

Art Therapy. Prevention Against the Development of Depression

Skov, Vibeke

Publication date:
2013

Document Version
Early version, also known as pre-print

[Link to publication from Aalborg University](#)

Citation for published version (APA):
Skov, V. (2013). *Art Therapy. Prevention Against the Development of Depression.*

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal -

Take down policy

If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.

Art Therapy

Prevention Against the Development of Depression

**A Mixed-Methods Investigation of Biopsychosocial and Spiritual Changes During
Participation in Group Art Therapy for People who are Vulnerable to Depression**

Vibeke Skov

Dissertation submitted for the Degree of Doctor of Philosophy

Supervisors: Professor Inge Nygaard Pedersen & Professor Michele Forinash

**Department of Communication and Psychology, Faculty of Humanities
Aalborg University, Denmark
2013**

Declaration

I confirm that this thesis and the research it contains has not previously been submitted for examination for an academic qualification, undergraduate, or postgraduate

Vibeke Skov

Abstract

Title: Art Therapy. Prevention Against the Development of Depression

The aim in this research study was to focus on art therapy as a method to explore the inner life as prevention against the development of depression and to address the possibility for art therapy to be used as an early intervention tool related to depression.

A Jungian epistemology was used as a frame for the overall understanding of well-being together with a holistic approach, including the biological, psychological, social and spiritual domains in life. Art therapy processes in the clinical part of the study aimed to include all these levels as the activation of these are considered to support therapeutic change.

A systematic literature review was carried out, and an integrative theoretical approach was used, which included evolutionary psychology, neuropsychology, analytical psychology, transformative learning and anthropology.

I chose to use a bricolage methodology, consisting of (a) a phenomenological approach with a focus on the inner development of the participant, (b) a hermeneutic approach with a focus on the relationship between participant and researcher/ therapist and (c) a heuristic approach with a focus on the inner development of the researcher/ therapist.

The study was carried out as a mixed-methods design, with the quantitative part imbedded in the qualitative part.

Seven participants were chosen to participate in an art therapy group during a 6-month intervention with a total of 13 meetings. The inclusion criteria were identification of mild to moderate depression based on the test results from the WHOQoL-Bref and Depression MDI using the rating scale.

The data collection consists of test results from questionnaires for pre, post, follow-up 1 and follow-up 2 tests, video recordings of all workshops, video transcription of therapeutic dialogues, dreams, artwork and participants self-evaluative reports.

The analytical procedure was based on Jung's typology and related to sensation, feeling, thinking and intuition. The four psychological functions were used as different ways to relate to the data, which gradually narrowed the data down into core findings related to (a) the therapeutic processes, (b) theory and (c) art therapy method.

From the findings it appeared, that confronting the unconscious through the use of symbols and active imagination increased the ego-self connection within the participants. Compensative processes were found to stimulate well-being as well, but the general feedback from the participants were, that the creative activity *and* the therapeutic dialogues were equally important for the therapeutic outcome.

Acknowledgements

I would like to thank all the people who have contributed to this research study.

First of all I am thankful to the Doctoral Programme in Music Therapy at Aalborg University for accepting me as a doctoral student. It illustrates the generosity I have felt from staff members and teachers in the music therapy department. I want to thank my supervisors Inge Nygaard Pedersen and Michele Forinash who have given me feedback throughout the research process, always with careful reading and optimism. I would also like to thank Cathy McKinney, Helene Hoffmann, Jesper Kulvmann and Søren Hald for their expertise in the quantitative part, Solveig Christensen for her feed back on a chapter, and Annie Sønnichsen who supervised me during the clinical part of the study.

I would like to thank Inge Lise Madsen and Mette Paaske for transcribing all the videos, and the careful correction of my English language by Trevor Jeavons, Patricia Aguilar and Karin von Daler.

A special warm thanks to my son Marcus Skov who creatively engaged in doing the layout of the dissertation together with technical support and meaningful discussions over late meals.

I want to thank the seven women who participated in the therapy group and who shared their processes and personal lives with me, as well as giving me permission to use this information in the dissertation.

Also I want to thank my art therapy students at the Institute of Art Therapy (Institut for Kunstterapi) who have inspired me throughout the last 25 years with trust and engagement in wanting to know more about themselves and art therapy methods.

Lastly I would like to thank my mentors during my professional life especially Jes Bertelsen, who introduced me to the reverse method many years ago, and to Arthur and Sandra Robbins who brought new inspiration to the development of art therapy in Denmark throughout many years of teaching.

Table of Content

Abstract	III
Acknowledgements	IV
List of tables.....	XI
List of figures.....	XIII
List of appendices.....	XVII
Chapter 1. Introduction	1
1.1 Goal.....	1
1.2 Art therapy identity.....	1
1.3 Quality of Life	2
1.4 Focus for the research.....	3
1.5 Methodology.....	3
1.6 Research setting.....	4
1.6.1 Directives.....	4
1.7 Origin of idea	4
1.8 The reverse method	5
1.9 A case	5
1.10 Research questions.....	9
1.11 Structure of the thesis	10
Chapter 2. Literature review	12
2.1 Introduction.....	12
2.2 Search strategy.....	13
2.2.1 Exclusion and inclusion criteria.....	15
2.3 Introduction to the presentation.....	15
2.4 Depression.....	16
2.4.1 Facts about depression	16
2.4.2 Depression and parental behavior	17
2.4.3 Depression, stress and neuropsychology	18
2.4.4 Quality of life	20
2.5 Evolutionary perspective.....	21
2.5.1 Four psychobiological needs.....	22
2.5.2 To make special.....	23
2.5.3 Attachment and Rank theory	24
2.5.4 Elaboration on the concept of “meaning”	25
2.5.5 Meaning and spirituality	25
2.5.6 Meaning and vitality.....	26
2.5.7 The Biopsychosocial and spiritual model.....	27
2.5.8 Summary to the evolutionary perspective.....	28
2.6 Analytical perspective	28
2.6.1 The unconscious	29
2.6.2 Jung’s model of the psyche.....	30
2.6.3 The relation between the conscious and the unconscious.....	32
2.6.4 Ego-self axis	32

2.6.5 Ego-self relationship	34
2.6.6 The self.....	36
2.6.7 Imagination	38
2.6.8 Active imagination	39
2.6.9 Soul contra ego related psychotherapy	39
2.6.10 The moral attitude.....	40
2.7 A general approach to art therapy	41
2.7.1 Approaches to art therapy.....	42
2.7.2 The arts and the therapies.....	44
2.7.3 The potential space.....	45
2.7.4 Art therapy and the unconscious.....	45
2.7.5 Art therapy and dreams.....	46
2.7.6 Improvement Factors in Therapy	47
2.8 Art therapy related to the topic in the research.....	48
2.8.1 Art therapy and depression / low quality of life.....	49
2.8.2 Art therapy and neuroscience.....	52
2.8.3 Art therapy and individuation	53
2.9 Relevance of topic.....	55
Chapter 3. Transition towards methodology	58
3.1 Introduction	58
3.2 Epistemology and therapeutic change	59
3.3 A Historical overview.....	60
3.4 The masculine and feminine in science	61
3.5 Jung's epistemology	64
3.6 Jung's understanding of reality	65
3.7 The image.....	67
3.8 Jung's attitude in research	68
3.9 Vitalistic epistemology in Jungian psychology	69
3.10 Pre-understanding of creativity and depression	70
3.10.1 Biological approach to creativity	71
3.10.2 Psychological approach to creativity	73
3.10.3 Social approach to creativity	74
3.10.4 Biopsychosocial approach to creativity	75
3.10.5 Spiritual approach to creativity.....	77
3.10.6 Creativity in research.....	78
3.10.7 Approaches to depression	78
3.11 Pre-understanding of transformative learning.....	81
3.11.1 Introduction	81
3.11.2 Transformative learning approach	81
3.11.3 Transformative learning in individuals	82
3.11.4 Transformative learning in groups	84
Chapter 4. Methodology part 1	86
4.1 Introduction	86
4.2 Bricolage methodology	87
4.3 Interpretative Phenomenological Analysis (IPA).....	88
4.3.1 Use of theory in case study.....	89
4.3.2 Pluralism and ethic	90
4.3.3 Heuristics	91
4.3.4 Summary	91

Chapter 5. Methodology part 2.....	93
5.1 Research design	94
5.2 Quantitative part of the research	95
5.3 Qualitative part of the research	95
5.4 Mixed methods	96
5.5 Validity strategies	96
5.6 Ethics	96
5.6.1 Bias	97
5.7 Sampling procedure	98
5.7.1 Participants.....	98
5.8 Preparing Analysis.....	99
5.8.1 Introduction.....	99
5.8.2 Procedure for individual case analysis	99
5.8.3 Art therapy directives	100
5.9 Structure regarding the set up	103
5.9.1 Workshop place	103
5.9.2 Workshop dates.....	103
5.9.3 Workshop rituals.....	104
5.9.4 Video	104
5.9.5 Language	105
5.9.6 Transcripts	105
5.9.7 Therapeutic approach	105
5.9.8 Participation	107
5.10 Preparing Analysis	108
5.10.1 Art Therapy Method	108
5.10.2 Art therapy activities	109
5.10.3 Systematic procedure in art therapy process	109
5.10.4 Drumming.....	110
5.10.5 Listening to the unconscious	111
5.10.6 Creative expressive process.....	111
5.10.7 Imaginative process.....	111
5.10.8 Personal connection	111
5.10.9 Benefit from the process	112
5.10.10 Change in behavior.....	112
5.11 Approaching the image	112
5.12 Jung's Typology	114
5.13 Abt's analytical method	114
5.13.1 Analytical procedure in Abt's method.....	115
5.14 Analytical procedure.....	116
5.14.1 The four analytical levels	117
5.14.2 Data reduction strategy	117
5.14.3 Coding procedure	119
5.14.4 Coding manual	119
5.14.5 Procedure for analysis of case 2 - 6	121
5.14.6 Questionnaire related to personal life.....	122
Chapter 6. Case analysis and results.....	124
6.1 Introduction.....	124
6.2 Analysis and results related to research question 1	126
6.3 Case 1	126
6.3.1 Presentation of participant #3	126

6.3.2 Analysis level 1: Descriptive	128
6.3.2 Analysis level 2: Emotional	140
6.3.3 Analysis level 3: Theoretical.....	163
6.3.4 Analysis level 4: Self-regulative.....	179
6.4 Case 2	183
6.4.1 Presentation of participant #6.....	183
6.4.2 Therapeutic process.....	184
6.4.3 Self-regulation and therapeutic change.....	192
6.4.4 Summary	195
6.5 Case 3	197
6.5.1 Presentation of participant #4.....	197
6.5.2 Therapeutic process.....	198
6.5.3 Self-regulation and therapeutic change.....	206
6.5.4 Summary	210
Chapter 7. Case Comparison analysis and results	212
7.1 Introduction	212
7.2 Results related to research question 1.....	213
7.2.1 Themes related to mother	213
7.2.2 Themes related to emotional awakening.....	214
7.2.3 Themes related to egocide.....	215
7.2.5 Themes related to initiation	219
7.2.6 Themes related to Anima and Animus relationship.....	219
7.2.7 Themes related to return	221
7.2.8 Themes related to mythology	222
7.2.9 Ego-self relationship before and after therapy.....	223
7.2.10 Primary response pattern before and after therapy	224
7.2.11 Biopsychological change.....	225
7.2.12 Changes related to biopsychological needs.....	226
7.2.13 Comparing Dissanayake and Jung	231
7.2.14 Summary.....	231
7.2.15 Self-regulative change through artwork.....	232
7.2.16 Psychological polarities	235
7.2.17 Deviant behavior	236
7.2.18 Test results	237
7.2.19 Summary of results from comparison analysis related to change	242
Chapter 8. Group analysis and results-part 1	244
8.1 Introduction	245
8.2 Procedure for analysis.....	246
8.3 Analysis level 1: Descriptive	246
8.3.1 Presentation of the group	246
8.3.2 Workshop number 10.....	246
8.3.3 Art therapy directive.....	247
8.3.4 The creative process	249
8.3.5 Group reflections	250
8.3.6 Reactions to group process from questionnaire.....	252
8.4 Analysis level 2: Emotional	252
8.4.1 Reflections prior to workshop directives	252
8.4.2 Therapeutic process from painting ritual.....	253
8.4.3 Summary	255
8.5 Analysis level 3: Theoretical	255

8.5.1 Developmental psychology	256
8.5.2 Transformative learning	257
8.5.4 Anthropology	265
8.5.5 Neuropsychology.....	266
8.6 Analysis level 4: Self – regulation.....	267
8.6.1 Summary of self-regulation	268
Chapter 9. Group analysis and results-part 2	270
9.1 Introduction.....	271
9.2 Data collection	271
9.3 Directive for exploring the music.....	271
9.4 Analytical procedure.....	272
9.4.1 Bias	272
9.4.2 Presentation of data.....	272
9.4.3 Emotional themes	274
9.4.4 Observation.....	274
9.4.5 Theory	275
9.4.6 Self-regularity	275
9.4.7 Summary of group analysis	275
9.5 Analysis and results related to research question 2	278
9.5.1 Introduction.....	278
9.5.2 Identification of changes related to biological, psychological, social and spiritual level	278
Chapter 10. Analysis and results of theory and method	280
10.1 Integrative theoretical approach	280
10.1.1 Summary	283
10.2 Art therapy methods related to change	283
10.2.1 From ego towards self through art therapy.....	284
10.2.2 From self towards ego through art therapy.....	285
10.2.3 Summary	286
Chapter 11. Heuristic Part Analysis and results	288
11.1 Introduction	289
11.2 Methodology.....	289
11.3 Analytical Procedure.....	290
11.3.1 Step 1. Historical background	290
11.3.2 Step 2. Reduction strategy	292
11.3.3 Step 3. Coding manual	292
11.3.4 Step 4. Organizing data	293
11.3.5 Step 5. Analysis and results.....	293
11.3.6 Step 6. Findings related to identity.....	310
11.3.7 Step 7. Summary	313
11.3.8 Step 8. Conclusion	314
Chapter 12. Discussion.....	317
12.1 Introduction	317
12.2 Brief summary	318
12.3 Summary of quantitative findings.....	318
12.4 Summary of qualitative findings.....	319
12.5 Discussion related to research question 1.....	320

12.5.1 Therapeutic process	320
12.5.2 Theory.....	324
12.5.3 Art therapy method	325
12.5.4 Summary.....	326
12.5.5 Unexpected finding 1	327
12.5.6 Unexpected finding 2	328
12.5.7 Summary.....	329
12.6 Discussion related to research question 2.....	329
12.7 Discussion related to research question 3 and 4	330
12.7.1 Introduction	330
12.7.2 Mixing findings through triangulation	330
12.7.3 Discussion of quantitative findings related to qualitative findings	334
12.7.4 Summary.....	336
12.8 Triangulation of phenomenology, hermeneutics and heuristics	336
12.8.1 Bricoleur methodology and art therapy process	336
12.9 Validity	338
12.9.1 Procedures used in data collection	338
12.9.2 Procedures used in analytical design.....	338
12.9.3 Procedures used in analysis.....	338
12.9.4 Member-check.....	339
12.10 Replicability	339
12.10.1 Introduction.....	339
12.10.2 Replicability of art therapy method	340
12.10.3 Group versus individual therapy related to depression	341
12.10.4 Replicating themes from the research.....	341
12.10.5 Replicability of therapeutic approach.....	342
12.11 Implications	343
12.11.1 Introduction.....	343
12.11.2 Presentation of an integrative model.....	343
12.11.3 Compensative art therapy	344
12.11.4 Psychological level: Integration	349
12.11.5 Social level: Belonging.....	351
12.11.6 Spiritual level: Individuation	353
12.11.7 Summary.....	356
12.12 Transformative art therapy	356
12.13 Limitations	358
12.13.1 Limitations related to the research study	358
12.13.2 Limitations related to dogmas in our culture	360
12.14 Contribution to new knowledge	363
12.14.1 Future research.....	365
12.15 Conclusion	366
English summary.....	367
Dansk resumé	377
References.....	386

