture are there any people. In Manuele's almost too ordered room, only the rocking horse seems to represent a living presence.

As to the use of words, Manuele signs his picture with his Christian name and the initial of his surname in pencil, as well as labelling the toy cupboard. He has also numbered the face of the clock and given the date, whereas Micki writes nothing, but comments with the words; "It is evening. All the people have gone home for supper". We can see in the top right of his picture the house where they may have gone – the place of the here and now.

And the chosen cherry theme? Manuele draws a range of variations of cherries: on the table a dish with cherries, some with stalks and green leaves and others loose; cherry jam and jelly in containers. There are cherries again in a basket on the sideboard, but we only see the cherry tree itself, with its red fruit and dark green leaves, to the right of the light green, spring-time tree where the outer world shines through a neatly curtained window in the top right hand corner (the quadrant of the here and now). In his picture all colours, carefully applied, are in the right place. The objects are where they belong and are prop-

erly filled in. It is a cultured room, well-furnished and tidy; there are flowers in a handsome ceramic vase, but the room is somehow barren and empty with no people and not even a chair to sit down on.

Though each child may paint what he thinks he wants to paint, he also conveys his feelings about his surrounding world and, on another level, there is something else of his total situation which somehow finds expression.

We ask now if there is anything which strikes us as odd in Manuele's picture; his rocking horse (in the lower left quadrant), with its red halter, which almost topples over with lively energy. It is strange in the painting of an eight year old boy. Was the red halter something to hold onto at a time when, as a younger child, life felt warm and good and the rocking horse was a favourite toy – and now has become his best friend? In beautiful surroundings, is this a healthy child but with no one to play with, not a soul around – where have the people gone? Is the child now as lonely as the room feels empty? If so, this would make the picture as a whole quite understandable.

Turning now to Micki's picture; we stumble over an almost irrational vitality; the cart before the tractor, so beautifully drawn with its vivid orange and red, still smoking with steam while the people have already left for their meal in the red house. Against an almost transparent wall, lightly drawn in brown, are grapes in our feared mauve colour. They are without branches, foliage or contact with ground or earth. A large empty vessel – to hold a rich harvest? – in the same brown as the steps, stands on the path. The cherry tree is almost centrally positioned. Can we take it as his Tree of Life? Drawn in lightly applied brown, it has no roots and it has empty leaves – yet it has a bird's house. The red cherries, white-centred and dropping on the right hand side, are turning mauve as they fall, and a bird, in vitriolic green – we think here of colour out of place – flies towards them. At the tree's furthest branch on the left, a limp white bird tries to feed from these white-centred, cell-shaped fruits. Could this be a leukaemic child (we remember here that *Leuko* in Greek means white), his soul bird in peril? Or is it the white of completion? And this ladder, leaning against the tree, so precariously balanced with only one end touching it – is it reflecting his endangered life situation? The rungs above the seventh are slipping – are they reflecting the onset of his illness? – we also remember his twin brother's vase containing seven flowers. His ladder ends with the tenth rung, faintly drawn in light brown, the motif being taken up strongly in the black ladder with ten rungs on the far right of the drawing sheet. Is this his ladder of Life? Are the rungs the years of it? Is his earthly existence to end in his tenth year, possibly, in June, at the time of the cherry harvest? Was it he who chose the theme for their picture? Is he the ill child?

Being struck by the whiteness of the bird, the white centres of the red cell-shaped cherries, the amount of empty white space in the front and in the background of this drawing, once more we ask, is he not just the ill child but a child suffering from leukaemia? Moreover, the colour mauve in the clusters of grapes against the wall and again in the falling cherries from the trees makes us wonder whether his illness is terminal.

This is the moment to find out from the hospital which child painted which picture and then check our findings with the case history. Most reassuringly, as we had carefully deduced, it was Micki who was the ill child. He was admitted to the KiSpi, diagnosed as suffering from acute lymphoblastic leukaemia, and remained under its care with remissions and relapses until he died during the fifth relapse, in June, in his tenth year. Manuele, then, as the evaluation of his picture led us to see, was the healthy child. We remember his almost 'deserted' picture; his brother's terminal illness had not only deprived him of his twin's company but also, understandably, drew so much care and attention from the surrounding world. Had this not left him utterly alone? Is this a call for help, though of a different kind?

The question is so often asked "can one discriminate between a healthy and an ill child's drawing?" We have tried to answer by evaluating two sets of pictures, one from the NC and another from the KiSpi and have shown that this question can indeed be answered.

Table 2: Healthy Child or Ill Child?

Short Table for evaluation and comparison of the two pictures.

A. Quantitative		S. Z.	P. M.	Difference in favour of:	
				S. Z. (healthy)	P. M. (ill)
1. Objects					
(a) Number	28	19	9	—	
(b) Filled in	28	2	26	—	
(c) Not filled in	0	17	—	17	
			35	17	
2. Colours					
(a) Number	13 + 1	8 + 1	5	—	
(b) In the right place	28	4	24	—	
(c) In the wrong place	0	15	—	15	
			29	15	
B. Qualitative		S. Z.		P. M.	
1. Colours					
(a) Predominant . .	green	+	red	—	
			mauve	—	
(b) Missing	mauve	+	light brown	+	
	light blue	+	dark green	—	
			dark blue	—	
2. Quadrants and motifs					
Plus-plus	farmhouse with woods and pathways	+	rider without arms, horse without rein	—	
	farmer in the field with horses and waggon	+	grass out of reach	—	
Plus-minus	cowshed and cows	+	trees, rootless, overshadowed, stunted	—	
	farm lad with heavy stick	+	Easter hare losing an egg	—	
	pond with water lilies and 'gay' frogs	+		—	
Centre and middle lines					
(horizontal)	stork	+	the 'dangerous' animal (horse or pig?)	—	
(vertical)	tree of life with woodpecker fledgling fed in the nest	+	floating tree without roots	—	
	fox with shining fur	+		—	
Minus-minus	well rooted trees, one strongly lopped	+	diseased area on tree	—	
		—	woodpecker at work	+	
			windswept cherries with red stalks	—	
			the unprotected nest	—	
			'thief' coming to steal the eggs	—	
Minus-plus	slightly bent fir tree	—	sun with mauve face	—	
	owl (bird that sees in the dark) with outstretched wings	+		—	
3. Main motifs					
(a) True to life? . .	realistic	+	predominantly irrational	—	
(b) Interrelated? . .	well	+	slightly	—	
4. Balance of the whole picture					
	good	+	poor	—	
(+ = healthy; — = ill)		17	2	2	18

CHAPTER 21

Recovering Children

After we have travelled bravely through the clinical part of our journey, studying the drawings of severely ill patients – I once said to our publisher that we should sell the book with a miniature bottle of whisky – we now turn to those who could be helped to recover.

