

Reverie: Kevin Jones

A quiet state of being in which images, bodily sensations, thoughts, words, sounds or ideas wander in and out of awareness without any particular aim or intention.

The capacity for reverie is an important aspect of subjective development, creativity and the therapeutic process. Bachelard proposed that reverie drew upon 'childhood solitudes', linking imagination with memory in a creative process that implied a harmonious unity existing between the individual, the world and the cosmos. Such sublime imaginings, however, had their beginnings in a child sitting on the mothers lap (Bachelard, 1971).

Bion elaborated the importance of maternal reverie in child development (Bion, 1967a). When mother developed a calm, open receptiveness to the infant's projections she was experienced as a containing object. This reverie provided a limit which allowed the development of reflective capacities and meaning in the infant. Where anxiety or depression caused a failure of reverie, the child imagined the maternal container 'stripping' meaning from their experience, resulting in a breakdown of development (Bion, 1967; Case, 2006). Bion suggested that the father, experienced as a part-object imagined inside the maternal body, provided a further limit that helped established mother as a receptive container for the child (Hinshelwood, 1989)

Winnicott's notion of 'Primary Maternal Preoccupation' similarly described the child's developmental need for a state of receptiveness in the mother (Case and Dalley, 2004). Winnicott's term differs from Bion in that it is linked to a state of temporary illness in the mother from which she needs to recover (Abram, 1996). The father held the mother in a protected space, enabling her to enter into the preoccupation needed by the infant (Winnicott, 1986). Winnicott (1971) described the infants primary creativity as a formless, 'non-purposive state' allowing a 'ticking over of the personality', developed through the holding relationship with mother.

Reverie is here related either to an abstract maternal figure in a universalised family space (Bion, 1967; Winnicott, 1971), an abstract space free from the influence of external events which mediated between the individual and 'the cosmos', or to a fundamental human bisexuality expressed in the relationship between Jung's anima and animus (Bachelard, 1971).

In identifying reverie with anima, Bachelard, like Bion and Winnicott, perpetuate a stereotypical division of qualities between male and female and privilege a heterosexual norm. Reverie in the therapeutic space requires the therapist to move fluidly across identifications in the transference between adult and infantile sexualities, bisexual, homoerotic and male/female cross identifications and cross dressings, as suggested by

(Dudley, 2001; O’Conner and Ryan, 1993; and Hogan, 2003). In the age of globalisation and economic migration we still do not understand how the maternal dyad and the oedipal triangle, located in family patterns lived in particular class, national, ethnic, racial or sexual identities and structures, affect the capacity for reverie. Art therapists need to develop their capacity for social reveries or they may become a container stripping the client of meaningful reverie.

The contained space of the analytic couch and the invitation to make art in the art therapy studio provides a tranquil, protected environment in which reverie might begin. When Freud recommended that analysts cultivated ‘evenly hovering attention’ (Freud, 1912) and Bion cryptically formulated that the analyst should listen without memory or desire (Bion, 1967a) they encouraged reverie in their work with clients. Case and Dalley (2006) describe the art therapist’s reverie about group members. Sibbett links reverie to Winnicott’s state of relaxed creative play and reports comments from clients about how important reverie had been in their art therapy in cancer care (Sibbett, 2005). While institutions set socially acceptable limits to reveries, the challenge for the art therapist within their social and institutional context is to provide social spaces that do not strip the client’s reverie of meaning but allow the wandering proliferation of creative reverie.

Bachelard proposed a reverie of the lively look, a space for dreaming images into being which needed protection from the demands of utility and reason. Psychoanalysis acknowledged the importance of this space for human development but insisted that it only arose when a limit was established between mother and infant, creating a space in which the quiet wanderings of a reverie might be experienced. The art therapy space draws upon these reveries and arises through a political struggle by art therapists within their host institutions and social context.

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