List of tables

Table 1. Data collection: Relevance and strategy.....	14
Table 2. Overall search strategy	14
Table 3. Keywords	14
Table 4. Biopsychological needs related to art therapy.....	23
Table 5. Work-schema; connections to the subjective and objective self	35
Table 6. Ego-self axis based on Edinger (1972)	36
Table 7. Sampling procedure	98
Table 8. Art therapy directives.....	100
Table 9. Structure of the therapeutic process	110
Table 10. Data reduction strategy	118
Table 11. Nodes related to stages in development.....	119
Table 12. Themes related to egocide.....	121
Table 13. Themes related to Initiation	121
Table 14. Themes related to Return	121
Table 15. Nodes for egocide, initiation and return.....	122
Table 16. Results relevant for the therapeutic process.....	126
Table 17. Title of artworks and reverse drawings	141
Table 18. Dream themes for #3	155
Table 19. Associations to symbols.....	156
Table 20. Relation between symbols and reality	158
Table 21. New realizations	159
Table 22. Ego and shadow as opposites.....	167
Table 23. Anima and Animus	169
Table 24. Self images	170
Table 25. Dissanayake's model related to #3.....	173
Table 26. Integrative process related to #3	174
Table 27. Behavioral change (Gray, 1996).....	180
Table 28. Title of artwork.....	183
Table 29. Egocide stage #6	184
Table 30. Initiation stage #6	186
Table 31. Return stage #6	190
Table 32. Dream themes #6	191
Table 33. Primary response system #6.....	192
Table 34. Titles of artwork and reverse drawings	197
Table 35. Egocide stage for #4	198
Table 36. Initiation stage for #4	200
Table 37. Return stage for #4	204
Table 38. Dream themes for #4	206
Table 39. Primary response model related to #4	207
Table 40. Results from comparison analysis related to change	213
Table 41. Relationship to mother	213
Table 42. Emotional awakening.....	214

Table 43. Themes related to egocide.....	215
Table 44. Dominant inner voices	216
Table 45. Dominant inner voices in images	217
Table 46. Themes related to initiation	219
Table 47. Themes related to Anima and Animus	220
Table 48. Themes related to return	222
Table 49. Mythological themes	223
Table 50. Ego-self relationship before and after therapy.....	223
Table 51. Primary response pattern before and after therapy (Gray, 1996)	224
Table 52. Evaluation before therapy	226
Table 53. Evaluation after therapy.....	228
Table 54. Comparing Dissanayake and Jung.....	231
Table 55. Comparing first and last image #3.....	232
Table 56. Comparing first and last image #6.....	233
Table 57. Comparing first and last image #4.....	233
Table 58. Comparing first and last image #7.....	234
Table 59. Comparing first and last image #1.....	234
Table 60. Comparing first and last image #5.....	235
Table 61. Psychological polarities	236
Table 62. Results from group analysis part 1	245
Table 63. Procedure for analysis.....	246
Table 64. Art therapy directives.....	247
Table 65. Dominant inner voice in painting and group interaction.....	257
Table 66. Themes related to dreams and culture	260
Table 67. Group process related to Siegel's Mindsight model	266
Table 68. Inner voice related to behavior in group interaction and individual painting ..	267
Table 69. Results from group analysis part 2: Drumming.....	271
Table 70. Response to questionnaire.....	273
Table 71. Main themes from music 1-3	274
Table 72. Art therapy activity related to domains.....	279
Table 73. Results related to theory	280
Table 74. Time line for use of theory in the research process	280
Table 75. Integrative approach related to therapeutic change.....	282
Table 76. Results related to art therapy method	283
Table 77. Goals and directives.....	284
Table 78. Coding manual	292
Table 79. Comparing themes	293
Table 80. Qualitative findings.....	319
Table 81. Triangulation of changes mixing methods	331
Table 82. Therapist's comments to changes	333
Table 83. Differences in therapeutic contracts	340
Table 84. Integrative model	344
Table 85. An example. Self-regulation through the creative activity	347
Table 86. An example. Integration through art therapy	350
Table 87. An example. Belonging through art therapy.....	352
Table 88. An example. Individuation through art therapy	354

List of figures

Fig 1. Meta model of the research study	3
Fig 2. Dream image.....	6
Fig 3. Reverse image	6
Fig 4. Dream image.....	6
Fig 5. Reverse image	6
Fig 6. Dream image.....	7
Fig 7. Reverse image	7
Fig 8. Flowchart: Structure of the thesis	10
Fig 9. Flowchart: Literature review	12
Fig 10. Flowchart: Transition towards methodology.....	58
Fig 11. Interrelatedness between science and other systems.....	63
Fig 12. Flowchart: Pre-understanding of creativity and depression.....	70
Fig 13. Model of affect regulation	72
Fig 14. Different layers of complexes in the psyche (Skov, 2013)	75
Fig 15. Pre-understanding of transformative learning.....	81
Fig 16. Basic cycle (Heron, 1992).....	82
Fig 17. Reversal cycle (Heron, 1992)	83
Fig 18. Flowchart: Methodology part 1	86
Fig 19. Bricolage methodology.....	88
Fig 20. Flowchart: Methodology part 2	93
Fig 21. Flowchart: Mixed method design.....	94
Fig 22. Workshop room.....	104
Fig 23. Flowchart: Preparing analysis.....	108
Fig 24. Separation of research question into 3 parts.....	109
Fig 25. Flowchart: Analytical procedure.....	116
Fig 26. Flowchart: Case analysis and results.....	124
Fig 27. Self presentation in clay	128
Fig 28. Image: Covered	128
Fig 29. Reverse 1: Upwards	128
Fig 30. Reverse 2: Free choice	129
Fig 31. Dream image: A figure crying	129
Fig 32. Reverse 1: Sadness	129
Fig 33. Reverse 2: Out	129
Fig 34. Family portrait. # 3 is behind up to the right	130
Fig 35. Shadow painting.....	131
Fig 36. Painting as the shadow.....	132
Fig 37. Dream image: Party in the street	132
Fig 38. Reverse 1: Looking back.....	132
Fig 39. Reverse 2: New way of looking.....	133
Fig 40. Masculine and feminine in clay	133
Fig 41. Dream image: Staircase, person without a shoe, a ship and the anchor-man.....	134
Fig 42. Reverse 1: Ship and man with no shoe.....	134

Fig 43. Reverse 2: Staircase, shoe ship	135
Fig 44. Reverse 3: Symphony	135
Fig 45. Chosen animals used in role playing	136
Fig 46. Dream image: Stones getting out of shoe	137
Fig 47. Reverse 1: Tunnel	137
Fig 48. Reverse 2: Flying stones	137
Fig 49. Reverse 3: A bird, wing or butterfly.....	137
Fig 50. Reverse 4: Caring.....	138
Fig 51. Dream image: W. dancing.....	138
Fig 52. Reverse 1: The ashes	139
Fig 53. Reverse 2: Life and death	139
Fig 54. Reverse 3: Letting go.....	139
Fig 55. Spiral connecting inside and outside	140
Fig 56. Progression through dream themes	155
Fig 57. Relationship between ego, Anima and Animus	160
Fig 58. QoL test result for #3	181
Fig 59. Depression MDI test result for #3	181
Fig 60. Self-presentation in clay	184
Fig 61. Family portrait.....	185
Fig 62. Shadow painting.....	186
Fig 63. Anima and Animus in clay.....	187
Fig 64. Painting of self.....	188
Fig 65. Dream image: Mother and child.....	188
Fig 66. Reverse 1: Mother and daughter in joy	188
Fig 67. Dream image: Girl being sacrificed	189
Fig 68. Reverse 1: Beautiful flower	189
Fig 69. QoL test result for #6	193
Fig 70. Depression MDI test result.	194
Fig 71. Self-representation in clay.....	198
Fig 72. Reverse 1: Circle of life	199
Fig 73. Family painting.....	199
Fig 74. Shadow painting.....	201
Fig 75. Painting as the shadow: Anger.....	201
Fig 76. Princess Mary and me.....	202
Fig 77. Reverse 1: Kicking ass.....	202
Fig 78. Anima and Animus in clay.....	202
Fig 79. Dream image: Traumatized.....	203
Fig 80. Reverse 4: Forward, power	204
Fig 81. QoL test result for #4	208
Fig 82. Depression MDI for #4.	208
Fig 83. Flowchart: Case comparison analysis and results.....	212
Fig 84. Inner voice in artwork for #3	217
Fig 85. Inner voice in artwork for #6	217
Fig 86. Inner voice in artwork for #4	217
Fig 87. Inner voice in artwork for #7	218
Fig 88. Inner voice in artwork for #1	218
Fig 89. Inner voice in artwork for #5	218

Fig 90. #3. Anima: Heavy from the balls. Animus: Strong and isolated.....	220
Fig 91. #6. Anima: Ugly duckling; Animus wounded.....	220
Fig 92: #4. Anima: a knot; Animus: Standing turtle. #4.....	220
Fig 93. #7. Anima: Round and soft. Animus: A ruler.....	220
Fig 94 . #1. Anima: Beautiful and free. Animus: Heavy and strong.....	221
Fig 95. #5. Anima: soft; Animus: Powerful ruler	221
Fig 96. First image for #3	232
Fig 97. Last image for #3	232
Fig 98. First image for #6	233
Fig 99. Last image for #6	233
Fig 100. First image for #4.....	233
Fig 101. Last image for #4.....	233
Fig 102. First image for #7.....	234
Fig 103. Last image for #7.....	234
Fig 104. First image for #1.....	234
Fig 105. Last image for #1.....	234
Fig 106. First image for #5.....	235
Fig 107. Last image for #5.....	235
Fig 108. Physical domain.....	237
Fig 109. Psychological domain.....	238
Fig 110. Social domain.....	239
Fig 111. Environment.....	239
Fig 112. Depression MDI.....	240
Fig 113. Overall perception of QoL.....	241
Fig 114. Overall satisfaction with health	241
Fig 115. Flowchart: group analysis and results part 1	244
Fig 116. Group painting.....	249
Fig 117. Reaction to group interaction for #1	250
Fig 118. Reaction to group interaction for #5	250
Fig 119. Reaction to group interaction for #3	250
Fig 120. Reaction to group interaction for #4	251
Fig 121. Reaction to group interaction for #7	251
Fig 122. Reaction to group interaction for #6.....	251
Fig 123. Response to group process after workshop 10.....	252
Fig 124. The violated self and the inner judges	259
Fig 125. Dream themes related to the violated self	263
Fig 126. Flowchart: Group analysis and results part 2.....	270
Fig 127. Data analysis of development through drumming.....	271
Fig 128. Present from the group: U-Turn	277
Fig 129. Heuristic part. Analysis and results	288
Fig 130. Bricolage methodology.....	289
Fig 131. Dancing figures, 2007 (Glass mosaic, Skov)	290
Fig 132. Enlightenment, 2011 (Clay and glass, Skov)	291
Fig 133. Identity model	293
Fig 134. Egocide, 2012 (Clay, Skov).....	294
Fig 135. Immersion, 2006 (Glass mosaic, Skov).....	296
Fig 136. Ask and Embla, 2009 (Lino cut, Skov).....	296

Fig 137. Raven with woman, 2011 (acrylic on canvas).....	297
Fig 138. Initiation, 2012 (Clay, Skov).....	298
Fig 139. Woman in water, 2012 (Acrylic on canvas, Skov)	300
Fig 140. Illumination, 2005 (Glass sculpture, Skov).....	301
Fig 141. Caught, 2010 (acrylic on canvas, Skov).....	301
Fig 142. Metamorphose 1, 2012 (ceramic, Skov)	303
Fig 143. Metamorphose 2, 2012 (ceramic, Skov)	303
Fig 144. Metamorphose 3, 2012 (ceramic, Skov)	303
Fig 145. Return/ Human instinct, 2012 (ceramic, Skov).....	304
Fig 146. Glass bird in the garden, 2007 (glass, Skov).....	306
Fig 147. Black and white, 2009 (glass, Skov).....	307
Fig 148. Ragnarok, 2009 (Lino cut, Skov)	308
Fig 149. Indian dignity, 2012 (ceramic, Skov).....	308
Fig 150. Process of going through egocide, initiation and return.....	311
Fig 151. Model of cultural identity	314
Fig 152. Flowchart: Discussion.....	317
Fig 153. Theory related to clinical work.....	324
Fig 154. Steps leading to the integrative model	328
Fig 155. Mean scores for 6 participants in depression MDI.....	334
Fig 156. Dream image	348
Fig 157. Reverse 1: Talking parrot, that can express everything.....	348
Fig 158. Reverse 2: Anger.....	348
Fig 159. Dream image	350
Fig 160. Reverse 1. Olive tree	350
Fig 161. Reverse 2. Snakes.....	351
Fig 162. The spiral as connecting symbol	352
Fig 163. My mask	352
Fig 164. Dream image	353
Fig 165. Reverse 1. Possibilities	353
Fig 166. My inner treasure.....	354
Fig 167. Transformative process of change (Skov, 2013).....	357

List of appendices

On the last page of the dissertation the appendices are on a USB Flash Drive.

- Appendix 1. List of tables and figures to appendices
- Appendix 2. Invitation to participate in an art therapy group
- Appendix 3. Consent form
- Appendix 4. Approval from Human research Ethics board (HREB)
- Appendix 5. Approval from Data Protection
- Appendix 6. Depression MDI test
- Appendix 7. WHOQoL – Bref test
- Appendix 8. Questionnaires at the post evaluation 16.6.12.
- Appendix 9. Post- and follow-up-1 questions and responses
- Appendix 10. Questionnaires after each workshop
- Appendix 11. Participants' self-evaluations after each workshop
- Appendix 12. Raw data from test results
- Appendix 13. Questions related to member check
- Appendix 14. Full cases for 5 participants
- Case 2.
- Case 3.
- Case 4.
- Case 5.
- Case 6.
- Appendix 15. Questionnaire for personal information
- Appendix 16. Three drumming sessions

Chapter 1. Introduction

1.1 Goal

The ultimate goal for this project was to systematically identify changes and provide outcome measures, which could show that a positively developed relationship between the conscious ego and the unconscious self - gained through art therapy methods - could raise the quality of life for people vulnerable to depression.

It is not always possible for individuals to verbalize emotions that have been kept inside for a long time and art therapy methods presented in this study, invited participant's to explore emotions and potentials through the use of images. More and more research related to therapeutic outcome is moving towards *effective* methods to remove symptoms of unhappiness in Western societies and the most used methods beside medical treatment is cognitive therapies (Cooper, 2008).

While cognitive therapies base their methods on "the assumption that psychological problems are a consequence of maladaptive thinking" (Cooper, 2008, p.135), the approach in this study was, that psychological problems are a consequence of a blockage in the ego-self relationship. To heal this relationship includes working with the unconscious part of the psyche as this part relates to the inner self (Raff, 2000; Rosen, 2002). Neuropsychological research in psychotherapy concludes, that emotional processing and right hemisphere functioning is needed for transformation and therapeutic change (Schore, 2012; Cozolino, 2010; Grawe, 2007). The potential of art therapy methods can be to combine cognitive processing with emotional experiences through the image in a way that protects consciousness from being overwhelmed by unconscious content. Cooper (2008) says, "Imaginal exposure has been shown to be efficacious and superior to a no-treatment control" (p.131). I think we need more research in the creative therapies to really understand how expressive activities and imaginative dialogues can be used in relation to the transformation of emotional problems in our time. This research study offers such a contribution to therapeutic change based on a holistic approach and understanding of human existence.

1.2 Art therapy identity

In Denmark, and in other countries as well, there is a discussion going on regarding the identity of art therapy. Does art heal through the creative expression (art as therapy), or is it necessary to verbalize the creative experience and product (art in therapy) in order to create therapeutic change?

Some prefer to use the concept of expressive arts therapies while others feel more connected to the concept of analytical art therapy. My approach in this study is based on my clinical experience of how they mutually support each other in practice, and my identity as an art therapist would be integrative in theory as well as in applying art therapy methods.

1.3 Quality of Life

The historical understanding of quality of life (QoL) was originally meant as a measure of the materialistic standard of a society. The higher the materialistic standard, the higher QoL experience was expected in the inhabitants (Rapley, 2003). In the 1960's the "Social indicators movement" was created in the United States. They measured social facts like crime rate, poverty rate, suicidal rate etc. as indications of QoL. Following the increasing difference between materialistic welfare and subjective well being from around 1980's a more subjective evaluation of well being developed, measuring the individual experience of happiness, job satisfaction, relationships etc. and research within this field has increased ever since (Rapley, 2003; Bowling, 2005).

WHO (1997) defines QoL as "individual's perception of their position in life in their context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (p.1).