It is in the nature of the material of this research that we have looked for and found forecasting signs, mostly in their negative aspect at critical moments of life. But encouragingly, we also found such implications of prognostic 'knowingness' in the drawings of recovering children.

For the sake of balance, we turn from what one may call the 'shadow side' of life to five picture-series of recovering children; three from the NC and two from the KiSpi. It can be easily understood that both hospitals could not be equally represented, bearing in mind how relatively new the diagnosis and possible treatment of leukaemia is. NC patients are admitted for a broad range of reasons; accidents, epileptic conditions, tumours, both of malignant and benign type, etc. Once diagnosed and treated with follow-up in the best of human and clinical circumstances, quite a few can be discharged as healed. In the KiSpi, however, our investigation was concentrated on children suffering from leukaemia only, so naturally our choice of examples there is much smaller.

We start with a series of three pictures by a boy admitted as an emergency case to the NC.

Fig. 211 Georg B., ♂, 13½ years, thrombosis of longitudinal sinus, NC, 'Church "climbing" up a Steep Hill'.

We see a steep mountain slope; on its crest (in the + – quadrant), a stone wall is shaded over, except for a small section on the right. In the centre is a 'double tree', the part below the hill-line fainter than above, with about thirteen branches (the patient's age). To its right is a church, which seems to drag itself upwards along the slope. Otherwise the right side of the picture is empty; there is no indication of sky, sun, moon or life of any kind. Does the disorder of the ridge and the emptiness of the church roof reflect a somatic condition? Does the empty window imply impaired vision? Clinically comprehended, it would indicate a process of overshadowing of consciousness, or deepening somnolence. Will the ruined brick wall hold? Will it prevent the tree, again taken as the *arbor vitae*, and the church, as a symbol of the self, from going 'over the top' into the void? Is this a prognostic forecast?

During a check-up, fourteen months after admission, the young man drew the two following pictures;

Fig. 212 'Built-up Wall with Opening and Pathway'.

The wall has grown in height and breadth; on both the old part and the new there are signs of life in the bushes and on the little tree at the crest. Three windows are added and there is a path leading to an open door, through which one can see to the other side. Prognostically, how encouraging!

Fig. 213 'Stork Family on Top of Chimney'.

A whole family of storks has built its nest on the roof (Dach) of the chimney; "new life grows from the ruins" (Schiller). The case history records "complete recovery". (See also 'Motif of the Bird')

Clinical details.

A thrombosis of the longitudinal sinus was diagnosed on emergency admission; the boy had been almost unconscious with increasing somnolence and lack of vision after severe influenza with high temperatures. Under intensive antibiotic, anti-coagulant and anti-epileptic treatment, the condition of the patient slowly improved. After ten weeks he was free from all symptoms and subjective complaints. He was discharged without any further chemotherapy and could go back to school without difficulties. The follow-up was highly satisfactory.

In the picture series of another boy of similar age, but with a quite different illness, we will again see a staggering development under the treatment of the NC. These pictures show in their sequence his vital enthusiasm for life.

Fig. 214 Werner, ♂, 13 years, haematoma, NC, 'Aeroplane taking off at high speed'.

This picture was painted before an operation. A jet aeroplane is taking off at full speed to the upper left quadrant, with mountain ranges and technical details pencilled in, over a pale green ground; there is a 'haematoma-red' area on the front of the plane near the cockpit (out of place). Years earlier, C.G. Jung had commented on this very colour in the haematoma-red windows of Trudi's house (Fig. 37).

In the subsequent operation, a post-traumatic subdural haematoma in the brain (60 g) was successfully extirpated.

Fig. 215 'Bolting Horse and Cowboys'.

Of the next picture Werner commented; "Two men try to hold on to the horse with all their might, though the ground is slippery". No doubt this boy is eager to keep his horse, taken as a pictorial expression of his life energy, and would be only too glad to have a third man come to the rescue (the outline of a human leg and foot to the right of the post). May we ask, with a twinkle in the eye, was it the neurosurgeon who operated on him and saved him? (HPW's comment)

When the young man came back a year later for his check-up, he tried to draw another aeroplane, but could not. On being shown his pre-operative picture, (Fig. 215) he said, “this is all wrong” and attempted to erase the red area. How right he was – there was no longer any haematoma to reflect itself!

Instead, he drew what one might call a young man’s romantic picture of a dragonfly over a lake, flying in from the left to the right towards a lotus or water-lily (towards the – + quadrant). Could we say, back into life? (Fig. 216) The case history reports that the boy recovered speedily and fully.

Following up the motif of the dragonfly, I found that in Japan there is a particular species of dragonfly called ‘Shoryo tombo’, the dragonfly of the dead. A dragonfly in Japan, like the butterfly in the West, is a soul symbol. The Shoryo tombo carries the august spirits of the ancestors to their families on their annual visit during the Bon Festival to support and revitalise the living.¹

In the first of Werner’s pictures we recognised the reflection of a life-threatening urgency. In the last picture, we see the dragonfly as a symbol of the soul returning into life.

We end this section on Recovering Children with the motif of the peacock, a sign of re-birth, which seems to be such an appropriate symbol for coming out of an illness. The pictures were drawings of an eleven year old girl, admitted as an emergency to the NC.

Fig. 62 Käti, ‘Overshadowed House and Tree’.

We have met Käti already in our sections ‘Colour Black’, ‘Motif of Birds’, ‘Motif of the Sun’ and ‘How to see the Organic Aspect’.

We see a well-kept comfortable, three-dimensional house; the carefully drawn details and a path leading through a courtyard to it, giving the impression of its being inhabited, although the chimney is smokeless and the roof and the crown of the tree on the right are overshadowed. The letter-box and the sun, with well marked rays, indicate a feeling of the present. Although all colours have seemingly gone out of the patient’s drawing, there is still a pencilled sun in the east.

Can we take this as relevant and prognostically encouraging? Does the picture reflect a temporary state of fainting, of unconsciousness?