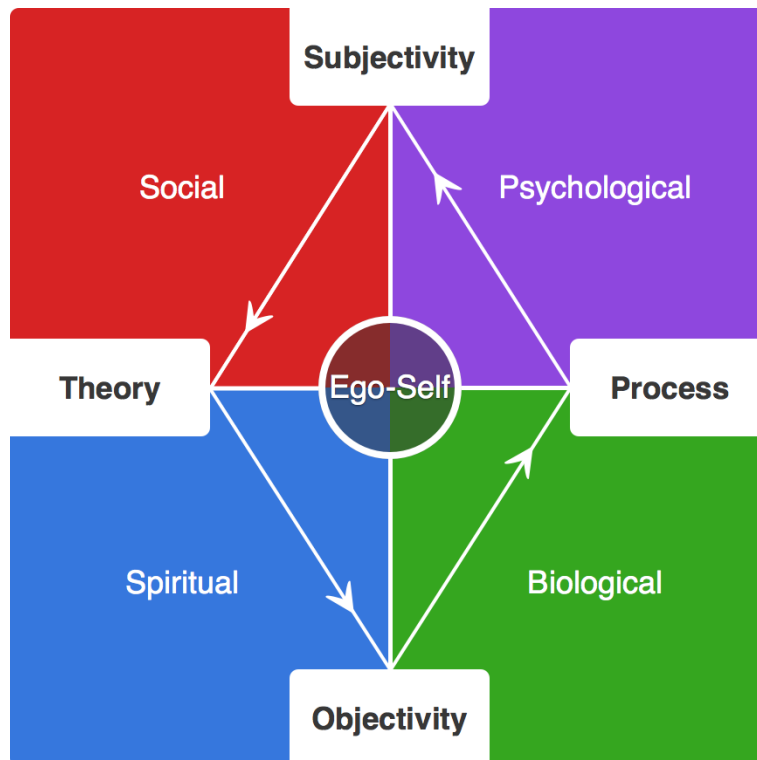
The definition is based on a priority of the individual's relationship to the outer life and not to the inner. The challenge in this perspective is, that the methods for solving low QoL problems are *only* looked for in the relationship to the outside and does not for example include the individual's relationship to the unconscious.

In this study a good life is expected to be:

a) A result of the relationship between the ego and the self or between consciousness and the unconscious. I suggest, that over attention to the outer life in expense of the inner life can lead to a disconnection with self-values and eventually to depression

b) A fulfillment of individual needs on biological, psychological, social and spiritual levels. The understanding is that a lack of need fulfillment can lead to a low quality of life and eventually to depression.

The focus in the study was primarily psychological in orientation, but other aspects of life was also included as interactive parts in the overall experience of life, and are therefore addressed and related to the therapeutic outcome.

Fig 1. Meta model of the research study

The meta-model (Skov, 2013) describe the process of art therapy as a movement going through biological, psychological, social and spiritual domains, while creating a connection between ego and self.

The polarity between subjectivity (ego) and objectivity (self) are connected through the polarity between theory and process.

1.4 Focus for the research

The research study was a systematic examination of the development of 6 individuals with a low quality of life/ mild depression. Focus was on dialogues between the conscious ego and the unconscious self as these dialogues were carried out during the clinical part of the study. The clinical part consisted of art therapy group intervention during a 6-month period (13 workshops). Focus related to changes in the conscious mind as well as symbolic transformations in the unconscious part of psyche, and the approach was holistic.

The aims in this research study were to focus on art therapy as a method to explore the inner life as prevention against the development of depression and to address the possibility for art therapy to be used as an early intervention tool when an individual first starts to pay attention to dissatisfaction in life. I was also interested to see if a low quality of life experience could become a motivation for a self-developmental process.

1.5 Methodology

A mixed-methods design was used, where the quantitative part was embedded in the qualitative part.

The quantitative part consisted of two tests, WHOQOL-Bref for quality of life, and Depression MDI. They were both used with the purpose of validating the results from the qualitative analysis related to therapeutic change.

A bricoleur methodology was chosen for the qualitative part and included a phenomenological, hermeneutic and heuristic approach to the topic. The analytical procedure was developed from

Jung's typology, where all four psychic functions (sensation, feeling, thinking and intuition) were transformed into analytical steps aiming at defining therapeutic change.

Triangulation on different levels (data, theory and methodology) was used as a meaning-making procedure.

1.6 Research setting

The clinical part of the process took place at the Institute of Art therapy, where room, drums and art materials were available. Participants were recruited through local advertisement and newsletter communicated from the Institute. The activities in the 13 workshops were based on dreams using the *reverse method* every second workshop and other art directives were given by the therapist/researcher in the other workshops.

1.6.1 Directives

It is my experience that people often show patterns in their paintings similar to patterns in their behavior, and therefore I like to keep a certain balance between me giving directives, and the response from the client's unconscious using for example dreams and the reverse method.

From my clinical practice I remember a male client who had never confronted his aggressive father in real life. He had been suffering from migraines for many years, which was the reason for coming to art therapy. Eventually I invited him to express some of the feelings towards his father, which he had suppressed for years, in a painting. He started out with a lot of red "angry" lines on the big paper, but suddenly he began to paint it all over with black as if he "changed his mind". Later in our discussion he recognized the pattern in the creative process as similar to his pattern of behavior where he would feel angry inside, but then eventually blame himself for having such strong feelings. To realize this pattern of behavior through the artwork became an important insight from which we could create new directives for the creative process, where he could be more aware of the difference between his own feelings and the inner judging voice.

It is of course not possible to predict how the client will respond to a directive, so therefore directives for one individual are not always the same as for someone else, and mostly I find that one directive leads to the next.

Directives can become an inspiration to express something new, which are not part of the usual pattern of behavior. Thus development can follow new ways, but can also prevent individuals from following their own self, once the first connection to self has been made.

1.7 Origin of idea

The idea of using art therapy in relation to low quality of life has been my interest since I started my professional life 30 years ago. I created an educational program, which was based on Jungian ideas and theories and expressive ways of connecting to the inner self. I combined my personal training in self-development with my psychological education and interest in creative expression. At the time there were no other programs or art therapists in Denmark, so I had the opportunity to develop new ways of using the arts together with students who were just as motivated to learn as I was. The students who came for the art therapy program at the Institute all seemed to have a conscious longing for an inner connection to them selves. For me it has

been very rewarding to follow students through their education and personal development and see how they have used art therapy to improve their quality of lives.

I also realize that not all people are conscious about their longing to change their relationship to their inner self, but may wish to change the outside world instead. From there they can get stuck with a low quality of life, which can lead into depressive behavioral patterns. I think art therapy can become a tool where more vitality can come into the state of being stuck, and maybe motivate people to want to know more about their inner life.

In the following I present part of a case that I carried out during placement 30 years ago as a student in psychology. I want to mention it here, because it is one of the most clear cases I have had regarding pictorial language and behavioral change using art therapy, and I believe that my interest in the subject for this research study took its beginning with this case. It was also my first client in a clinical setting. I call the client for Bo. I am going to use the same method in this research study as I did together with Bo and I think this was the case, which inspired me and made me curious about the dialogue between the conscious and the unconscious, which is my main orientation in this study. The whole case is presented in my first book (Skov, 1997). I show six of his drawings. The first two drawings he made followed by two that he made after 6 weeks, and the last two he made after 3 month.

Bo agreed on working with his dreams using the reverse method, which I briefly describe first.

1.8 The reverse method

The reverse method was developed by Jes Bertelsen (1975) who taught it to me in 1979 as part of my own dream analysis. Since then I have used it with clients and students, and it has become one of the most transformative tools that I know of, which was one of the reasons why I wanted to use it in this study.

It starts with a drawing of the strongest scene or emotion from a dream, using crayon on an A-3 piece of paper. Then another piece of paper is laid on top of the drawing, and the lines that are visible through the paper are made clear on the new piece of paper. Then the first painting is put away, and by using the imagination the task is to find a figure/ symbol in the abstract lines on the second paper. The symbol is then clarified by adding more lines or colors to the image.

The method can also start with an emotion or an awareness of sensations in the body.

The purpose of the method is to allow the unconscious to manifest as symbols in the reverse drawings and as comments related to conscious ego states as expressed in the first drawing.

1.9 A case

Bo was 26 years of age. He had been in the hospital for two years with a diagnosis of anxiety neurosis, and he had never worked with his dreams, or painted since his childhood.

He became anxious when being with other people and therefore unable to attend group therapy. He was afraid to take a public bus. We worked together for 3 months twice a week. Since it was not possible to do any regressive work with him, because of his somatic reaction and anxiety, he would simply come and tell his dream, do the drawing while I sat beside him, and finally tell me what he had made, before we ended the session.



Fig 2. Dream image



Fig 3. Reverse image

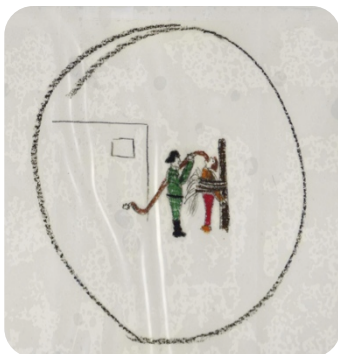


Fig 4. Dream image



Fig 5. Reverse image

In Bo's first dream he was on a boat with other patients. There was a fire, and he jumped into the water. His first drawing shows a door on the boat and the fire extinguisher in flames.

In the reverse drawing he made a figure of the devil. We did not analyze the drawings, or translate them into something else. He just told me what he had made, and what he could see in the drawing. He was in fact not able to relate his imagery to his personal life, as he would get a somatic reaction like a stronger heartbeat and fear of a heart attack. What can be seen is, that this head of the devil is very opposite to the ego in his conscious mind and can relate to the Jungian concept of the "shadow" as it compensates for his vulnerable ego consciousness.

The next image shows a scene from a book he was reading about Holocaust during the 2. World war. He says it is a Nazi torturing a Jew with a water hose in the throat. This image shows the confrontation between the victim (the Jew) and the executioner (the Nazi) as a polarity in the psyche between his conscious (victim) ego and his unconscious (aggressive) shadow. The shadow has transformed from being the devil to being a Nazi.

The reverse image shows an elephant being tied up with a chain to a tree trunk. The interesting change is, that the polarity between the Nazi and the victim (ego) is now being held within the symbol of the elephant. From this image I used for the first time imaginative dialogue with him by asking if the elephant was able to free itself from the chain around the leg. He said that it had to wait for the person who had the key. To me it meant that I should not rush him, but be more patient and wait for his own timing.

Referring to Jung's concept of the transparent function (Chodorow, 1997), we can also see the elephant as a solution to the conflict between the victim (in being a patient in a psychiatric hospital) and the executioner (other people). The elephant is neither bad nor good and is



Fig 6. Dream image

therefore an image coming from a deeper and not-yet emotional layer in the brain (later referred to as the reptilian part of the brain).

In his last dream he is on his way down from a mountain together with a friend, and they are going into the yellow entrance in the mountain. As a movement from high above to deep below he is moving into the body of the mountain, or the unknown part of himself.



Fig 7. Reverse image

In the reverse drawing he made the image of a biker (by turning the paper upside down). He had decided to buy a motorcycle and this image reminded him of that decision. Also he no longer lived in the hospital but had moved to his apartment in the city. As my placement was ending, he was invited to join a group therapy with another psychologist in the city, and was going to start there.

From this case, I realized, how important art therapy methods could be in dealing with clients who have difficulty in verbal expression. Often there are no other treatment alternatives, and therefore these people are usually left to themselves and

medical treatment, as was the case for Bo when we started. In a depressed position it can be difficult to verbalize emotions as the right hemisphere is more active than the left hemisphere, and therefore the emotions can have an overwhelming character out of control from the conscious ego (Cozolino, 2010; Skov, 2010). Similarly when the left hemisphere dominates the right hemisphere, it can also be difficult to put words to emotions because emotions are experienced as of less value to the conscious ego. Bo was a very good example of this, as his lack of words kept him away from group therapy and social life.

One other interesting thing in this case, was the way his reverse drawings activated dreams with a theme related to the last drawing, which was then expressed in a drawing leading to another dream related to the new drawing. In that way there was a dialogue going on between his artwork and the unconscious without any intellectual understanding of its meaning. In an article by Keyes, (1976) the shadow archetype was also explored through the use of dreams and artwork as a means of creating a dialogue with the unconscious. Here different directives were given to the participants and the artwork was discussed using a Jungian orientation.

I believe the reverse technique and the symbolization, which these processes bring forward, have an important value in preparing a change in consciousness, by creating the change in the unconscious first. In my understanding, this change in the unconscious as a preparation to a change in consciousness is a very important quality in art therapy. Bo was discovering the inner aggressive part of his personality in his artwork, before he was able to

take responsibility for his aggression as a resource for self-manifestation in social life. We both knew that the images came from a place inside him but we did not talk about it, and “pretended” that it was the lines which he transferred, that was “responsible” for the figures in the drawings. I think that the transformative element in this case, and something I paid attention to in this research, became the uniting aspect of inner opposites coming together in the symbol, which in this case became an elephant.

Bertelsen (1975) has written about development taking place in the unconscious before the birth of a new consciousness can take place. He describes this development as a nine-month pregnancy in the unconscious, where old patterns of behavior are transformed into new and self-related patterns. If changing patterns in behavior and self-consciousness always involve a development in the unconscious first, the unconscious must be stimulated or initiated to such a development by the therapist or by the inner self. The reverse technique has the benefit of stimulating the imagination in the projection of unconscious material into the lines.

This kind of unconscious development was part of what I wanted to look for in my analysis of the data collection in this research.

I have described the use of the reverse method in several cases with clients in three of my books (1991, 2007, 2009). In a pilot project from 2004 I worked with two depressed women for 6 months, where I also used dreams and the reverse drawing technique. From both cases there was a confrontation of opposites showing in the drawings, especially in the reverse drawings, similar to the case I have presented here.

Other directives that I have developed over the years also became part of the art therapy manual in this study. The intension was to combine outer directives that I initiated with inner directives as these appeared in the dreams and reverse drawings. As a therapist it is not always possible to know how a directive affects the unconscious in a client, which then affects the conscious mind and the quality of life. I think it is important to know this link between a therapeutic method and the effect the method has on the unconscious, especially because the influence from the unconscious part of the psyche is very influential on the conscious experience of quality of life (Grawe, 2004, 2007). If it turns out that a change in consciousness is a *consequence* of a change in relation to the unconscious as Bertelsen (1975) points out, it will mean that a relationship to the unconscious part of the psyche is necessary for change to happen, and that outer change sometimes may show later than expected.

1.10 Research questions

Main questions:

1. Does art therapy develop the relationship between the conscious ego and the unconscious self for people who are vulnerable to depression?
If so, how is the relationship developed?
2. Can a development of the relationship between the conscious ego and the unconscious self improve quality of life for people who are vulnerable to depression?
If so, can these changes be identified on a holistic (biological, psychological, social and spiritual) level?

Sub questions:

3. Do changes in quality of life appear in pre-post and follow up tests?
If so, can these changes be identified as improvements related to a development of the ego-self relationship?
4. Do changes in depression (MDI rating scale measure) appear in the pre-post and follow up tests?
If so, can these changes be identified as improvements related to a development of the ego-self relationship?

1.11 Structure of the thesis

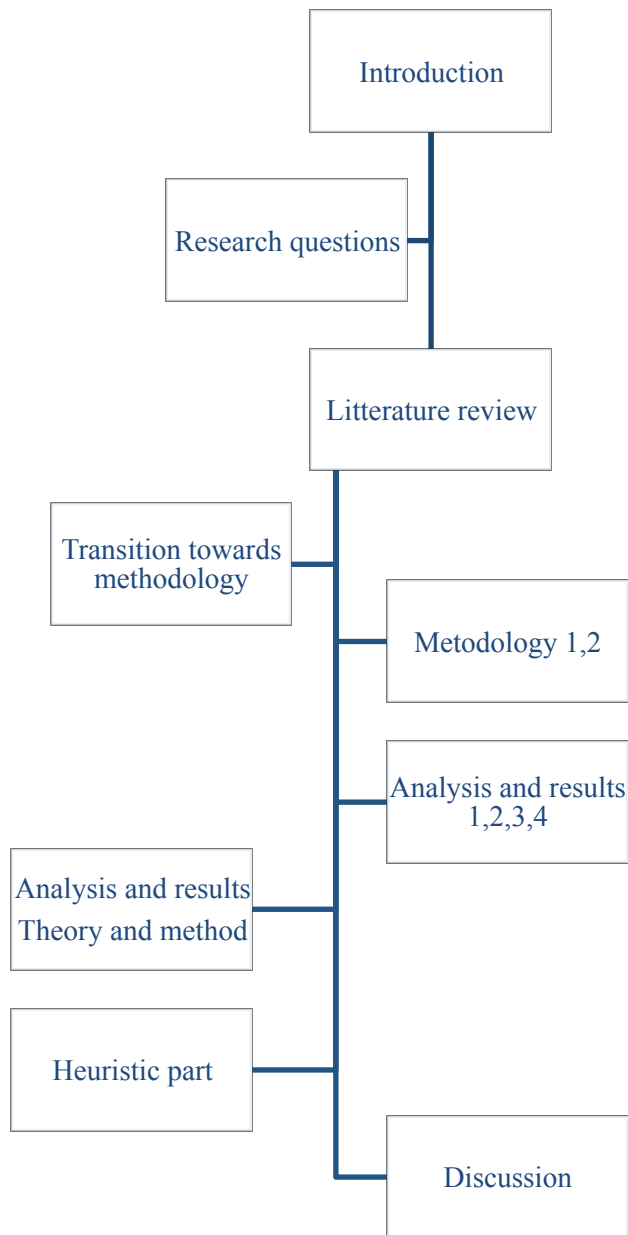


Fig 8. Flowchart: Structure of the thesis

Chapter 2. Literature review

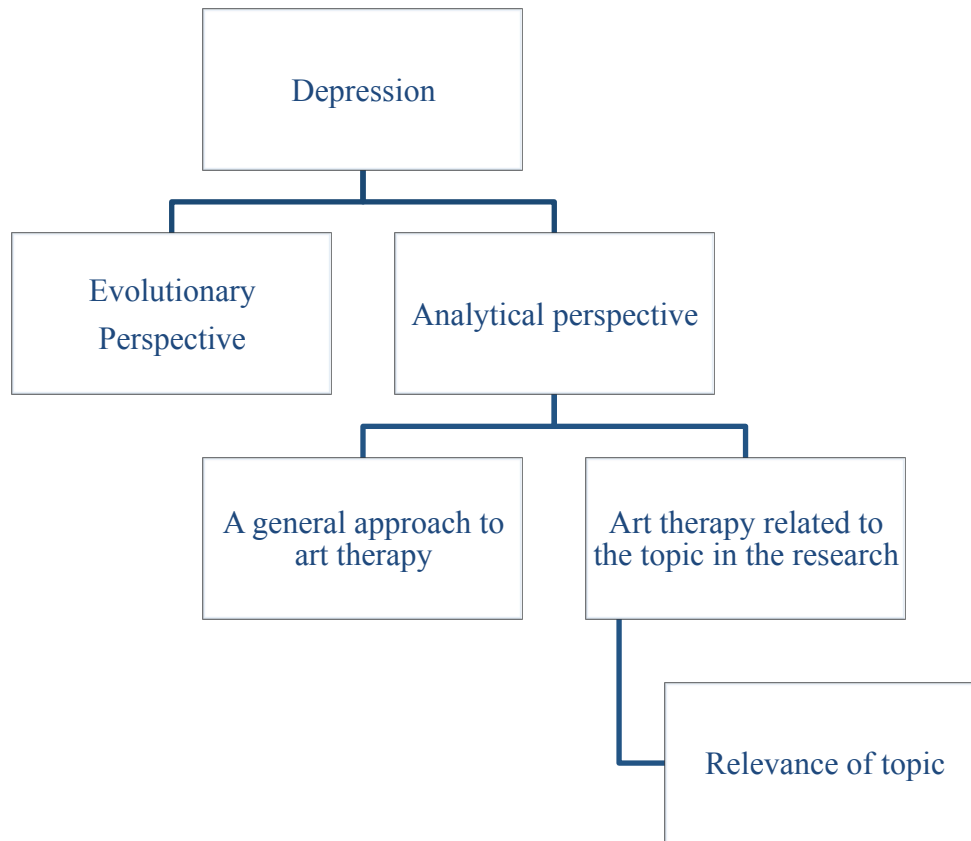


Fig 9. Flowchart: Literature review

2.1 Introduction

Through this systematic research study, I examined if it was possible to use the art therapy method of active imagination to form a bridge between the conscious and the unconscious part of the psyche for people who are vulnerable to depression. I found it important to include the unconscious part of the psyche in the study, since nobody *consciously* wants to live with a low quality of life. Despite Descartes's attempt to separate the physical world from the world of the mind, neuroscience is moving very fast in verifying the interrelatedness between the two realms (Cozolino, 2010). Neuroscience, being a science of the physical brain, needs psychology to explain the development of consciousness, and the impact the unconscious has on the conscious mind. The basic attitude in Jungian Psychology is, that the unconscious constantly is counterbalancing the conscious mind and behavior (Lawson, 2008). The unconscious is considered to be a *reactive* force in the psyche and therefore needs to be taken seriously and related to the environments of the individual as well as to the individual psyche.

In a depression, the (Freudian) super-ego (Analytical Psychology, 1998) is not strong enough to “kill” the influence from the unconscious, indicating, that there are forces beyond the control of the ego. As Lawson puts it, “The conscious and the unconscious stand as antithetical

aspects of the psyche: reason and will on the one hand, emotionality and instinct on the other. Neither end of the spectrum can be safely neglected. Nor can the two extremes, being opposites, unite of themselves...The conscious and the unconscious can only come together in a third thing... This is the symbol” (Lawson, 2008, p.119).

As a basic structure for the literature review, I used a model from Creswell (2009), where he proposes to organize the literature review in topics according to variables and to a mixed-methods research study procedure.

2.2 Search strategy

I started out by separating my research question into 3 different main topics, which I present from a theoretical perspective. I then combined the main topics with each other by combining independent variables with dependent variables and afterwards, did a literature search on these combined topics. Finally, I did a literature search on the topic, which is close to my research topic combining art therapy, quality of life/depression with the process of individuation.

In my presentation of relevant theory I have integrated concepts, which I have found to be important to define in order to understand the direction and perspective I propose in this study. The reason for two dependent variables instead of just one is related to my interest in the process of change. The movements from one dependent variable (low quality of life) to another dependent variable (the process of individuation) are registered as changes based on the use of the independent variable (art therapy). The process of (therapeutic and spiritual) change, which I was interested in, involved a level based on the psychology of the unconscious, which is why my theoretical perspective includes concepts and interactive models in order to understand the relationship between the conscious and the unconscious mind. The phenomenology of change was also connected to changes in the unconscious by using a mixed-methods triangulation of multiple sources of data from both levels.

Combining art and psychology in a practical way has in itself a wide range of possibilities moving from the pleasure of making art to the use of art in the development of consciousness. In this research study, I emphasize both poles as equally important, but as having a different relevance according to time. In the clinical part of the study, the art making process came *before* the imaginative and analytical part of the process, and from my clinical experience, the benefit of the imaginative and analytical process depend on the experience of the art making process. In my search for research in the field of art therapy and quality of life, the concept of Life Quality was defined, as this would have a major influence in what a researcher is looking for in relation to outcome. A good life is not the same for everyone and subjective criteria were therefore included in the clinical process of change. My focus through out the research study was on the development of the self as objective criteria for good quality of life.

The theoretical perspective was presented as sections related to the four levels in my data collection strategy (a) the biological (b) the psychological (c) the social and (d) the spiritual.

Table 1. Data collection: Relevance and strategy

Level	Theoretical perspective	Relevance (1-4-scale)	Data collection strategy
The biological	Evolutionary- & Neuropsychology	3	Quantitative
Psychological	Analytical psychology	4	Qualitative
Social	Object relation psychology	2	Qualitative and quantitative
Spiritual	Analytical psychology	4	Qualitative

Theoretical concepts and definitions are described in relation to (low) quality of life/ mild depression and to the process of individuation.

The literature on research starts from a broad perspective and moves towards the topic of this research study combining art therapy, quality of life and individuation.

Table 2. Overall search strategy

Topic	Variables	Search	Relevance
Art therapy	Independent	Books	Very relevant
Quality of Life/depression	Dependent	Books, articles	Very relevant
Individuation	Dependent	Books, articles	Very relevant
Art therapy and quality of Life/ depression	Independent and dependent	PsycInfo CINAHL	Relevant
Art therapy and individuation	Independent and dependent	PsycInfo CINAHL	Relevant
Art therapy, quality of life/Depression and individuation	Independent and dependent	PsycInfo CINAHL Books	Very relevant

In my search for relevant research I have used PsycInfo and CINAHL with the following keywords.

Search period is June, July and August 2011.

Table 3. Keywords

Keywords	Psyc Info	CINAHL
Art therapy and mild depression	0	0
Analytical art therapy and the unconscious	18	0

Art psychotherapy and depression	47	4
Jungian art psychotherapy	48	14
Art therapy and quality of life	28	3
Art therapy and individuation	49	4
Art therapy and quality of life And individuation	0	

- As shown, I found no sources on art therapy and mild depression, as mild depression was included in the research studies on depression.
- I did not find any match in my search on Art therapy and life quality and individuation.
- Most research in art therapy is related to physical illness, and I have included some as a way of showing the more general use of art therapy.
- The concept of art therapy has different definitions depending on the tradition behind the training program. Therefore, I used the keywords: art psychotherapy, art therapy, Jungian art therapy and analytical art therapy.
- In my systematic research study here, I used the concept *art therapy*.

2.2.1 Exclusion and inclusion criteria

In my search for literature I made the following exclusions criteria:

- Research with a focus on major depression
- Research on art therapy for physical handicapped people
- Research on art therapy with children
- Research on art therapy with dementia
- Research on art therapy as an occupational activity only

My inclusions criteria were:

- Research on art therapy and quality of life
- Research on art therapy and individuation
- Research on art therapy for people with low quality of life and individuation

2.3 Introduction to the presentation

In the presentation of literature and research relevant for this study, I made the following structure:

I start with an introduction of depression and quality of life from a general orientation based on a biopsychosocial and spiritual context as presented in the literature.

Then I present two main theoretical perspectives related to the understanding of depression, (a) evolutionary and (b) analytical. The evolutionary perspective relates to the art-making process as an explanation of personal as well as social benefits for art making. The analytical

perspective relates to the therapeutic process and works as a tool for understanding the process of individuation.

I follow with a more narrow description of art therapy related to my topic of interest; art therapy and depression /low quality of life therapy, neuroscience and art therapy and individuation.

Finally, I discuss the relevance of my topic.

2.4 Depression

The experience of being depressed can be described as: “persistent feelings of sadness, difficulty concentrating, indecisiveness, hopelessness, pessimism, guilt or worthlessness, fatigue, lack of energy and initiative, an impaired capacity for enjoyment, disturbances of sleep and appetite, and thoughts of death or suicide” (Peteet, 2010, p.72).

2.4.1 Facts about depression

There are three different categories of depression: mild, moderate and major (Borg, Andersen, Kolte, & Andersen, 2010). In this research study, I work with people who are vulnerable to depression, which means that they may overlap the definition of mild depression for shorter or longer periods of time. Research has pointed out, that the criteria for mild depression are unclear, which leads to an uncertainty about history and prevalence, and whether therapy is beneficial (Feldman, Robbins, & Jaffe, 1998). Also, it seems to be difficult to make clear cut categories for the individual who is depressed, as the depression has shown to be dynamic in nature, meaning that the individual can experience different levels of depression over time (Kessing, 2007). Depression can occur at any age and many cases of depressions are limited in time (Ingram, Atcley & Segal, 2011). Ingram et al. (2011) found that roughly 17 % of the population (in USA) has experienced a clinically severe episode of depression at some point in their lives, and that almost half were women. It has been found, that many depressed people go undetected because the symptoms are not always visible to others, which suggests that the vulnerability factor can be much higher. Mild depression has shown to be one of the most common types of depression (Oxman & Sengupta, 2002) and with a significant impact on many medical illnesses, which also points towards a strong economic factor involved (Golden, 2004). It has been shown that the financial expenses used for mild depression is almost the same as for major depression. (Cuijpers et al, 2007). Also, mild depression often predisposes a development of major depression (Rowe & Rapaport, 2006).

The underestimation of the effect from minor depressive states indicates limitations within treatment possibilities (Mitchell & Malhi, 2004), and can lead to a development of a low quality of life factor (Banazak, 2000). Low-resource individuals magnify relatively minor life stresses, and have shown to be more vulnerable to depression than others (Salerno, 2011). The fact that depression sometimes cures itself is considered in my final discussion.

Gilbert has found, that “most vulnerabilities manifest into depression via social interactions” (Gilbert, 2007, p.120). He also states, that people with a vulnerability to depression in general, struggle to find meaning and social connection (Gilbert, 2007), which relates to Dissanayake’s concept of “belonging” (2000) as one of four basic human needs. This was my reason for working with a group instead of individuals, because the group can become

part of the holding environment where individuals can develop a sense of belonging through social interaction with each other. The amount of people suffering from different categories of depression and the use of medication as *the* treatment method has exploded within the last few years following the fast development in neuropsychology. It is assumed that 10 % of the Danish population is diagnosed with depression (when all three categories are coupled together) and that the number of people suffering from depression in the last two categories has doubled from 2003-2006 (Borg, et al., 2010). Depression is therefore a prevalent disease. The foremost treatment of depression is medicine and cognitive therapy. But in spite of this, most people suffering from depression receive only medical treatment. Only 21 % of people suffering from mental health problems (most of which are diagnosed with depression and anxiety) receive any treatment at all, compared to 58 % who suffer from somatic diseases (Borg, et al., 2010). The use of antidepressants increased with 120 % from 1994 – 2003 (Borg, et al., 2010). According to Peteet, “as antidepressants have become the most prescribed class of medication, the percentage of individuals who are also treated with psychotherapy has declined” (Peteet, 2010, p. ix). He explains this with the increasing public awareness of neurobiology.

A research by Fournier (2010) with data from six studies (718 patients) using a medication versus placebo comparison method for at least six weeks, showed no or very little effect from medical treatment of mild and moderate depression. A substantial effect was shown in cases of very severe depression (Fournier et al., 2010).

Ingram et al. argues that “significant change is not theoretically possible; genetic endowment, and hence vulnerability, is seen as permanent (Ingram et al., 2011, p.28). They discuss functional vulnerability levels, which can be affected by antidepressants or other external initiatives, but this does not change the underlying vulnerability, which is why symptoms may reappear when medical treatment stops. They define vulnerability “as a stable and internal feature of the person that predisposes him or her to the development of psychopathology when stressful life events occur” (Ingram et al., 2011, p.42). Their approach is based on cognitive neuroscience and does not include strategies, which involve working with the unconscious self as a possibility for change.

Summary

The category of depression is not easy to define, as the experience of being depressed can come and go over time. The increasing numbers of individuals who experience depression as an inhibiting condition in our culture receive mostly antidepressant treatment, which is why Ingram et al. talks about functional vulnerability levels. The disadvantage in treating depression without changing the vulnerability is that the experience of being depressed is no longer conscious. The motivation to understand and use depression as a reaction to something that needs to change in life is therefore not present either, which means that individuals may continue to live in circumstances that are not beneficial to their mental health.

2.4.2 Depression and parental behavior

Patterns of deficient parenting related to depressive behavior are described by Stevens and Price (2000) as follows:

- Parental absence or separation from the child
- Parental unresponsiveness to the child's attachment needs
- Parental threats of abandonment used as sanctions to coerce or discipline the child
- Parental induction of feelings of inferiority or guilt in the child
- Parental 'clinging' to the child
- Parental inconsistency in the expression of love

(Stevens and Price, p.46)

The connection between patterns of deficient parenting and the pattern of depression is that the depressed individual internalizes the pattern of behavior from modeling the parent, thereby repeating the parental behavior as a self-responsible pattern of behavior.

In the attempt to change depressive behavior it would seem relevant to bring in emotional aspects of the personal life story as part of the therapeutic process, and as a way to separate from the internalized parental structure. According to Stevens and Price, the individuation process as it is described by Jung "is about integrating ontogeny with phylogeny, uniting one's personal existence with the potential existence of humanity" (Stevens and Price, 2000, p.241).

In art therapy, this integration becomes possible through the use of symbols as a manifestation of the "potential existence of humanity" (Stevens and Price, 2000, p.241), integrating the potentials as new patterns of living as an individual. In relation to parental introjects, potentials could for example be manifested through symbols of positive parenting, like an angel, a bear, a mother figure, etc.

2.4.3 Depression, stress and neuropsychology

In brain research studies it has been found, that depression is strongly connected to stress, (Cozolino, 2010; Lazarus, 2006) and that children who experience high levels of stress in the environment within the first 3 years of life, are more vulnerable to later depression than people who start their lives in a safer environment (Cozolino, 2010). It has also been found, that a stressful environment changes the chemistry of the brain through the interaction between the psychological and the social levels of functioning. From a biological point of view, low quality of life experiences indicate high activity in the right hemisphere of the brain and low activity in the left hemisphere (Cozolino, 2010). Cozolino has in his research found, that right hemisphere activity is connected to the Freudian concept of the unconscious and is related to negative emotions, (such as low self esteem) non-verbal and sensorimotoric activity, where the left hemisphere is related to positive emotions (such as high self esteem), reality, sociality, consciousness and language, (Cozolino, 2010). Mental balance shows as a balance between the two parts of the brain. Research on what actually works in psychotherapy indicate, that connecting words to emotions has a balancing effect on the relationship between the right and left hemisphere, and supports the development of self-consciousness, where new neurological connections may be decided. Expressing emotions through words also supports the development of the ability to regulate emotions (Cozolino, 2010). This can be related to the art

therapy process, where emotions are projected into the artwork, and the following therapeutic process organizes and regulates the emotions through language. Art therapy being emotional and cognitive, non-verbal and verbal could be anticipated as a method, which might help in recreating a bridge between the two sides of the brain. Kathy Kravits has found, that “relationship building and creating meaning-making through art offers some powerful strategies for mitigating the negative consequences of the stress response and promoting growth” (Kravits, 2008, p.126). She also found, that the positive experiences in making the artwork had a stress reducing effect. Moral, self worth and emotional control is seen to be the main issue on the psychological level and “it is when positive feelings are toned down and we lose the desire or confidence to engage with and go out into the world that depression sets in” (Gilbert, 2007, p.22).