¹ As I was putting the final touches to a lecture which included this picture for an international congress, at a dinner I found myself seated next to a Japanese professor, a specialist in cancer research who was to chair my seminar, and his young wife. I asked them whether they knew of any representation of this special dragonfly, the Shoryo tombo. They said; “No, because it was too sacred to be represented pictorially.” To my utter surprise, they mentioned that this particular dragonfly had blue and red wings – as we had seen in the picture of another boy on the way to recovery (not reproduced here).

Fig. 141 Käti, 'Colourful Peacock Returning into Life'.

In her next picture the young girl draws a beautifully coloured peacock with outspread tail, in its natural proud attitude. One of its orange feet walks forward whereas the other seems to be still slightly under the edge of the drawing paper. The colourful crest has seven blue quills, three others in pencil and a darker blue one towards the back of the head, making a total of eleven, the age of the girl. From the base of one of the quills a dark red stroke, technically not reproducible here, reaches almost into the white of the eye.

From our considerable experience in the evaluation of children's drawings made after an accident or fall, we deduce, in particular from the colour orange, the fine red stroke on the head and the three colourless feathers on the crest, that the girl probably had an accident, most likely a fall on the head, and that she is just recovering, possibly with slightly impaired vision.

If we put the two pictures side by side in the sequence in which they were drawn, then the peacock seems to come back into daylight from the overshadowed house with its life tree. Its 'sun-tail' links us up with the motif of the rising sun, its fan full of 'eyes', an image of the star-filled firmament. Since Antiquity the peacock has been known as a symbol of the sun and the birth of light.¹

In early Christian art it appears as a symbol of immortality – what a promise for this young girl! Prognostically, what made us especially hopeful was that the girl changed from using pencil only to using all colours and that the peacock entered a space of life drawn with very fine orange strokes. As it turned out, the girl recovered fully.

The case history reads: admitted as an emergency after a fall on her head on a stone floor with short loss of consciousness, uncoordinated movements of the right hand and the eye-ball. She was diagnosed as a slight commotio cerebri. With subjective post-traumatic symptoms (headache) she could be discharged home for two to three weeks bed-rest.

We turn now to the KiSpi and the leukaemic ward. As we said in the beginning of this chapter, we will describe pictures from two children of similar age and both being treated at almost the same time. The clinical details concerning Urs are to be found in Professor Hitzig's section 'Leukaemia in Childhood'.

Fig. 6 Urs, 'Spraying the Flower with Red Water' and Fig. 7 'Little Man carrying Red Water to the House'.

In the first picture, which we have evaluated before, he brought new life to his *arbor vitae* by spraying a large red flower with red water (after several blood transfusions) and his second picture tells us that the little man has recovered enough to bring a container from the controllable pump with red fluid (corpuscles) to the house with its smoking chimney.

¹ Handwörterbuch des deutschen Aberglaubens 6, 1568–70, Pfau; also C.G. Jung, *Visions Seminars, Lectures* Oct. 30–Nov. 5, 1930, Spring, Zürich, 1976.

So successful was the clinical treatment at the KiSpi (injections, infusions, oral drugs and radiotherapy) that when Professor Hitzig saw him eight years later on a check-up visit he had started an apprenticeship with an ironmonger. He brought with him a drawing showing a plant in a pot, shaded black and white. (Fig. 217) It has eight leaves and a new shoot on top. There is a cut in the supporting stick near the eighth leaf, possibly reflecting his serious, almost 'life-cutting' condition on admission. In spite of the severity of his illness, he has grown into a self-confident and efficient young man with the help of the hospital treatment. (See also 'On the Many Colours of Water')

Now we come to the second series of a leukaemic child.

From his many drawings we have chosen here three pictures with his favourite theme, a boat, together with a photograph of his model ship. In the first picture we recognised his life-endangered condition reflected and in the drawing of the model boat, we saw him recovering and participating in the three-dimensional world.

Fig. 218 Marcel, ♂, 6 years, acute lymphoblastic leukaemia, KiSpi, 'Mauve Boat on Deep Blue Waves'.

The first picture shows a mauve boat with mauve masts whose tops are almost broken off. This is a colour we have learned to regard with apprehension (See 'Colour Mauve'). From an otherwise flat, deep blue sea the crest of a powerful wave lifts the boat into a breathtakingly precarious position. Does it reflect a 'touch and go' situation? The wind seems to blow from the right to the left. On the other hand, the sails are in a 'good' brown and the golden yellow sun, though thinly coloured and with many scattered rays, is in the eastern position.

Figs. 156 'Brown Boat with Black Tau Sign Masts'.

In the second picture, the boat is lightly drawn in brown on a mauve base (the sea?) The wind seems to blow from west to east and the sun, in a more solid gold colour, without the scattered rays, is placed further towards the west. Most arresting, however, are the two black masts, each with a black cross bar at the top. Are they on the somatic side a reflection of the total radiation, being burned out with a thousand R units prior to a bone-marrow transplant? Or are they on the psyche-spiritual side the reflection of the sign of God's ownership, the Tau, though in the darkest aspect? To me, the sign of the letter Tau (See 'Letter Tau') be it ever so bleak, had contained the possibility of a positive outcome; as with the Passover story where it is said, "I will pass over you and shall not destroy you".

In the still hazardous decision of whether or not to perform a bone-marrow transplant as a last hope to save the child's life, this would give me personally the courage to say "yes, go ahead".

Fig. 108 'Golden Boat with Rainbow and Tau Sign Mast'.

In the next picture we note with relief a positive result of the bone-marrow transplant operation. The brown boat has changed into a lightly drawn golden one. It has four port-holes (a number of wholeness) and an anchor which reminds us of Poseidon's trident. The boy's comment was that "there is a whale on the left and a shark on the right" – to us it looked more like a dolphin. The ship has three main sails and the wind is coming from the east, the positive side of the four quadrants. There are two main masts in good earth brown and a smaller mast still with a deep mauve sail stands above the whale. Both main masts have ladders to lead up to the cross bars and the one on the right carries a look-out post with, possibly, a person on it – to watch? This would somehow link up with the protective railing round the deck. Is it possible that deep down in the young patient's mind, the protection for his life has moved from the cross bar of the Tau sign to humans, the skill of the physicians and the care of the hospital? The picture is framed below by a calm, deep blue sea and above by the lighter blue horizon. Overhead is the golden sun, more solidly coloured and with eight rays, six below the horizon (his age when the illness struck) and two above it (adding up to his age when he drew the picture).

Though it has been raining (the child's comment), there is a tiny rainbow on the left, another sign of peace between God and man (See 'Motif of the Rainbow'), prognostically very reassuring.