Lazarus (2006) has also emphasized the strong connection between stress and emotions. He says that it is not possible to separate the condition of stress from emotions in an attempt to understand the increasing development of stress in society (USA) – stress which, in many cases, leads to depression. He describes personal resources as being important in order to avoid the development of stress (Lazarus, 2006).

Most research has dealt with biological and early attachment factors (Cozolino, 2010; Schore, 1994), and less with the deep psychological possibilities of changing unconscious self-images that lie behind low quality of life behavior (Bowling, 2005). I have often heard people say that they want to change something in the way they live, but they can't. The conscious ego is not always in control, which leaves more control to the instincts. Neuroscience has found that shame is one of the social regulating factors, grounded by the end of the second year of life (Cozolino, 2010; Schore, 1994). When the child has positive expectations towards the caretaker and is disappointed by a rejection or negative emotional response, the experience of shame occurs. Repeated shame states can have a damaging effect on the ability to control emotions (Schore, 1994). So, one important purpose of this systematic investigation is to see whether art therapy can facilitate the ability for emotional control by letting go in the creative process and regain control through the meaningful following verbal process. The interplay between the states of chaos and control in art therapy can become an important tool in trying to regain control of a life experienced as a low quality of life. One of the main factors for most psychological disturbances identified within neuroscience (Cozolino, 2010; Schore, 1994), analytical psychology (Edinger, 2000) and attachment theories (Bowlby, 1969; Bowlby, 2004; Stern, 1973), is the early loss of being connected to an authentic self, because of insufficient mirroring within the first 3 years of life.

Research has shown a strong connection between depression and low quality of life (Borg et al., 2010). If quality of life can improve before depression sets in, we might be able to avoid the increasing number of people who get depressed. With a low quality of life, people often have a motivation to change their lives according to their abilities and needs, but usually they need help in doing so.

Summary

The fast development in the field of neuroscience and discoveries about how the brain reacts to psychotherapeutic processes has emphasized the need for creative intervention as a means for creating a balance in the brain function. The interplay between the right and left hemisphere supports the use of imagination and the putting-emotions-into-words-process as a healing process for a brain that have lost emotional control.

2.4.4 Quality of life

Quality of life can be measured from subjective as well as objective indicators. In research studies usually both indicators are used, though the objective indicators have been criticized for not giving sufficient information and the subjective indicators for difficulties because of individualities (Bowling, 2005). In this study I was dealing with individual psychological change and subjective experiences of a good life, investigating whether art therapy can improve the subjective experienced psychological and emotional quality of life. There has been a wide range of definitions in defining quality of life from perspectives being categorized as need related, health related, socially related and psychologically related (Bowling, 2005). Less focus has been made on the evolutionary and spiritual aspects of low quality of life as represented in the literature of Stevens (1993), Dissanyake (2000), and Rosen (2002). Questionnaires based on objective criteria (WHOQOL-BREF) for a positive/negative quality of life was also used in this research study and compared with subjective experiences.

As an objective criterion for a good quality of life I used the results from Dissanyake's anthropological studies (1988, 2000) where she found four basic human needs independent of culture, and her point is that when these needs are not satisfied in life, it has a negative influence on the quality of life experience.

Dissanayake is an anthropologist and has studied many different primitive cultures and the way these cultures use art in their community as a means of living a satisfactory life. She describes the individual *and* social importance of *flow* experiences as it has been carried out in more primitive cultures through the use of different rituals. I find it important to differentiate between (1) the way art making was used in more primitive societies as part of social life also creating balance of the individual as well as of society, and (2) our historical time, where most people have lost connection to this way of experiencing a "flow", and where art making is no longer a social happening, but reduced to children, artists and mentally disturbed individuals. Our cultural attitude to flow experiences has become part of non-productive behavior and has thereby lost its value and function in relation to life quality experiences.

Kaplan (2000) mentions, flow experiences in creative processes as experiences without words, "art is among those activities that can improve the quality of life for all who undertake them. When art making partakes of the characteristics of flow, it provides the kind of optimal experience that produces feelings of psychological growth and makes life in general worth living" (p.76).

This is an argument for bringing art related activities into normal daily living and not just keep these rituals within the walls of psychiatric systems, which is a reason why I think that art

therapy should be for everyone as Dissanayake (2000) suggests, and not just for psychiatric patients. Flow experiences in art making has also shown to be stress-reductive (Dissanayake, 2000), which would be another argument for a wide and culturally determined use of art activities.

Summary

I have described quality of life in relation to the experience of being in a flow in an art making process. The loss of creative activities as rituals in our culture has affected our life quality according to Dissanayake (2000), and one of the reasons for this can be explained by a cultural preference for rational and left hemispheric activities.

2.5 Evolutionary perspective

The evolutionary psychology deals with the most primitive part of the human mind as represented in Jung's theory about the archetypes, and Dissanyake's description of primitive needs across cultures. Central for the evolutionary perspective is, that there are unconscious instincts in the human mind, which are archetypical, uncontrollable and not a product of learned behavior (Lawson, 2008). If something happens to an individual in life, the death of a mother for example, there would be an instinctive reaction to the experience of loss common to all individuals who have a connection to the instinctive layer in the mind. When this reaction is not accepted by the conscious mind, it becomes part of unconscious patterns of reaction beyond conscious control. The instinctive reaction does not disappear because it remains invisible. Some years ago I had two dogs. When I was correcting the leader of them, she would immediately correct the other dog, because she knew that I was *her* leader, so she could not get back at me. She could not repress her instinctive reaction, but she could place it somewhere else. I find, that this knowledge of archetypical behavior related to our frustrated needs can become the missing link in the way we treat mental illnesses in general and depression in particular, because it explains why it is not enough to use the conscious will.

Using the evolutionary perspective can have a practical importance regarding the way we relate to depression in our culture. During the days I am writing this (August, 2011), television is showing news from people in London who destroy shops and kill each other for apparently no reason. Police are involved and try to control the situation. From an evolutionary point of view investigations would be made regarding an understanding of this reaction of destructive violence. What is it a reaction to? Which needs have been so frustrated that the moral ego has lost control to the instincts? An opposite reaction is shown with the depressed individual, who often lacks the ability to respond to environmental stress (Cozolino, 2010). The same question could be asked. What is it a reaction to? This question became an important part of this research study. In my case comparison analysis and triangulation of data, I wanted to investigate if a vulnerability to depression was an archetypical (instinctive) reaction to "something" in the environment. This was the reason for bringing in the biological aspects in this study, because if it would show, that low quality of life was a natural reaction to individual needs not being met through the interaction with environment, considerations should be made regarding a change of environmental factors as well.

2.5.1 Four psychobiological needs

According to Dissanayake (2000) humans have four biopsychological needs or capacities inherent no matter what culture is investigated. They are as follows:

- Mutuality
- Belonging
- Meaning
- Competence

When these basic needs are not met or met in a non-caring way, the individual will respond, in the same way as when a baby cries when hungry for food. In our society all four basic needs are often not met, and according to Dissanayake (2000) this means, that many therapeutic issues which clients bring up in therapy are related to these needs not being met. She says that the biological self does what is necessary to stay alive (Dissanayake, 2000, p.65). Using this approach in understanding depression, depression can be viewed as a reaction to basic needs, which are not satisfied. This is similar to Jung's approach to psychological unbalances, which he also said was a reaction to some outer disturbances related to the individual (Stevens, 1993). This being different to Freud's view, where psychological unbalances were an expression of a maladapted superego (Gilbert & Bailey, 2000).

The mutuality between people, as intimacy and love, can lead to a sense of belonging to a group or society, which helps individuals to gain a sense of identity (Dissanayake, 2000). In a state of depression the sense of identity and self-esteem is very low and often there is a sense of no meaning in life. Without a sense of identity it can be impossible to develop competences, because they are not easily found as a bodily felt experience and joy in doing something special.

Dissanayake's approach suggests that *doing* something instead of thinking about it and doing nothing in a stressful circumstance "induces high positive affect, whereas the reverse is true for negative affect" (Dissanayake, 2000, p.143). The creative process as a 'doing something process' is a quality in art therapy methods, which can satisfy some of the basic needs. The biological purpose of emotions is to motivate us to respond to environmental occurrences in a way, which is good for us (Dissanayake, 2000). By not being in connection with our emotions it can be difficult to do what is best for us when we are in a stressful situation, simply because there is an experience of not-knowing-what-to-do, and for depressive individuals there is a tendency to think about doing more than actual doing something. To reconnect to emotions can therefore help depressive individuals to make choices, which can lead to decisions about what to do in life. As Dissanayake puts it, "the goal is not always to arrive at a destination but to enjoy the journey, and that the journey can become a way of life" (Dissanayake, 2000, p.197). Her approach can be regarded as an opposite of modern societies, which are oriented more towards the product than the process of doing. In art therapy, group participation, group rituals and group art activity and sharing, can stimulate the feeling of belonging to a group, thereby promoting a stronger sense of identity. The physical activity of painting can promote experiences of developing competences, and the therapeutic aspect of art

therapy processes can help the individual to gain more meaning in life. A comparison between Dissanayake's biopsychological model of human needs with group art therapy would look as follows:

Table 4. Biopsychological needs related to art therapy

Biopsychological needs	Art therapy
Mutuality	Experiences of kinship and mutual care for each other
Belonging	Experience of being part of a group
Meaning	Getting to know more of <i>self</i> through therapeutic processing
Competence	Developing aesthetics and skills through art expression

By comparing Dissanayake's model with art therapy I find, that art therapy as a ritual and as a combination of different kinds of processes connects well with instinctive needs of individuals, and Dissanayake's studies represent a strong argument for using art therapy as a healing approach to depression and low quality of life experiences.

Summary

I have presented Dissanayake's model of four basic needs in the human psychology, mutuality, belonging, meaning and competence. They all relate to depression as needs, which are not fulfilled, and can therefore also relate to the potentials clinicians need to take into consideration when working therapeutically with depression. Depression is then explained as a natural reaction to the dissatisfaction and frustration of basic needs not being satisfied in our society. I then compared elements in art therapy with the four basic needs related to art therapy as a potential method for healing.

2.5.2 To make special

Another concept developed by Dissanayake (1988), which I found relevant for this study, is her concept of art as a pattern of behavior, which she first calls "to make special", and later (2000) changes to "elaborate". She says that symbols are not art until they have been elaborated, and that "extraordinary efforts would better assure good outcomes" (Dissanayake, 2000, p.149). To make special was originally a means of showing care and concern for things or happenings within the tribe, which were uncertain or in transition and which needed extra attention to provide a good ending. Related to art therapy, *making special* (as an art expression based on individuality as opposed to conformity) could become a way of providing positive outcome for the individual change. Using art expression as a way to satisfy the need to be special also corresponds to the purpose of individuation as described by Jung, where the individual self becomes more and more differentiated and special during the process of individuation.

According to Dissanayake this process has a social function and value as well as an individual purpose, where as individuation and making special through art, today is regarded as a personal journey only (Dissanayake, 2000). By including the social importance of the individual making its self special, we might also find a social psychological need and relevance for the process of individuation and art therapy.

Summary

Dissanayake's concept of making special is described as an instinctive drive in humans equal to Jung's description of individuation. The process of painting; of finding an individual style of painting, as well as content related to the self, has a similar purpose of making the self special through creative expression.

2.5.3 Attachment and Rank theory

Stevens and Price (2000) describe depression from an evolutionary approach saying, that there are two kinds of depression; one, which is a response to a loss of effective bonds, and another which is based on a loss of social rank or status. In Bowlby's studies of the development of attachment between mothers and their infants, he found, that "maturation proceeds...through a sequence of innate expectations, which the environment either fulfills or fails to meet" (Stevens and Price, 2000, p.20). Bowlby's attachment theory became a parallel explanation to Jung's theory of the archetypal layer in the psyche as instinctive patterns of behavior. Bowlby found, that depression would develop (in monkeys) as a sequence of emotional behavior starting with *protest*, moving into *despair* and finally showing sign of *detachment* when the separation between mother and child remained (Stevens and Price, 2000). "Whereas attachment theory proposes that depression is an adaptive response to losing an attachment figure and conceiving of oneself as unlovable, rank theory proposes that depression is an adaptive response to losing rank and conceiving of oneself as a loser" (Stevens and price, 2000, p.70). Both kinds of experiences seem to have an impact on the self-understanding and subjective reality of the individual. Compared to Dissanayake's model, the attachment theory can relate to the need for mutuality in the sense, that mutuality is developed through attachment, and the rank theory can be related to the need to belong, thereby developing a sense of identity (Dissanayake, 2000). As a new orientation in treatment of psychological unbalances, Stevens and Price suggest a different and evolutionary approach saying, "that however disordered, one-sided or constricted individual psychological development may be, the potential for further growth and better adaptation is still there, implicit in the psychophysical structure of the organism" (Stevens and Price, 2000, p.241). Stevens and Price have presented depression as a losing strategy based on the reptilian – archetypal – level of brain functioning. Behavior based on the reptilian part of brain functioning is not only unconscious but also instinctive and out of control. The ego cannot use the will to change the condition (Stevens and Price, 2000). In relation to treatment of depression this would mean, that therapeutic methods, which are based on conscious reflection only – like cognitive and behavioral approaches – will not be able to change the pattern of the depressive behavior, because they do not reach the archetypal level of the reptilian brain function. This can be an argument for the use of art therapy based on Jung's psychology, where

the use of symbols creates a link to the instinctual archetypal part of the psyche. According to Stevens (1993) depression is linked to the archetypal polarity of submission (defense) and dominance (aggression). Since the depressed ego identifies with the defensive and submissive aspect of the archetype, it would be expected, that the unconscious would bring up the opposite in order to regulate the archetypal balance.

Summary

The attachment and rank theory as an explanation to depression is compared with Dissanayake's need related model and Jung's archetypal psychology. The reaction to a lack of attachment to someone else is considered to follow a sequence based on Bowlby's investigation of (a) protest (b) despair, and (c) detachment. Potentials for healing are described in connection to the reptilian part of the brain and symbolism.

2.5.4 Elaboration on the concept of “meaning”

An important concept related to quality of life is the concept of “meaning”, which I also mentioned as a basic need according to Dissanayake (2000). To have a sense of meaning in life indicates that an individual has a connection to life and a purpose for living. Eric Maisel (2002) has pointed out that a creative development towards the increase of meaning in life can change people suffering from depression. He also describes how addiction can become a way of avoiding a meaningless life, thereby avoiding depression. Following his approach to depression, we might consider people with addictions to belong to the group of people living with a hidden depression. High meaning in life has shown to be connected to less depression where as high depression indicates low life meaning (Kleftaras, Psarra, & Kalantzi-Azizi, 2007). Kleftaras did a comparative study with 401 newly recruited young men for the navy. They were given three questionnaires related to (a) depressive symptomatology, (b) meaning in life, and (c) sociographic factors. Significant factors were found between meaning in life and depressive symptoms, and the most important sources for meaning were found to be romantic involvement/ marriage, and participation in social activities. Considering the social situation of our time all over the world with unemployment going up, and a divorce percentage around 50, this can be a socially related explanation for the increasing amount of people getting depressed. It can also relate to the dissatisfaction of Dissanyake's description of three biopsychological needs: mutuality, belonging and competence. A question from this comparison could be whether mutuality, belonging and competence are more basic needs than meaning, and whether meaning is a consequence of the satisfaction of mutuality, belonging and competence. If this is so, it might be relevant to have more focus on mutuality, belonging and competence than on meaning.

2.5.5 Meaning and spirituality

Viktor Frankl, who was a psychiatrist from Austria and a survivor of the holocaust during World War II, founded a bio-psycho-spiritual direction in psychotherapy called “Logo therapy”, where individual meaning became the most central aspect of the therapeutic goal. The sense of meaning in Logo therapy is both related to spirituality as well as to the individual existence (Battafarano, 2008) The concept of meaning is very central to Jung's concept of the

religious function, where the question 'why' relates to the search for meaning, and "for a different sort of knowledge, which wins our assent because it finds an inner resonance" (Alister & Hauke, 1998, p.160). The process of finding the inner resonance or meaning in life is an imaginative act and not logical (Alister & Hauke, 1998). Similar to this, is the work Rosen (2002) has done with people who have survived suicidal attempts, where he found that when people realized that they survived, their depression was gone and in most cases did not come back. He relates this happening to his concept of ego-side meaning, the symbolical death of the ego, in order for the self to get more access to consciousness, thereby creating new meaning in life. For Rosen the creative process of developing meaning goes through the stages of separation, initiation and returning. His concept of ego-side indicates the separation from the "old" ego, initiation is the process of exploring the unconscious and the return stage is the process of reintegrating to social life in a more meaningful way. In the Jungian analytical psychology, meaning is not the goal of the therapy as it is in the Logo therapy, but is valued as part of the activity and more connected to synchronicity of experiences. In the Jungian orientation, meaning can be connected to a resonance between the inner self and outer circumstances, which for many individuals continues after therapy has ended (Stein, 1993a). According to Stein (1993a), meaning is the result of the combination between instinct and symbol, and he suggests this longing for meaning to be the main reason for people seeking therapy.