What so struck me was that, in a picture series of a severely ill child of our time, motifs should appear spontaneously from both Hebrew and Greek mythology. The Tau sign in black, reflecting the 'dark side' of the deity, changing, can we say, to hand over to man, the watchful helper at the top of the mast. And then, that because of the lightly scattered raindrops, a rainbow, though small, should appear, the visible sign of God's covenant not to destroy man in his sinfulness.

Looking now at the boats as a whole, first on the crest of a huge wave (Fig. 218), it links up with the later picture (Fig. 108) containing the trident, whale and dolphin associated with Poseidon. This ruler of the oceans was on the one hand the destroyer of seafarers and on the other, their saviour in dire dangers. The two pictures together contain both signs of Poseidon's destructive as well as his saving qualities. In a full evaluation of a picture there would be other pictorial signs to be considered. Needless to say, there are some which up to now I cannot myself 'translate'.

Fig. 219 'Model Boat'.

The last picture makes it almost self-evident how well the hospital treatment has helped the child at the time to recover. Taken ill at three years old, Marcel is now nineteen. Meanwhile, the side-effects of the bone marrow transplant and medication are showing – we must not forget that the Tau signs of his first boat pictures were black. We look now at the photograph of a three-dimensional model boat. It so happened that the actual model boat arrived at Professor Hitzig's consulting room in Zurich just when I arrived from London to check on my evaluation of the boy's pictures against the case history – what a

coincidence! After his discharge, Marcel and his father had constructed this ship together and had sent it to Professor Hitzig as a token of gratitude.

Pictures like these may help to keep courage and hope alive in the hearts and minds of all of us who have so often to deal with terminally ill patients, especially children, for whose illness there has hitherto been no lasting cure. It is not only the physicians, the nurses and all those who care for these children, who must withstand the strain and challenge, but also those of us who have devoted ourselves to the study of spontaneous pictures.

With the support gained from insight into such pictorial material, we may be better able to stand by the terminally ill child and help him to fulfill the small circle of his life. The recovering child, too, can be helped 'in the turning of the spiral' to come back into life and join us, the living ones.

CHAPTER 22

On Forecasting Signs and the Phenomenon of Inner Knowingness – Inside and Outside Hospital

On our 'Journey of Discovery' through this book, we have studied and evaluated together some two hundred pictures. We discovered, apart from the significance of the contents, an ordering principle which embraces the organic-somatic as well as the spiritual-psyche side of the human being. It may well be that what I have called 'Inner Knowingness' emanating from it constellates the forecasting dimension.

We have 'read' and 'translated' most of the following drawings before from different points of view. As previously mentioned, material from such depths can be many-sided and rich, reflecting so many aspects of the total person. Here we will concentrate on the forecasting element and the aspect of inner knowingness. Quite a few of us may have heard of, or experienced, warning dreams which, if obeyed, prevented disastrous events (See 'How to See the Organic Aspect' – 'A Dream Obeyed'). The realisation that such dreams come from the deeper layers of man's mind may help us to stand the awe we feel before this pictorial material.

From our material I have chosen twenty pictures containing as few objects as possible, which seem to be easiest to 'read' and 'translate'. They range from a forecast of a few hours to several years. In eleven of the pictures, the forecasting element is countable in numbers, say, of sun rays, rungs of steps, flowers, etc. In nine pictures, the forecasting element is recognisable mainly by the choice of the imagery and the time-span between the drawing and the vital event.

Bearing in mind that it is easier to count objects than to 'recognise' motifs, we apply this distinction to the structure of this chapter. The order of presentation will consider the significance of number, then motifs, and if both are contained in the same picture, then both are followed up. We start with dying children's drawings followed by recovering ones and finally we go to pictorial material from the wider world.

I dearly hope these examples will help the readers and students of this book to see for themselves the reality of inner knowingness and forecasting signs.

Fig. 91 Richard, 'Three Puffs'.

We have evaluated Richard's picture twice before; in 'One Colour Only' and in 'How to See the Organic Aspect'. We remember that the three puffs of smoke above the derailed engine may well be connected to the onset of his illness and that they also coincide with the birth of his brother. His present condition is reflected in his locomotive, all in red, off the rails. We related the eight sleepers in the track to his life-time, as he drew this picture shortly before his death, making a total pictorial statement of his whole life. He died at the age of eight years.

Fig. 16 Priska, 'Mushroom House'.

Priska's last picture, the pencilled 'Mushroom House', with its ten outlined spots, made it almost obvious that ten units of time – years? – might well be her span of life. Through her picture story runs a knowingness, an undoubted directness, which guided her, both somatically and psychospiritually, from beginning to end of her terminal illness towards the ultimate outcome of her short journey through life. She died six weeks later in her tenth year.

Fig. 30 Marina, 'Monöggeli'.

This picture has been chosen already to point out the importance of; 'Noting and Counting Objects' and the role of a picture 'As a Bridge in the Relationship between the Doctor, the Patient and his Family'.

Here again we concentrate on its forecasting signs. The figure seven repeats itself in the flowers, the birds, and the number of fingers (three on one hand and four on the other). The little girl said that all of the seven birds fly to heaven "but the smallest will get there first" – she was seven years old, the youngest in the family. Admitted to hospital fatally ill, she died, apparently contentedly, seven days after she had drawn the picture, a forecast of seven days.

Fig. 95 Meinrade, 'The Lindt Wrapper'.

We have already seen this picture in relation to 'The Difference between an Original Illustration and a Patient's Copy' and 'Motif of the Ladder'.

Here we evaluate the young woman's drawing for its forecasting implications. As pointed out before, the original Lindt wrapper from which she copied has twelve rungs leading up to the tree. In her picture, there are only eight. We wonder why? We ask ourselves what has happened or what might happen to the last four which she did not copy from the original; are they missing or hidden in the apricot tree? Being a nun, is she, in her way, looking forward to going to Heaven to marry her bridegroom, Christ? Is it that already she has reached her destination? I wondered, at the time when studying her picture, whether it might take her another four units of time to reach the end of her earthly existence. We learn from the case history that she died four months later; a pictorial forecast of a third of a year.

Fig. 28 Lisbeth, 'Jumping Jack'.

We have studied this picture before under 'Recurring Numbers', 'Quadrants', 'How to See the Organic Aspect', and 'Motif of the Sun'.

If we relate it now to the forecasting signs, we find an answer to the recurrence of the number three which, as we remember, is repeated four times.