The most important difference between Frankl's orientation and Jung's is that Jung had a focus on the symbolical aspect of meaning as it resonates with the self, where as, Frankl used a more logical approach.

Another spiritual approach to depression has been developed by Peteet (2010), who is a psychiatrist. In his book "Depression and the Soul", he describes spirituality as it relates to different religious systems based on the foundation of God as an external force. He found, that individuals with depression could improve their quality of life by improving a belief in a God. His approach is based on the ego relating to a projected self and not to a self within the individual. Compared to Neumann's (1973) developmental theory and description of the primal relationship between mother and child, the child will project the inner self to the mother, who then becomes the God image for the child, until the child can take back this image and connect it to the internal self. This process of independence, where the child becomes more and more of an individual, is not part of Peteet's approach to spirituality. He does not connect spirituality to individuation, but sees a potential in relating to the projected archetypical self.

2.5.6 Meaning and vitality

For the depressed person, meaning is often absent, and there is a lack of vitality in the body. Stern has described forms of vitality as modalities, which can be activated through creative expressions and he says, that they "are crucial for a sense of being alive" (Stern, 2010, p.35). He describes the forms of vitality as a way to get access to "non-conscious past experience, including memories, dissociated experiences, phenomenological experience, past experience known implicitly and never verbalized, and in particular "implicit relational knowing" (Stern, 2010, p.11). His emphasis on creative expressions as a way to activate forms of vitality has

special relevance to this research study, as an energetic/ biological aspect of the creative process in art therapy. It can also be seen as an energetic and biological foundation for meaning.

Summary

Lack of meaning is one of the most common experiences in depression. I have described meaning in relation to spirituality, the rational mind as well as to vitality and a feeling-related experience of meaning. Meaning is discussed in relation to Dissanayake's four needs as a need, which unfolds as a natural consequence of fulfilling the needs of mutuality, belonging and competence. Finally meaning is related to an external source (Peteet) and to an internal source (Jung). In this research study, meaning was first related to an external source, as symbols projected into the artwork, and through the following imaginative dialogues related to the internal source, as a felt experience of the self.

2.5.7 The Biopsychosocial and spiritual model

According to Gilbert, "it is useful to think of depression as sequences of interaction processes that create complex biopsychosocial patterns that can spiral a person downwards" (Gilbert, 2007, p.17). Biopsychosocial interactive processes happen in the interaction between biological, psychological and social levels of functioning. Rosen (2002) has in his study of depression included a spiritual dimension, which he connects to the experience of *meaning* and *soul* similar to Jung's understanding of factors involved in the healing process. Also Dissanayake (2000) in her model of the four basic needs includes the spiritual dimension in her understanding of meaning as one of the basic needs. In art therapy, I find it relevant to understand the art therapeutic methods in relation to what the client needs. Emphasis can be put on one type of activity because a certain need needs to be taken care of more than another. In my clinical experience I have found, that when individuals are living with stress, the need to care for the body and to reconnect with the rhythm of the body is more important than to create competence and meaning. Stevens also points out, that "the greater the gap between archetypal needs and environmental fulfillment of those needs, the greater the stress and the more incapacitating the illness" (Stevens, 1993, p.69). By having a focus on the creative activity more than the therapeutic understanding or social connection, the individual can gain some sense of love towards the self. Through the joy of painting and the satisfaction of the need for mutuality (with one self), other needs can then become conscious, and the focus in the art therapy process may change. The advantage in looking at depression from both a biological, psychological, social and spiritual context can be that the methods chosen in art therapy can become goal oriented and specific, rather than randomly chosen.

In an article by Creek (2008) art activities are suggested as a social psychological support for people who are, (a) unemployed, (b) physically ill, or (c) living with pain and anxiety. This is a thought similar to Dissanyake's idea of using art in society to fulfill basic human needs.

Considering the increasing amount of people living with a low quality of life, it would be appropriate to discuss what the environment – family, educational systems, institutions, politicians, social support-systems, treatment modalities – can do to fulfill these basic needs,

which have been part of humanity since the dawn of time.

Summary

I have described depression as a biopsychosocial and spiritual interaction, where changes on one level activate other levels as a complexity of functioning. I want to include all four levels in this systematic research study as a way to better understand how this interaction takes place. I have compared Gilbert, Jung, Dissanyake, Rosen and Stevens in the attempt to differentiate the biological level as a foundation for archetypical patterns of behavior.

2.5.8 Summary to the evolutionary perspective

The essence of the evolutionary perspective in relation to depression can be summed up as follows:

- Depression as a reaction to basic needs, which are not satisfied in our culture (Dissanyake)
- Depression as an archetypical pattern of behavior (Jung, Stevens)
- Depression as a need to be special (Dissanayake, Jung)
- Depression as a lack of spiritual meaning (Peteet, Jung, Rosen)
- Depression as a lack of vitality (Stern)
- Depression as a biopsychosocial and spiritual interaction of perceptions (Gilbert, Rosen)

In using the evolutionary perspective to understand art therapy processes, I find it has a special relevance in relation to the art-making process in art therapy. The ritual of creation has an effect on the body (Stern, 2010), which affects the quality of life on a biological and instinctive level. For the individual who is depressed, the creative process can bring back the experience of being in a flow with life, and for some this will be a meaningful experience. It does not however, create a conscious understanding of the depression as a reaction to something in existence. On the contrary, art making can become the “drug”, which can keep an individual in a psychological self-destructive pattern of behavior, because the joy of creation takes the mind away from trouble. This paradox in the creative process where fulfilling one (biological) need, leads to sacrificing another (psychological) need, is a topic, which I find is relevant but unnecessary. In my professional life, I have never experienced anyone who did not want to get to know her or his self. There might be introjects (internalized voices from outside), who resist the independency of the individual self and who try to stop any attempts towards individuation, but as soon as the connection is made between the ego and the authentic self, these destructive forces seem to lose their power and negative influence.

In the following, I present concepts and models from the analytical psychology, which I used in relation to my data collection.

2.6 Analytical perspective

The function of the analytical perspective is to create meaning on a psychological, social and spiritual level. The creative art making process makes sure, that this meaningful experience

becomes a bodily felt experience, as well as an intellectual understanding of the self.

2.6.1 The unconscious

I use the theoretical concept of the unconscious in accordance with Jungian analytical psychology, where the unconscious is defined as existing of a personal unconscious and a collective unconscious part (Edinger, 2000). According to this theory the personal unconscious relates to our personal history and the collective unconscious does not. Working with symbols (which in this theory is understood as the experience and manifestation of archetypes from the collective unconscious) might therefore, create a connection to not yet realized potentials within the psyche. This can become a useful theoretical concept in understanding the development of new parts of the psyche, which seem to emerge in working with the healing process of mental imbalance. The theory mirrors a basic difference between Freud and Jung in the sense, that Freud assumed that the unconscious is filled with rejected experiences of negative emotions from the person's life, while Jung's approach to the unconscious was, that our psychological resources and not-yet realized potentials are a major part of the unconscious content and possibilities. In brain research, the personal unconscious level of the psyche is related to the right hemisphere of the brain (Cozolino, 2010). The collective unconscious level of the psyche is related to *objective* expressions of the psyche, which manifest themselves through symbols (Kaufmann, 2009). There have been many discussions about the concept of the archetypes, partly because Jung himself changed his explanations during his life, but also because it has a spiritual connotation to it. Brain research studies in general, seem to ignore archetypical psychology and only relate to the personal level of the unconscious. Jean Knox (2003) has made a comparison study between neuroscience and archetypes and she describes the archetypes as a kind of matrix connected to the genes, where symbols are activated and manifested through object relations. In neuroscience this means, that the right hemisphere appears to be connected only to negative emotions and experiences, which leaves an open question about where in the brain the archetypes are located, when we want to use their potentials. Stevens and Price (2000) have connected the archetypes to the reptilian part of the brain as instincts related to affect and with no emotional connotation. In this research study, symbols were considered to be transformers of negative emotions, because the symbol relates to a deeper (affective) level in the psyche, as a biological level to emotions. It was assumed that symbols contain not yet realized potential and that the symbols therefore represent *more* than personal emotions (Kaufmann, 2009). In the literature it is stated that symbols can appear as compensation to one-sidedness in the ego attitude, and as such can have a balancing effect on the conscious mind (Edinger, 1972).

The scientific difficulty in using symbols is, that they cannot be translated to only one meaning, and as such they are only meaningful on a subjective level. A symbol in a painting can for example, be experienced in as many ways as there are individuals present in the room. This is both part of the advantage in working with symbols, but can also become frustrating to the rational mind, which prefers to deal with the objective reality where there would be only one translation of a symbol. This signifies the difference between Freud and Jung, since Freud

being more rational in his psychology would look for only one meaning to a symbol, where as Jung would be open to more understandings. The archetypes are not individually formed matrixes, but formed by evolution and relate to patterns of behavior specific for different aspects of human life, such as childhood, youth, adulthood and old age. Different patterns of behavior relate to different parts of our lives, and the unconscious is instinctively guiding us progressively through the different phases of living by using mythological symbols (Stevens, 1993). In the practical use of a symbol, as in art therapy, meaning evolves from the individual's ability to make sense of the symbol and emotionally connect to the archetypal theme presented in the symbol. The meaning, which is felt to give sense to a certain question in mind through the symbol, will have a supportive function in further development as a new insight creating new neurological pathways in the brain, which can initiate changes in mind and behavior. This is the purpose of using symbols in the first place, and the mere discussion about the translation of symbols to have only one meaning is a discussion, which belongs in a Freudian context and not in a Jungian. According to Stevens (1993), a pattern is found to be archetypal when it satisfies three criteria, which are: universality, continuity, and evolutionary stability. He argues that an archetype is "a living system of reactions and aptitudes that determine the individual's life in invisible ways" (Stevens, 1993, p.11). The invisible aspect of depression is also the part, which is difficult to approach. The visible aspect of depression is the conscious ego attitude of submission and defense, while the invisible aspect is the unconscious dominance and aggressive behavior, which can be felt as countertransference experiences when working with depressed individuals, or experienced in artwork, dreams and content from the unconscious as the self's attempt to create a balance in the psyche (Stevens, 1993).

Summary

I have described the unconscious as having a personal content as well as an archetypal. The interplay between the two layers in the unconscious is important in relation to change, since the archetypes represent the potentials necessary for change to happen. I also mention that a symbol can have more than one meaning depending on the individual relating to it.

2.6.2 Jung's model of the psyche

According to Jung, the unconscious will tend to manifest as figures or persons in dreams and artwork, related to different layers in the psyche, which he called the shadow, the masculine and the feminine (Animus in a woman and Anima in a man), and the self (Skov, 2009). The shadow is related to the ego as it's opposite, and represents the rejected part of the conscious self-image. If the self-image in consciousness is very negative, as is often the case in a depressed position, the identity of the shadow can be very positive to counterbalance the ego position. As such the shadow represents the potential, which the ego rejects. The Animus represents a woman's masculine polarity, where the Anima represents the feminine polarity in a man. Part of this layer in the psyche is based on personal experiences of the actual father or mother who has become part of the internal world through imitation and introjection of the behavior of the parent (Neumann, 1973). The activity of the masculine and feminine archetype is made conscious through the actual mother and father, but beneath these personal experiences the archetype itself contains multiple potential experiences of the masculine and feminine

principles. Therefore the archetype holds the key to potential new connections with the masculine and feminine. For example in a depression where the active and dynamic masculine part is not available (in neither man nor woman), it can be important to develop another aspect of the masculine archetype in order to change the depressive pattern of behavior. In my book “Helteudvikling i Parforhold” (Hero Development in Relationships), (Skov, 2007), I have described the development of four different aspects of the polarity structure and how art therapy can be used to facilitate a developmental change in this layer of the psyche. The book is based on my clinical work with clients and my teaching through many years. My assumption in this study is that the unconscious relationship between the masculine and the feminine has a phenomenological consequence to the experience of quality of life. In an example from my clinical practice, a woman who chose a tiger for her feminine side, and a bull for her masculine out from my animal box said, that the tiger wanted to eat the bull, so she just *had* to change the bull to a more peaceful looking bull from the box, for them to get along. So she needed to reduce the power in the masculine, in order to imagine a more peaceful dialogue between them. In her life, she was living with too much stress at work, and she was considering quitting her job, as she felt her masculine side was overburdened. Most people do not differentiate between their masculine and feminine sides, but can do so easily when asked. To bring the awareness *down* to the more unconscious functioning of the masculine and feminine sides in the psyche means, that it becomes possible to work with the relationship. This of course is not possible when they are melted together with the rest of the unconscious. The most important function of the masculine and the feminine parts in the psyche is to take care of and manifest the self, when instinctive impulses are activated. The feminine part will listen to the body in the attempt to understand the need, which may be an intuition or a sensation, and the masculine part will initiate the activity, which will satisfy the need. The use of imagination is unavoidable if a pattern of behavior shall find new neurological pathways in the brain (Cozolino, 2010), and imaginative dialogues can become part of the third field where opposites can transform (Mathers, 2009; Raff, 2000).

Cooper (2008) has found, that the outcome of psychotherapy in general increases according to the level of experience, and one of the reasons is, that the client shows a more productive involvement in the therapy. According to this finding, the psyche has the ability to transfer material from both the personal as well as from the collective unconscious into dreams, images, symbols, emotions and illnesses, and as human beings we can make it possible to relate to the unconscious in a manageable way. Only a small part of the unconscious is revealed through projection, and it then becomes possible to create a dialogue with this small part of the unconscious as if it was another person (McNiff, 2004).

Summary

As the unconscious often visualizes itself as persons, it becomes possible to relate to the unconscious content by relating to the imaginative persons in artwork, dreams and imaginations. I describe the inner polarity between the masculine and the feminine as playing a central role in depression, where depressive behavior shows an absence of masculine potential.

Working with the relationship between the masculine and the feminine part of the unconscious, through imaginative art therapy processes, became part of the art therapy method in the clinical part of the research study.

2.6.3 The relation between the conscious and the unconscious

Sanguineti (2007) explores connections between neuroscience and ways to combine the conscious mind with the unconscious. He writes about “the other” as an evolutionary biological necessity “a true archetypical construct” (Sanguineti, 2007, p.131). Sanguineti differs between the subjective ego and the objective self and talks about the need to establish a relationship between the two parts in the psyche in order to promote “mental evolution and growth” (Sanguineti, 2007, p.96). He writes, “The process of change was explored and conducted through the ego. This process fed the self with new or revised information; mental images and neural patterns in the system of assemblies carrying specific values and self-concepts underwent a gradual change as new meanings were attached to old experiences.” (Sanguineti, 2007, p.67). In my clinical practice I have often observed this process happen during imaginative dialogues. The dialogue starts out as a symbolic conversation between the image in the artwork and the client, and without logical reason, an old forgotten experience with the mother shows up in the middle of the session. I have experienced that this movement or transition between the ego level (personal life experiences) and the self level (transpersonal symbolic experiences) can be very transforming to the client’s self-understanding and emotional situation. I have also experienced, that this transforming impulse or the process of opening up to the personal level of the unconscious in therapy, comes as a (helpful) surprise (as if it is emerging from the unconscious) in the therapy situation. It often happens at a time, which no one could have foreseen, and at a time in therapy where it feels natural to the client (with the right timing). To me, these experiences from clinical work seem to indicate that the function of self-regulative abilities in the psyche during the practice of art therapy can be activated.

2.6.4 Ego-self axis

The theoretical concept of the ego-self axis (Edinger, 1972; Neumann, 1973) was developed to describe the relationship between the conscious ego and the unconscious self. It is developed to understand the process of individuation in the Jungian analytical psychology, as this is a process, where the ego and the self are in a meaningful dialogue. Sanguineti (2007) also suggests a need for understanding and developing a better balance between the ego and the self, if neurobiology shall become better integrated with psychology.

In a Jungian clinical practice, the therapist’s own ego-self connection has a determining effect on the outcome of therapy, because the unconscious relatedness to the client is considered to be of great importance for the healing outcome (Sedgwick, 2001).