Prognostically, it is indicating the units of time left to the young patient's life. Deeply impressed, we find in the case history that she died three months after she had drawn this picture, a forecast of three months.

Fig. 31 Sonja, ♀, 5 years, leukaemia, KiSpi, 'Birthday Cake'.

This little girl selected a birthday cake pattern from different cardboard cut-outs to be embroidered in wool. She used gold for three of the candles which we understood as the golden years of her life; the red candles seem to stand for the two years of her illness, leukaemia. Taking the candles as years of life and noting the sixth candle, in the middle, outlined with black wool – though with a golden flame – we ask ourselves what may happen in her sixth year; she never reached it, but died just before. The exact date of the embroidery was not verifiable. This embroidered picture was brought to her physician with the message that the little girl had just died.

In the following group of seven pictures by dying people, we will, as we have said, concentrate on motifs and imagery in relation to the phenomenon of forecasting signs. In some of them we will also find indicative numbers.

Fig. 37 Trudi, 'House and Tree'.

We have seen this picture earlier in 'Initials', 'On the Use of Colour', 'Motif of House and Tree' and 'How to See the Organic Aspect'.

We remember that this little girl drew the picture *before* a haematoma was operated on (we recall the characteristic brown-red in the windows); she was discharged symptom-free and with a normal neuro-status after six days. But half a year later, she had to be readmitted suffering from severe disturbances and in a second operation a malignant tumour (ependymoma) was removed. With bewilderment, we remember that the tumour also was already reflected in the overhanging, burning red roof of her house, taken as the body aspect, in her picture drawn some six months earlier. Moreover, *prognostically*, we were very concerned by the motif of her life-tree with its gnawed-off crown and the rodent, which we understood to reflect her relentless illness, about to sever the tenth branch. She died of a recurrence of the tumour in her tenth year; a pictorial forecast of three quarters of a year.

Fig. 169 F.T., 'Octopus Tree'.

We remember here F. T.'s picture where the motif of the tree with its octopus on the bare branches reflected the seat and the type of her devouring illness, an unrecognised carcinoma of the abdomen fifteen months before diagnosis (See 'Table of Different Images reflected in various Types of Illnesses' and the chapter on 'Prevention')

Fig. 17 Lisbeth, 'Apple Harvest in May'.

We have studied this picture in connection with: 'Compare with the surrounding world', 'Recurring Numbers' and 'Motif of the Sun'.

Now we will look for the forecasting signs. We recall that the picture was painted in May; its falling fruit and transparent basket overflowing with apples made us already wonder if there would be an early harvest of the girl's life. The number eight is repeated several times; the apples in the basket, the sun's rays and the tufts of grass. She drew the picture on the 26th of May and died on December 17th of the same year, so prognostically, this is a pictorial forecast of seven and a half months.

Fig. 22 Walter H., 'Early Harvest'.

This boy of the same age as Lisbeth also drew fruit falling from a tree in April, again out of season. He suffered from a different type of illness, a malignant tumour of the brain (pinealoma), whereas Lisbeth was a leukaemic child and was treated in a different hospital. Once more, the two children had never met. Again we are alerted and wonder why the 'harvest' drawn in April should come so early in his life.

Remembering the scientific necessity for three to four pictorial signs to be traced before a tentative conclusion may be drawn, we look at this picture again. As we have seen in our section 'Motif of the Bird', the tap is running – the water of life running out; the bird – his soul bird? – is flying to the left, leaving the empty house with its windows in the feared 'tumour-red' and what the boy described as a dovecote on the roof which has the shape of his malignant tumour. In short, there are four indications that his life would come to an early end, as it did.

In our context here, we draw special attention to two more direct forecasting signs; there are seven apples already on the thin strip of grass – he was seven years old when taken ill – and five apples are suspended in mid-air, a pictorial forecast of five months before a fatal prognosis was clinically diagnosed.

Fig. 220 Ulrich, ♂, 6 years, healthy child, 'Telephone Box with Crushed Bicycle'.

A healthy six year old German boy painted this picture for a road-safety competition. After finishing, in handing it to his teacher, he 'accidentally' ripped it on his desk and burst into tears; the friendly teacher consoled him, taping it together on the back. On the next day, when the first prize was awarded to his drawing, the boy was thrown from his bicycle as he turned around to look for his schoolfriend and rode unaware into the path of a fast-moving car. The driver of the car called the police (666) and the Red Cross (420) from the nearby telephone box as the boy had depicted. He died on the way to the hospital. We remember that this picture was painted *one day before* this terrible accident.

Fig. 221 'Photograph of the Road Junction'.

Fig. 222 Irene, ♀, 6 years, healthy child, 'Irene and the Angels'.

This picture was painted on the day of the child's death. Irene, a healthy six-year old girl, drew five figures with wings, never having drawn winged beings before. By a stretcher-like shape on which a person – a child? – is lying, two figures are kneeling, one on each side, reaching out their hands towards it. Do we have here the motif of the angel? On the right is an empty, falling shape. Only a few hours after making the drawing, the little girl fell from her father's tractor when it braked abruptly at a crossroads and she was crushed to death by the heavy vehicle. What an awesome forecast!¹

Fig. 227 'Adrian's Last Picture'.

We have met Adrian's last picture several times before, having looked at it in the chapter 'On the Use of Colour' for the absence of colour, and in the chapter on 'Changes in the Same Motif' where we concentrated on its prognostic aspects in the decision about a possible bone marrow transplant operation as a last chance to save his life, and finally, when we saw that a picture can become a bridge between the professional helper, the patient and his family. Here we shall concentrate on signs of inner knowingness and of forecasting implicit in the drawing.

We have learned that what is in the centre of a picture may be of special significance and here the seven rays almost fill it, as if emanating from God above, but do not quite reach the patient's isolation tent. The boy died seven days later of an acute infection. What a precise forecast! – We will end with his own words: "I always wanted to be an angel and be with God".

We are granted in Adrian's picture, in Irene's (Fig. 222) and in Meinrade's (Fig. 95) an insight into the inner worlds of two children and an adult which show that a serious illness, fatal accidents and physical death are not always felt as the end of our life's journey.

It is in the nature of the material of this research that we have found forecasting signs mostly in their negative aspect, in severe illness and at critical moments of life. Encouragingly, in the chapter on Recovering Children, however, we have seen premonitory signs in their positive significance. There we found Georg B.'s picture with the image of a stork family on top of his house, recovering from a severe illness (Fig. 213) and Urs's life rescued by the red water which revives his large, red flower, his *arbor vitae* (Fig. 6). We also think here of Marcel's rainbow over his struggling boat with its 'Tau' sign mast (Fig. 108) as well as of Snow White and the Seven Dwarfs reminding us of the life-restoring erythrocytes. (See 'Motif of the Gnome' Fig. 63) We add here Beat's and Vreni's pictorial forecasts.