The ego-self axis is a concept with three clinical implications.

1. One definition is related to the London Developmental School, which was founded by

Michael Fordham (Jacoby, 1999) representing the main attitude where the individuation process starts from birth and continues throughout life.

The concept of the ego-self axis was first developed and described by Erich Neumann as a concept related to the development of the actual child (Neumann, 1973), and not only to the symbolic child (as in the classical school). The child's projection of self on to the mother, in the early symbiotic phase of life, becomes the child's first experience of the ego-self relationship. When the child gradually becomes more independent from the mother and internalizes the mother as an inner self-caring and self-supportive image (if all goes well), the ego-self axis in the child will have a foundation for a healthy development. In the developmental school of psychology there is an emphasis on the ego development.

2. A second approach to the ego-self axis concept can be found within the classical Jungian school, (Jung, von Franz and Edinger as representatives), where the ego-self axis starts to develop during the mid-life crisis as a result of an experience of life being meaningless, indicating a lack of connection between the ego and the self. Jung's basic understanding was that the unconscious has so much more power than the ego, and that the self constantly tries to regulate and develop the behavior and mental attitude of the ego. The process of individuation consists of the ego coming to terms with the unconscious, trusting the regulative voice as it shows up in dreams, emotions and imaginations. In the classical school of analytical psychology, there is an emphasis on the ego-self relationship.

3. The third approach to Jungian psychology is the archetypal school with Hillmann as representative (Samuels, 1985). In this understanding of the process of the ego-self axis it is taken for granted, that the ego is strong enough to surrender to the self. Instead of translating the self so that the ego can understand the regulative information coming from the unconscious level of the psyche and thereby, can change behavior or attitude to life, this school intends to initiate the ego to the domain of the self in order to explore the archetypal.

In this research study, I wanted to have all three possibilities available as attitudes and ideas I could use in my dialogues with the participants. I wanted to use the concepts of ego and self as parts of the psyche that can be described as functioning dynamic gestalts in the psyche and thus describe them in third person. It is my experience from clinical work, that if the ego has no trust in the self and shows more or less resistance towards the imaginable activities, the trust in me as a therapist can become an important replacement of the (mother) self. Through my confidence in exploring the unconscious self, I wanted to invite the participants to follow with a trust in the process. I focused on the relationship between the participant and myself as a clinician trying to promote trust in working with the unconscious self. This approach can be found in the developmental school and also in the definition of Jungian psychotherapy, as being different from Jungian analysis (Sedgwick, 2001). When trust (and hope) has been established, the joint attention typically opens up towards the self with an interest in knowing potentials attached to the archetypal. This part in the clinical work indicates a more classical approach with the ego-self axis in focus.

Using active imagination to explore images in artwork is in my experience, self related and not ego related. The self is projected into the artwork as a symbol, and the dialogue develops on the premises of the self (imaginative), and not of the ego (interpretative). This possibility of getting access to the self by using art as a tool of expression and making dialogue is one of the most important qualities in art therapy and other expressive modalities, and this is the main difference to verbal psychotherapy. We can move here between the ego experiencing the process and the self, representing “the other”, as a movement between the ego and the self, indicating a transition where the classical approach is used.

The basic difference in the three Jungian school directions is whether the focus is on the ego (developmental school), the interplay between ego and self (the classical school) or the self (the archetypical school).

In this research study, I was looking for people with a mild depression to participate in the art therapy group. As I had not met the participants when I planned the clinical part I wanted to have an open mind regarding the approach that I wanted to use during the therapy process. With some of the participants I might want to focus on the relationship and the way we relate in our dialogues putting attention on the transference material and on the way I can or cannot use my countertransference experiences in therapy. With others I might use a classical approach where the attention will focus on the material coming from the participants unconscious. Here I would be interested in the exploration of this material, as it manifests itself in artworks, together with the participant. I did not want to reduce images to the personal level unless the participant invited me to do so. With some of the participants I might use an archetypical approach, if the ego had the strength, resources and curiosity to investigate the archetypical layers in the unconscious mind. My strategy was to be able to use all three approaches in the clinical study as possible approaches according to the situation of the client. Consciousness on the clinical strategy became an explicated part of the qualitative part of the analysis of the data.

These three attitudes represented in the different schools of Jungian psychology was part of my self-reflexive notes during the therapy process as a reflection of my therapeutic approach in the therapy with the participants. Another important part of my self-registration was countertransference issues. I found it important if not necessary, that my own ego-self axis stayed open and connected during the therapy process, in order to support the participants in their process. I used my clinical supervisor to deal with countertransference issues as well as cultural issues that came up for the participants and myself, and describe this process in the heuristic part of the thesis.

2.6.5 Ego-self relationship

The main focus in the clinical practice of analytical psychology, developed by C.G. Jung, is first of all to develop a relationship between the ego and the self, if that connection has been broken (Edinger, 1972). Edinger says, that “clinical observation leads one to the conclusion that the integrity and stability of the ego depend in all stages of development on a living connection with the Self” (Edinger, 1972, p.37), and that “the ego-self axis represents the vital connection

between ego and Self that must be relatively intact if the ego is to survive stress and growth (Edinger, 1972, p.38). The concept of self in analytical psychology has a subjective as well as an objective definition, (Edinger, 1972; Kaufmann, 2009), and in the following table, I relate the subjective self and the objective self to images, dialogues and the unconscious.

Table 5. Work-schema; connections to the subjective and objective self

The self	In images	In dialogue	In the psyche
The subjective self	Repressed emotions/ experiences	Life history / problems	The personal unconscious
The objective self	Symbols	Spirituality/ resources	The collective unconscious

In brain research (Cozolino, 2010) and theories of attachment (Bowlby, 1969, Schore, 1994) the concept of self is defined as a subjective self. For me, it is important to use the concept of the objective self, because the connection between the ego and the objective self was investigated for eventually having an imaginative and self healing quality transcending the personal history. Without the concept of the objective self, (and archetypal psychology), this will not be possible. Erich Neumann used the concept of ego-self axis in his child developmental theories, where he emphasized the child's relation to the self through the projection of self onto the parents, especially the mother, who then became the representation of the unconscious (Edinger, 1972; Neumann, 1973). The mother's acceptance or rejection of the child's expression and behavior became the key to the child's further growth and development of the ego (Edinger, 1972). For people with depression, there seems to be a general experience of low self acceptance and self-rejective living in the form of negative patterns of thoughts, negative self worth and shame (Gilbert, 2007), which could relate to early damage of the ego-self axis. Edinger used the ego-self axis to describe the necessary balance for the more mature exploration of deeper layers in the archetypal self (Edinger, 1972). A strong relationship between the conscious ego and the unconscious self indicates, that the ego and the self are separated enough to create an imaginative dialogue (Raff, 2000). If the unconscious self is dominating the ego, or the ego is dominating the self, the ego-self axis is out of balance indicating a lack of self-acceptance (Edinger, 1972). In my own clinical work with clients, I have found this balance to be of great importance, when working practically with the unconscious. If a person has a dominant ego and a weak connection to the unconscious self, there can be vulnerability to being overwhelmed by emotions coming from the unconscious, when we stimulate the unconscious as part of using art therapeutic methods. Taking the ego-self axis into consideration in this research study, can help adjust the methods I use with the group participants in the project, and it will also become an analytical category for measuring ego strength / weakness / vulnerability. Stabilizing the ego-self axis can become a self-related and self-regulating method that participants can learn to use in their personal lives with less emphasis on a long lasting transference relationship to a therapist. The following model will serve to give an overview of three different positions of ego-self relatedness, based on Edinger

(1972). I have added some working model concepts from brain research, which is elaborated on later. I used this model in my clinical work with the participants, where I analyzed the development of the ego-self axis during the 6 month therapeutic process, using qualitative open/ unstructured therapeutic interviews.

Table 6. Ego-self axis based on Edinger (1972)

Ego-self axis	The ego is more conscious than the self	The self is more conscious than the ego	The ego and the self are consciously related
Ability to control emotions	Too much control	Too little control	Flexible
Brain activity	Left hemisphere dominance	Right hemisphere dominance	Dialogue between the two parts of the brain

Summary

The relationship between the ego and the self was considered as one of the most important functions in the psyche in my systematic research study, as it was anticipated that a restoration of this relationship could improve quality of life significantly. In my presentation I introduced three clinical implications within analytical psychology, as attitudes related to the unconscious self. In a depression, the right hemisphere has dominance over the left hemisphere indicating an unbalance in brain function, and a lack of ego strength.

2.6.6 The self

In Jungian psychology, the concept of self is understood as having a personal connotation as well as an objective one (Sullivan, 2010). The conscious part of the personal self is connected to a “me”, and how “I” think of myself. The unconscious part of the personal self is connected to the part of me that was rejected during upbringing and which in Jungian psychology is called “the shadow” (Sullivan, 2010). The personal self-concept thereby relates to a person’s life history, where the rejected parts are unconscious. This personal self-concept in Jungian psychology is similar to “most psychoanalytic notions of the self” (Sullivan, 2010, p.51). The objective self-concept in Jungian psychology is a demanding intentional “energetic force that strives for much more than instinctual satisfaction... It is trying to balance and complete the person” (Sullivan, 2010, p.50). In the attempt to create a balance in the psyche, where the *I* can experience a meaning in life, the *I* need to be related to the objective self, in order for the self to complete the person (Sullivan, 2010). In working through the personal unconscious level, hereby confronting the rejected me (the shadow), the ego-self axis can become stronger and thus increase a person’s self-relatedness (Sullivan, 2010).

Schore (1994) talks about a core-self, which develops through interactions with another. When the early period of attachment is stress related or in other ways not mirroring the needs of the child, dissociation from the self can lead to an imbalance in mental health. This is similar to the theories in Jungian developmental theory, where the early mother-child relationship can create damage in the child’s attempt to develop a strong ego-self axis (Neumann, 1973).

Jungian psychology has been most known and accredited for the individuation process later in life, and less for the developmental process based on object relations. The concept of the self is never the less based on the same philosophy in both directions within Jungian psychology, namely that there is an individual core self, which through self regulative activity tries to become and live as an individual. It was Jung's basic conviction and experience, that mental disturbance was the self's attempt to regulate the life of the ego. He did not regard depression as an illness, but merely as a state where the self is trying to regulate the ego to live more in accordance with the individuality of the self. In that sense it would seem, that the needs of the self are more important than the needs of society in Jungian psychology, which is probably one of the main reasons why Jungian psychology is still not fully recognized in our society as a psychotherapeutic healing method. When it comes to depression and the way a depression can destroy the quality of life for so many people today, I agree with Jung's ideas and find it important to exclude the needs of society during part of the healing process of the individual. Dissanayake (2000) also talks about a biological self that responds to environmental happenings in order to survive. Rosen (2002) describes the individuation process as consisting of three phases: separation (from society), initiation (to the unconscious and the self) and returning (to society). Rosen's concept of *returning* in the final part of the individuation process involves a new interactive approach with society after the new ego-self relationship has been established, thereby indicating a benefit to social life as a whole.

My research study is mainly concerned with the first two phases of the individuation process, where creating contact with the self, getting to know the self and trusting the self became important issues. Personally, I also find that more cognitive therapeutic interventions would be appropriate in the phase of returning, because this phase would then be based on the need to become integrated in society with new potentials.

In low quality of life / minor depressive states, an understanding based on Jungian psychology will involve that the connection to the self has to some extent been broken, so that emotions have become more negative than positive, thus creating an imbalance between the right and the left side of the brain (Cozolino, 2010). An important task in psychotherapy will therefore be the attempt to reconnect the ego to the self and to use methods that bring meaning to both the ego and the self. For this purpose "Active Imagination" was the clinical method I applied in the clinical part of the research study and data was collected based on this method. I intended to use the method of active imagination on two levels (a) a personal level, where dialogues between the ego and projected parts of the personal unconscious into the artwork take place, facilitated by the art therapist, and (b) at an objective (archetypical) level, where dialogues between the ego and projected parts of the self in the artwork, facilitated by the therapist, take place.

Summary

The self is described as being subjective as well as objective and related to meaning, as a felt connectedness with the objective (archetypical) self.

The purpose of working on the personal level is to create a frame for restoration of a lost

connection to the authentic self for the client. And the purpose of working on the objective level is to get to understand and create a possibility to develop new parts of the self that have not been activated before.

2.6.7 Imagination

I use the term “imagination” as being different from fantasy (Chodorow, 1997). In Jungian psychology imagination can be seen as a self-related process, where fantasy is related to the wishes of the ego (Chodorow, 1997). In this research study, the goal of the clinical work was to work with imagination and not with fantasy and to collect data from this clinical platform. The use of imagination for people who are vulnerable to depression is important because the depressed person has lost the imaginative ability (Gilbert, 2007), and therefore needs to be reconnected to imagination in order to change negative patterns of thought and behavior. To use the imaginative language and not only the rational, will also be important when we are exploring symbols and resources related to the objective (archetypical) self, thus forming a bridge to new potentials.

According to Jennifer Church, a failure in imagination leads to a lack of distinction between what is subjective and what is objective. She says, “Imagination is what combines various impressions, present and past, actual and supposed, into a single experience in such a way that we experience the world as an objective world” (Jennifer Church, 2003, p.178). In order to separate the subjective world from the objective world, imagination is needed in order to create this distinction so that depth of experience and language can be restored. In neuroscience research, imagination has been described as an important function in the brain, which is strongly connected to the physical body (Doidge, 2007). What we do with our thoughts can change our brain parts and lead to physical changes in the way we act (Doidge, 2007). This is because physical activity and imagination seem to activate many of the same parts of the brain (Doidge, 2007). I find that these findings in neuroscience research reinforce the value of using imagination within psychotherapy. Or we can predict that psychotherapy without imagination creates no or little change in behavior and/or mental attitude. In this research study, imagination is an important art therapeutic tool in the process of exploring symbols both in the clinical process and in data analysis. The art of exploration will differ in the clinical part and the data analysis part of the study.

Jennifer Church discusses depression as a “failure of imagination” (Church, 2003, p. 176), and as a blend of perception and feeling, which makes it difficult for the depressed to make a distinction between the subjective and the objective, or inner and outer.

This is because “imagination combines various impressions, present and past, actual and supposed, into a single experience in such a way that we experience the world as an objective world – as a world with spatial and temporal depth within which we are positioned as subjects with limited powers” (Church, 2003, p.178). In the depressed state, where the experience of the world seems more grey and flat and without the ability to imagine something different, the creative process can become an activity which can help separate the experience of feeling from the perception of reality, through the process of projection, where the objective world are represented in the artwork as a separate place than the subjective perceptions in the body. If this

blend of perception and feeling is related to the early blend between mother and child, being a submersion of subject and object before the child separates from the mother, the creative process can come to function as a symbolic act of separation between mother and child. This would mean that the creative process for the depressed person, in itself could become a healing factor and a necessary process before verbalization.

2.6.8 Active imagination

Active imagination as a method to explore and relate to the unconscious was developed by Jung during his crisis and breakup with Freud. The basic idea in this clinical method is to keep a separation between the symbol and the ego so that the imaginative dialogue between the symbol and the ego can develop. Instead of analyzing the symbol in the attempt to understand it, you would ask questions allowing the symbol to speak through the ego. “Talking *about* images has led to the more intimate and imaginative step of talking *with* them. Talking about pictures is from the perspective of ego... As a participant in the dialogue it is less likely to be reduced to abstract generalizations” (McNiff, 1992, p.105). In order to use active imagination there must be some degree of ego strength available to hold the distance towards the power of the unconscious. At the same time, the ego can become stronger and more self-conscious through the process of active imagination. I think the role of the therapist can become very important in the function of keeping the separation between the ego and the self, especially in the beginning of the process. This can become a moment, when trust in the therapeutic alliance is very important and needed in order to keep the ego separate from the self.

Summary

The lack of imagination in depression can make it difficult for the depressed individual to believe in a change for the future. Results from brain research are described as an augment for imaginative methods in the treatment of depression. As I am working with individuals with a mild depression in this study, I expect some level of imaginative capacity in the participants.

2.6.9 Soul contra ego related psychotherapy

Elkins emphasizes the importance of bringing back the soul to psychology, suggesting that psychopathology is regarded as a state of soul suffering (Elkins, 1995). This brings forward the discussion of the spiritual approach in art therapy and psychotherapy in general.