¹ I want to thank the Rev. Schallberger of Berne for sending me this picture. He wondered whether the curved lines at the sides of the picture might indicate the fatal crossroads, whereas HPW understood them as "the curtain rising".

Fig. 70 Beat, 'Sunrise or Sunset?'.

Once again, we have met this picture before when we pointed out the importance of the central position. (See 'Quadrants') We remember the setting or rising sun in the picture reflecting a tumour located during the operation between the two optical nerves (hill sides) and the chiasma opticum; perhaps even more amazing is the fact that this type of growth can be found in four different locations (See diagram Fig. 71). But, almost unbelievably, its position and colour corresponded precisely to that of the red–yellow sunball in the boy's picture. Diagnostically, this spontaneous painting reflects exactly the clinical condition. But most staggering perhaps is the fact that the position of the tumour was 'known' and pictorially forecast in the painting one day *before* its location during the operation.

Fig. 97 Vreni, 'House and Parrot'.

We have seen this picture in our chapters; 'How to see the Organic Aspect', 'Motif of the Sun' and 'Motif of the Bird'.

We recall that the girl had taken HPW's mural as a starting point for her drawing. In our greater awareness of forecasting signs and inner knowingness, we find that her 'yesterday' is reflected in the seven rays of the sun in its western position which corresponds to her age at the onset of illness. Her age and state of health on admission in the here and now, is recognisable in the eight windows, each with a pot of flowers. Clinically, the young patient's growth was arrested after her seventh year – seven sun rays – owing to a tumour of the brain (intracellular craniopharyngeoma). As a result of the operation, she grew five cm in three months. Can we take it that the shuttered windows may be opened in the near future?

The differences between her picture and the mural are significant and encouraging, as we read in our chapter on birds. We will repeat some of them here in relation to forecasting signs: the added house with its burning red roof into which a parrot's tail reaches, reflecting pictorially the very cause of her illness. It is placed in the right lower corner, so often the space in a picture reflecting events to come;
the dangerous snail is moved from up in the tree to down on the grass;
the shy squirrel cracks its nut on the ground with confidence; and finally
the dove brings its olive branch of peace even into the darkness of the lower left corner.

Parallel from the Arts: Fig. 223 Picasso (1881–1973), 'Little Girl with a Dove'.

All these changes reflect the patient's good recovery and general development from the past, to the present, into the future. The picture was painted the day before the operation; what an astounding 'knowingness' shines through it.

We now come to the strange observation which shook me when I first noticed it, that forecasting signs are not only found in the spontaneous material of seriously ill patients

(children and adults), but also outside the hospital. We think here of 'The Furnaceman' fully described in our section 'Prevention', which contained the forecast of H.K.'s disastrous action.

Even more surprisingly perhaps, we find in the works of artists that apart from their somatic and psychological conditions, forecasting signs are also contained. As our first example, we describe van Gogh's copy of Millet's 'Sower'.

Fig. 224 Vincent van Gogh (1853–1890), 'The Sower'.

J.F. Millet (1814–75) painted his sower in 1850 (Fig. 225) and van Gogh his copy in 1889 or 1890. Whereas Millet's colours are radiant with life – rich brown, blue, golden yellow – van Gogh's are fading blue and brown. Both figures stride out from the left to the right, but in van Gogh's picture, alas, the wind blows the seed out of his hand and carries it behind him. We note with deep concern that the grass, too, is bent to the left, even under his feet – so that the wind blows against him. Whereas Millet lived on another twenty-five years after painting his picture in 1850, van Gogh, soon after having finished his 'copy', shot himself in 1890. He never saw his harvest. (See also 'Motif of the Bird'.)

We bring now the experience of an artist still in our midst, which shows the existence of premonitory signs in works of art.

Fig. 226 E.D. ♂, born 1917, Switzerland, 'An Artist's Picture'.

Mr. E. D. had met our HPW when studying at the 'Kunstgewerbeschule' (the college of arts and crafts) in Zurich. They kept in touch and this is how he knew of our work at the NC.

As an Artist-craftsman he has done some beautiful work for me. At a professional meeting he brought along this picture and told me the following story:

One day in June he came home and thought "I will make a composition in blue and red-orange". When he had finished and looked at it, he suddenly had to think of "our Mrs. Bach". Here I interrupted him and asked "Why?" He answered: "Oh well, she works with pictures like this one, doesn't she? Is it that I have a growth inside myself?" Then he wanted me to put the picture across my middle – an idea from which I shrank – but I gave it back to him and said: "It is your picture – though you can give it to us as a present – hold it across your body", which he did. He almost flinched and then he said: "Yes, there it is, here on the left."

It was not until the 5th November that he had the first symptoms, diarrhoea and blood in the stool; a malignant growth was diagnosed on the 19th December. Deep X-ray therapy was started straight away, 2 R from the back and then 76 R from either side. He went to hospital on March 6th in preparation for an operation and after routine tests and computer tomography he had surgery on the 9th. A carcinoma of the colon was found, just in

the area he had pointed out when he held his painting across his body, and a colostomy performed.

After one month in hospital he was discharged and had to go back for three-monthly check-ups. He recovered slowly but has felt well ever since.

We recall that he painted this picture five months before the first symptoms and six months before diagnosis – a clear forecast of half a year.

Fig. 138 Giovanni Segantini (1858–1899) 'La Morte'.

We have met this picture previously in 'Motif of Birds' and 'Decoding Seemingly Incomprehensible Material'.

We know that Segantini went to the Schafsberg in Pontresina, Switzerland, to finish the last picture of his triptych 'La Morte'. Here we look at it as containing signs of inner knowingness and of forecasting.

The large cloud bird – which we took as the soul bird – is turned to the left with the beak already reaching beyond the edge of the canvas towards the west (the side of the setting sun). Almost correspondingly, on the vast stretch of snow-covered earth is an empty sleigh and a horse. Some figures clad in black are outside the house, as if waiting. For what? Within a week after finishing his painting, the artist died there unexpectedly of peritonitis, a forecast of approximately one week.

Fig. 164 Sculpture by Fritz von Graevenitz, 1892–1959, 'Angel of Justice'.

Another example of forecasting signs in the works of artists comes from von Graevenitz' last great sculpture at the Stiftskirche in Stuttgart. He worked on it for almost a year and completed it in 1958. We note in particular the malformation of the angel's right eye, reflecting and forecasting a decisive event. Just after he had finished this work, the sight of the artist's right eye failed. Moreover, we note that the angel's trumpet is not yet touching his lips. He was not quite called to his 'last judgement'. Von Graevenitz died in peace less than a year later.

Fig. 165 Photograph of the artist; his damaged eye is reflected in the eye of the sculpture.

Here, then, we have in a sculpture a forecast of the somatic condition and even of the lifetime; a forecast of almost one year.

Fig. 104 C.G. Jung, 'The Gnome as Telesphoros'.

Our next example of 'inner knowingness' as a parallel to the pictures of seriously ill children is a carving by C.G. Jung. We remember from our section 'Motif of the Gnome' that he worked on this stone, which was of special significance to him, at his 'hide-out' in Bollingen, Switzerland, in 1950, in commemoration of his seventy-fifth birthday. We recollect that the nine steps and two step-like coils of his earth snake in his life circle, leading

to what he called “a kind of Kabir, or the Telesphoros of Aesculapius” – an inner guide – add up to eleven altogether. He chiselled into the stone some Greek words that came to him while carving: “He points the way to the gates of the sun and the land of dreams” (Homer, *Odyssey*, book 24, verse 12.) It is almost breathtaking to realise that Jung died eleven years later; a forecast of eleven years.

What are *we*, then, going to learn from the study of these pictures – we, who are neither patients nor knowingly ill?

The material included in this book represents but a small part of the thousands of pictures we have collected and studied over many years. Among them, there is hardly a picture that does not contain forecasting signs of an arresting precision (whether for good or for ill), reflecting what I have called ‘inner knowingness’.

In the biological realm, we have come to accept instincts as ordering factors, and as early as 1919, Jung drew a parallel between the instinctive order of organic life and the structuring factors of man’s mind, which he called the archetypes. Do the forecasting signs of our pictorial material not prompt us, indeed even compel us, whether we like it or not, against our one-sided causal thinking, to acknowledge, to respect and to honour an ordering principle which embraces both the organic and the spiritual psyche sides of human beings?

From the beginnings of this research, I had been struck by the observation that a child’s picture will, even when drawn many years later, reflect the onset of his illness in the past, as well as mirror the child’s somatic and psychological condition in the present.¹ But how can it be that future developments are also depicted, weeks, months, or even years ahead? One might argue that, when a child suffers from a hitherto incurable disease, the clinician can ascertain the onset of the illness at the age of, say, three or four years. But how can one grasp, let alone accept the precision with which future events have been pictorially forecast?

Pictures drawn spontaneously by children for their own pleasure or pastime without a given aim or theme, without any ascertainable outer influence (for instance, not an apperception test) contain these signs. Whatever our convictions, religious or otherwise, whatever our background, here are these ‘statements’, these forecasting signs, emerging spontaneously from the depths of the human mind. Taken as pictorial messages, they could guide the professional helper when all clinically available means are exhausted, to care for a patient in a different way. That means not to distract the child on its way to death, but to help it to fulfil its life circle as fully as is humanly possible.

When we look at Adrian’s last picture (Fig. 227) we remember that he had a practising Roman Catholic mother and thus was brought up within the supporting frame of a conventional religion. When admitted to hospital two and a half years before, the boy said to the psychiatrist-analyst that he had always wanted to be an angel and be with God. But

¹ See ‘How to See the Organic Aspect’.

how is it that the seven rays in his last picture reaching from God the Father down to his isolation tent should happen to coincide with the seven days after which he died, and that he, in his deep conviction, could go to heaven?

Since Jung's rediscovery of the basic ground on which we stand, the age-old images of man – Burckhardt's '*Urbilder*', the archetypes, for Plato, "the place above the heavens and beyond the stars", man's horizon – his comprehension of himself and of the universe has been widened. I feel we should pay special tribute also to man, whether physicians, scientists, artists or ourselves, not only for being able to become conscious of, to recognise such phenomena, but also for taking on the enormous challenge they represent. Inner knowingness has been lived with for untold centuries and not only by so-called 'primitive' peoples. To say 'they know intuitively' does not do justice to the way they conceive of such powers – in the language of the Bushmen, they hear theappings inside themselves, and the Old Testament speaks of the 'still, small voice within'.

But modern man, in our technologically oriented world, cannot just believe but needs to know. For him to apply this unique gift called consciousness, or is it 'knowingness', is a necessity; he needs to comprehend afresh, as if for the first time, to discover the yet unknown which then can become knowable.

As for myself, the study of this material has been an almost overwhelming evidence of what may be called God. Goethe's words come to mind:

"In unsers Busen Reine wogt ein Streben
Sich einem Hoehern, Reinern, Unbekannten
Aus Dankbarkeit freiwillig hinzugeben,
Enträtselnd sich dem ewig ungenannten;
Wir heissen's; fromm sein."

Marienbader Elegie, 1823.

In the innermost depths of our hearts there
dwells an urge to give ourselves freely, in
gratitude to something higher, purer,
unknown, revealing ourselves to the eternally
Unnamed: this we call utter devotion.

So naturally, the question arises, what then beyond the clinical, psychological and human understanding has the study of this material given to *us*? If there is such 'knowingness' manifest in the pictures of patients, as well as outside the hospital setting at critical moments of life, can we dare to accept that we ordinary people may also be included in an invisible aura of 'knowingness'? In any case, we might start to look for it.

CHAPTER 23

The Image of the Ellipse as a System of Relationships

When I came to the end of pondering about this book, an almost life-long wish came to my mind – to write about the ellipse. It had attracted, almost called me, since my early interest in mathematics and astronomy. Now, being so deeply concerned with the psyche-soma relationship through decades of studying these pictures, the image of the ellipse came to me as a possible answer to the difficult question of the relationship of the person to his body and his soul, his inner and his outer life.

The comprehension of the circle, this age-old symbol of wholeness, with its centre, a numinous centre, and its wonderful quality of having each point of the periphery at equal distance, the radius, linked up with the centre, is unique.

However, it seems to be essential for man to conceive of wholeness in a way which includes the vital component of relationship. The symbol of the ellipse, with its mathematical orderedness, offers a helpful answer. If we look at Diagram on page 189, geometrically the ellipse is a closed curved line (conical section) containing two crossed lines at right angles, with two focal points, F1 and F2, which are connected to a third point, P, by lines of differing lengths, m and n, their sums being constant.

The two focal points of the ellipse, as compared with the one centre of the circle, may be thought of as the seats of complementary or opposite powers, for instance the dynamic realities of psyche and soma, light and dark, right and left, inner and outer, male and female, I and you, good and evil, active and passive, Yin and Yang, body and mind, life and death, the Above and the Below; in short, the relationship between Man and his God.

Following the approach used throughout this book, that is observing the ellipse as if it were a spontaneous drawing, humanising its mathematical form and taking P as representing the person, its position on the orbit, on the holding curve of the ellipse, would then reflect the connectedness between the fundamental realities which F1 and F2 represent. We could take it as an expression of the life situation of an individual person, the sum total of m and n representing, can we say his full, dynamic life energy. It could also be comprehended as the state of harmony or disharmony between the opposing or complementary powers in an individual life at any given time. Putting in our minds psyche and soma into the places of F1 and F2 and the point P, the person, on the minor axis, equidistant to both foci, then m and n would be equal and the person in harmony. Relating them to Life and Death, psyche and soma would be going hand-in-hand, as I have shown in the chapter 'On The Relationships between Psyche and Soma'.

However, F2 holding the body energy, with life coming to its end, n would finally stretch towards the left and reach F1, the symbolic seat of psyche. If we put in our minds the powers of light and dark, of life and death, into the two focal points, it would be of decisive importance which of the two would be in the lead. This would determine the way in

which a person can die or recover; in harmony related to God or in the grip of fear experiencing the power of darkness which is often called the Devil.

This brings us back to our practical work in the hospital wards and elsewhere. We take as examples the drawings of two children we have met many times in this book; Peter and Priska, and their relationship to Saint Nicholas, whom we may take as an archetypal image of God, as a foe or a friend

Fig. 77 Peter 'St. Nicholas and the Defecating Animal' and Fig. 176 Priska 'Priska and St. Nicholas in Step'.

We have seen Peter's Saint, with his mauve shepherd's crook, dragging the resisting animal (tumour-red line encircling its empty body) defecating in fear, to the left. We know that Peter finally dies in his desperate struggle, almost completely disintegrated, but we also remember here his last picture, the bird with the gold-tipped wing, which we hoped would reach the land of peace after all.

However, this leads us to the question of where the conflict and struggle of the boy become recognisable in his pictures. If we take Fig. 202 and 203 where his patron saint, St. Nicholas, turns into a punishing power, we may reach over the spiral of his memory nearer to the sources of his rankling feeling of disobedience and unforgivable guilt. Hopefully, this may then widen our understanding and convey to him a change in his deep apprehension of illness and death as a punishment.

Beyond this, is it possible that Peter's so negative relationship to Saint Nicholas, the guide of the soul, brings with it the awful struggle of his pained body to die?

Looking at the picture together with the child, one could almost talk to Saint Nicholas. Although it would not stop or undo the physical illness, it might reduce the haunting in his soul and humanise St. Nicholas with his almost super-human power.

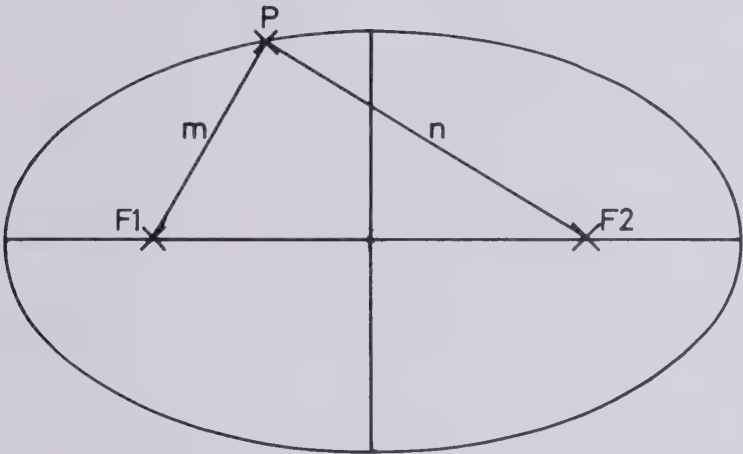
Priska, on the other hand, follows St. Nicholas with a golden crook and his servant, Schmutzli, from whose sack she naughtily pinches a tangerine – all walking in step to the right towards the holy tree of Aesculapius' sanctuary. Can we also venture to grasp that Priska who is so positively related to the Saint, can die contentedly?

How has the image of the ellipse helped me to do this often heartbreaking work over so many years? It has given psyche and soma, life and death, good and evil, an undoubted place (the focal points F1 and F2) and I can comprehend them as opposites and possibly complementaries. Last, but not least, is the realisation that the relationship of P, the person, the individual, is intimately bound up with both fixed points.

This guided me quite often with the so difficult question of how we can help severely ill patients to bring about a more positive attitude to these great powers. This may also enable the doctor to accept more undefeately the end of a patient's terrestrial journey. Here I believe lies a task to be rediscovered for the physician and the helping professions,

to follow the rainmaker of old, become the shaman of our computerised clinical approach, and help the human person to die or live in a state of greater harmony, wholeness and peace.

Diagram: Ellipse, adapted.



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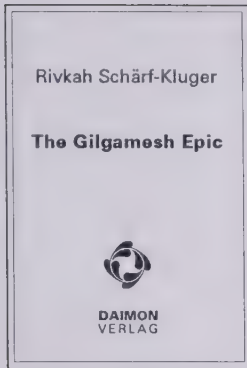
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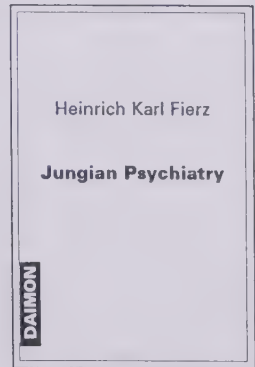
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The pioneering research of Susan Bach of London is known the world over: She was the first to discover that, in addition to their psychological contents, spontaneous pictures of the severely ill reflect the patients' specific physical illness in typical colours, shapes, numbers and motifs.



Life Paints its own Span, with over 200 colour reproductions, is a comprehensive exposition of Susan Bach's

original approach to the physical and psycho-spiritual evaluation of spontaneous paintings and drawings by severely ill patients. At the same time, this work is a record of Susan Bach's own journey of discovery.

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