Freud’s concept of the superego became his solution to overcome the forces of the unconscious, which he believed to be of a destructive and instinctive nature (Lesmeister, 1998). Sublimation became the transformation of the instinctive energy, so that the unconscious in a sublimated form would become a more accepted part of society. The development of the superego was first based on the Oedipal myth, where Oedipus as a result of his desire for his mother and hatred against his father ended up killing his father. But the remorse and guilt he feels after having killed him, established the moral conscience through identification with the super-ego of the parents, which then became a symbolic and guilt related super-ego in the child. In that respect, the continuation of a society’s moral values continue into the next generation (Lesmeister, 1998). According to Samuels, the whole concept of the super-ego “is now seen by object relations theorists as an introjection of a breast made persecuting by projection of the

infant's own aggression, or by his fear of an abandoning mother... an overactive super-ego may result from over-strict, prohibitive parenting. The super-ego is held to evolve from the earliest moments in life" (Samuels, 1985, p.60). This means, that the internalization of a super-ego starts much earlier in the child's development than first formulated in Freud's Oedipus complex theory, and have moved towards the mother-child relationship away from the dominance of the father. Freud considered the unconscious to be without moral and purely destructive from its core, and he felt that the only way to control the unconscious instinctive forces was to develop a strong super-ego (Samuels, 1985). This was quite opposite to Jung's idea. Jung thought that the super-ego could become an enemy or opposition to the individual self, thereby hindering the self to unfold, and that the forces in the unconscious had a self-regulating and self-developmental core, which he called the self (Samuels, 1985). Some theorists have criticized Jung for being antisocial, basically because he was against the concept of the super-ego, which he believed to be a patriarchal legacy belonging to the collective consciousness (Lesmeister, 1998). To Jung it was essential, that consciousness was a result of a dialogue between the unconscious and the ego (the ego-self relationship), and not a one-sided patriarchal definition of good and bad.

Summary

Using Freud's concept of the super-ego as a goal for therapy indicates an ego-related approach to therapy where repression and sublimation of unpleasant emotions are seen as more valuable than to create a dialogue with the self. The difference between Freud's and Jung's approach to the unconscious and to the self is a paradox. Is the self to be trusted as a self-regulating function within the individual (Jung's approach), or is an infantile drive out to destroy the ego (Freud's approach)? This has started a discussion within psychotherapy in general, regarding the need for a more spiritual orientation in psychotherapy, and a question the psychotherapist must relate to as a working principle in a clinical practice.

2.6.10 The moral attitude

Lesmeister says, "in the psyche there exists an autonomous moral function, not acquired, but belonging in its core structure to the archetypal fabric like all other complexes" (Lesmeister, 1998, p. 291). The development of the moral foundation in the psyche was according to Jung based on a strong ego-self axis, and for Freud the moral matrix was based on the super-ego.

Concerning the attitude of the ego towards the unconscious, the general attitude in our time is of a more moral and judgmental quality. I think there is a tendency to condemn, ridicule, reject or fear the unconscious as being irrational and destructive, and to consider it as something in the human psyche we must "kill" to overcome. The increase in the use of medicine in relation to psychological imbalances indicates a Freudian moral in our society more than a Jungian. If the Jungian approach should become a more integrated part of the psychiatric and political system in our society, much more emphasis on and use of psychodynamic methods would be needed in order to develop a more strong ego-self relationship within the individual. According to Jung this would create a more authentic moral structure based on the collective needs of individuals in a society, instead of the super-ego's attempt to control and sublimate

these needs (Lesmeister, 1998).

Samuels writes about “original imagination” and “moral imagination” (Samuels, 1989). He believes that original morality - based on one being superior to another - does not guarantee ethical behavior (with a thought to the use of nuclear power) and claims that we need to create a new kind of moral based on values such as tolerance, the ability to forgive, openness, and ingenious relationships to problems (Samuels, 1989, p.194). He does not claim one kind of morality to be better than the other, but says that our whole society will develop a depression if they cannot become equal (Samuels, 1989). He also says, that “moral imagination contains an intuitive and psychological understanding of what a moral principle really is” (Samuels, 1989, p.202).

The lack of ethical behavior from the parents in relation to their children can be a sign of dominance of original morality and a lack of moral imagination. The development of original morality can be related to the early child-parent relationship and does not automatically lead to moral imagination (Samuels, 1989). In order to develop the moral imagination a method must be used, as for example active imagination. Lederach defines moral imagination “as the capacity to imagine something rooted in the challenges of the real world yet capable of giving birth to that which does not yet exist” (Lederach, 2005, p.ix). From this we can assume, that innovation, creativity, development and change in the individual as well as in society must rest on an understanding of trust in something, which has not yet manifested as part of reality. And that imagination must be present before individual and social change can happen.

In relation to the present study with people who are vulnerable to depression, it puts an argument for the use of psychotherapeutic methods, which include imagination as a central part of the method.

Summary

I am describing imagination in connection to morality and the difference between Jung and Freud regarding moral imagination. Freud’s perspective is that the unconscious per definition was without any sense of moral, where Jung regarded moral imagination to be a consequence of the relation to self. This discussion is relevant when it comes to actually confronting the unconscious and leaves the question whether to trust the moral of self-related initiatives. From my clinical work I have noticed, that clients who have experiences of meeting helpful figures in the unconscious through artwork, often trust this guidance as being morally supportive for their development. The moral confusion and lack of trust in the moral imagination can appear, when introjects have more influence on the ego than the self.

2.7 A general approach to art therapy

Judith Rubin has given a wide and fulfilling description on art therapy in her two books *Approaches to Art Therapy* (2001) and *Introduction to Art Therapy* (2010). Regarding the development of published literature she says, that the “growth has been astonishing” (Rubin, 2010, p.265). In 1974 only 12 books on art therapy were available. In 1984 there were 19 books, and in 1994 there were 119 books. In 2010 there were 319 new books available (Rubin,

2010).

2.7.1 Approaches to art therapy

Art therapy is a growing field within treatment, psychotherapy, teaching and spiritual development, and is now backed up by neuropsychology as an “objective” science confirming the functions of the brain in relationship to creativity, emotions, development and imagination (Cozolino, 2010). Within the last few years the combination between neuroscience and art therapy has become a new partnership within the field of psychotherapy, now giving the possibility to verify how and why art therapy works (Clifford, 2006; Hass-Cohen and Carr, 2008; Stern, 2010). The practical use of art as therapy and art in therapy has many possible combinations between art and different schools in psychology, depending on the training and personality of the art therapist. Art can become a supplement to education, treatment, spiritual development, therapy, and for diagnostic use. Jones (2005) categorizes a difference between the analytic, cognitive behavioral, humanistic and developmental approaches depending on their psychological and philosophical foundation. He also mentions that the schools take different names such as art therapy, art psychotherapy, analytical art therapy and expressive art therapy. The danger of splitting art therapy into different schools for the client can be that the therapist colors his/ her experience into their specific paradigm belonging to the school of training (Jones, 2005).

The emphasis in art therapy can be on the art form, the kinesthetic process of creation and the value of sublimation as a way of channeling built up energy into a more socially acceptable way. Hinz (2009) has studied the effect of different media in relation to change, and has made a strong contribution to the understanding of why art therapy creates change. Edith Kramer became the first pioneer with focus on the art expression as a healing agent, and many others have found a direction from her approach (e.g. Teglbjærg, 2011). The psychological goal in the art-as therapy-approach is to develop ego strength through the process of sublimation. A different direction in the forms of art therapy puts the emphasis on the therapeutic and psychodynamic processes, including making the unconscious known through verbalization in order to gain new insight. One of the first pioneers in the psychodynamic direction was Naumburg (Rubin, 2010). Her focus was on the development of new parts of the self, by means of facilitating a dialogue between the ego and the self. The psychodynamic approach is based on Freud’s psychology, where the relationship between the conscious and the unconscious are explored through the use of different art forms and methods. Within the psychodynamic traditions, many ways and methods of making this connection can be found among different art therapists during the development of art therapy. Another pioneer within the psychodynamic approach was Harriet Wadeson, who worked from an eclectic point of view, combining different systems and methods into an integrated whole (Rubin, 2001). Phil Jones (2005) suggests, that art therapy should not belong to a special group of people, like dance therapy for people with physical disabilities and art therapy for people with mental imbalances, since art therapy is still in a process of change and development and by limiting the methods to special groups, we may also limit the possibilities in art therapy. Jones (2005) sees this as a result of

the art therapy training, where the identity of the art therapist is formed and thereby the future way of working with clients. He mentions the splitting tendency within the arts therapies where modalities are separated and very few schools are combining different modalities within the education of art therapists. This makes it difficult to decide, whether a different art media would be more appropriate for a specific client.

From my own clinical experience, a man with minor brain damage was referred to art therapy because he used to make drawings, and the caregivers thought it would be a modality, which could help him change his aggressive behavior. After the first session, I felt, that his drawings were somehow frozen, and that he had found an expression, which he felt he could control, and that he did not want to try new ways of expressing himself through the art media. Next time I brought two big Djembe drums and invited him to play with me. First I made a simple rhythm on the drum, and he was instructed to just follow my rhythm. I wanted to see, if the damage in his brain would prevent him from listening and imitating a rhythm. Then I invited him to make up a rhythm, which I would follow. He was able to do both, in spite of his mental disability, and I suggested to him to simply learn to play the drum, and referred him to a colleague who plays the drum professionally. They played together for several months and he became a guest-player in my colleague's musical band when they performed in public. His aggressive behavior did not return. The combination of different art modalities can also be used within a single session as a movement through different ways of experiencing a feeling or image. As each modality has a different kind of experience using different senses (Hinz, 2009), it would seem to bring more opportunity of insight for the client using different modalities. Arthur Robbins, who is another pioneer from USA, developed an approach based on object relations theory and practice, where his awareness would be focused on the relationship between the therapist, the client and the artwork (Robbins, 1999). In a doctoral thesis about art therapy written by Teglbjærg (2009), I found my self described as a representative for the Jungian tradition in opposition to the creative art therapy, though I put equal emphasis on the creative process and the analytical process, and often use object relation based theories in my clinical work and teaching, as well as in my books (Skov, 2001, 2004, 2007, 2009). I sometimes use cognitive methods as part of an art therapy process when I feel it appropriate. So what does it mean to be "Jungian", and what is the purpose of categorizing art therapy into different approaches? I believe it has more to do with a basic belief in human potential and change, than it has to do with the specific methods being used. If something works for a client within a therapeutic setting I hope that every (art) therapist would be able to choose the methods, which can become a tool for change, also if it goes beyond the psychotherapist's personal identity as an art therapist. Personally, I agree with many of Jung's concepts about the human psyche and his belief in creativity as a healthy and self-regulating ability within humans. But I have also found that many other schools have something to offer as well, when it comes to the actual practice of art therapy and the realization of the human potential. In that respect, all (art) therapists have developed a language based on their professional training (and personal history), which they use in therapy as a center of consciousness, which makes it possible to verbalize and understand more somatic and psychic perceptions. Therefore, it is quite possible that there is a difference between the

philosophical, psychological and methodological foundation in the consciousness and self-understanding of the art therapists in general. This indicates another split that exists within the art therapies, namely the split between the arts and the therapies.

Summary

I have described different approaches to art therapy as represented by different schools and the use of different media in the art therapy processes. The education of art therapists has an important influence on the future way of working combined with the therapist's personality and self-developmental experiences. Research regarding what works for whom, needs much further systematic investigation, as art therapy is still in a developmental process of forming an identity.

2.7.2 The arts and the therapies

The attempt being made to define art therapy as being identical with one or the other direction can have the side effect, that the client's needs (for one direction more than the other) are not met, because of the one-sidedness of the therapist. To me both directions – the experience of the artistic process as well as the meaningful dialogue – are equally important. Jones (2005) mentions, that this polarity - which is basically between art and science - creates a polarity, which - in a Jungian sense - can bring about an energetic process, which can become transformative in the therapeutic process. Regarding the discussion and tension between those who believe that the process of art making is enough to create change, and those who believe that the reflection or analysis of art is necessary for meaning to develop, Jones brings in a more organic approach saying "I don't see words as necessarily so separate from the art form – one can move into another, images can contain words that need to be spoken, words can contain images that need to be enacted" (Jones, 2005, p.116). Whether the use of words is needed or not in order to create change, depends on the flow developing between the client and the therapist, more than on predefined objective rules. "It's as if the client reflects the aspect of the role identity and framework brought by the therapist. The need is for a balance between these different aspects of identity and relationships" (Jones, 2005, p.207). Jones says, "most would argue that in arts therapy the two areas – arts and therapy – are intertwined and each changes the other" (Jones, 2005, p.95). This may all represent the art therapist's personal relationship to art expression, and whether the art therapist keeps a connection to the use of art in her or his personal life. The therapist can be more or less focused on the creative process, and may ignore the clients wish to share important content, thereby gaining insight which can facilitate change.

Summary

Art therapists tend to have different goals related to outcome, depending on the personality of the art therapist, and the relationship to art and development. This makes art therapy complex as a method, because art therapy as one psychotherapy method includes a range of different approaches related to the balance between art-making and psychology. Some find that art-making is more important than the therapeutic process, some find the opposite, that the therapeutic process is the most important, and some find that they need to be balanced. This is

an issue I think is related to the personality of the art therapist, more than to one approach being better or more effective than the other. The timing regarding when to use one or the other might be more important to discuss. This also brings forward the multiple possibilities in using the arts within psychotherapy and socially related activities in more flexible ways than for example verbal therapies. It creates an important need to describe in detail what the art therapists actually do in order to repeat interventions with a specific part of the population.

In this systematic research study I intended to keep a balance between the participants' experience of flow, the analytical use of artwork, and the use of directives versus no-directives.

2.7.3 The potential space

Another important concept in the art therapies is the use of a "potential space" (Gilroy & McNeilly, 2000; Jones, 2005). Jones calls it the "core" of art therapy, and relates the potential space to Winnicott's description of play (Davis & Wallbridge, 1987). Jung's concept of the transcendent function, referring to a space where polarities are transformed, could very well have a connection or similarity to Winnicott's potential space concept. Many art therapists work from an understanding of the art therapy process as a triangular relationship between the client, the therapist and the image (Gilroy & McNeilly, 2000). From my own clinical experience, I find it important to move away from the field of transference when the client has regained enough contact with her or his own authentic self, as can be experienced in the client's connection to the art work. By keeping the attention within the transference at this point in the client's development, can keep the focus away from more important self-related issues. I think this is the value of Jung's understanding of the process of individuation as the main goal in therapy, where development of the ego-self connection is considered to be the main goal.

According to the process of individuation, the field of transference is important as long as there is a need to mirror or hold the client's self. When the ego-self axis becomes connected within the client, more separation between the client and therapist would seem appropriate. Most art therapy practiced in England is based on Freud's psychology and not Jung's (Gilroy & McNeilly, 2000). McNiff (2004) is one of the strongest representatives of art therapy using a Jungian (and shamanistic) approach with a focus on active imagination as a method of using imagination more than interpretation.

2.7.4 Art therapy and the unconscious

During Jung's crisis after his break with Freud, he would use play as a way of making contact with the unconscious, but he also used words to create imaginative dialogues with figures, which he felt represented aspects of unconscious material. It was during this period he developed his method of "active imagination" based on words with a more imaginative and playful meaning. In this sense words are not just words. Words can be rational and scientific as well as imaginative and playful. Both ways of using words are related to an objective realm.

The rational and scientific way is based on linear thinking using the left hemisphere of the brain, where the imaginative and playful language is based on mythology and the right

hemisphere of the brain (Cozolino, 2010). James Fisher has described, how patients, who are stuck in concrete thinking, are unable to imagine, because they do not notice, that imagination is a possibility, which then becomes a task in psychotherapy (Fisher, 2004). Working with individuals who have a low quality of life, will often indicate little access to imagination, and so the task was, how to stimulate imagination in a way, which is understandable to rational thinking, so that rational thinking does not ridicule the therapeutic work thereby preventing further development. John Beebe (2010) mentions in his article, how individuals who have become stuck in a conflict can use the aesthetic attitude as a creative opportunity for a new adaptation. The aesthetic attitude involves the transcendent function described by Jung and the work with symbols. Also Mary Dougherty (1998) has described how the symbolic function can combine the destructive forces with the creative forces, which often appear within artists, and thereby further the individuation process. She used two clinical examples as the empirical base for her article.

My approach in the clinical part of this research study is that the imaginative language also connects to emotional content in the unconscious as belonging to the right hemisphere of the brain, and therefore imagination can become a verbal bridge between the two parts of the brain. In art therapy processes it is possible to use both imaginative and linear verbal expressions because the images in the artwork often have an imaginative and mythological character. From my clinical work with clients, I have often experienced a movement from the imaginative and non-personal language into the personal and linear language *or* a movement from images with an emotional and personal association, which then could be related to mythological themes.

In this study the imaginative and therapeutic dialogues rests upon the kinesthetic and aesthetic experience of the creative process as a process, which activates and manifests the unconscious.

Summary

I describe the use of words in art therapy as having an imaginative potential as well as a rational. Using imaginative language involves symbols and activates the transcendent function as an activity wherein opposites are transformed into a third solution.

2.7.5 Art therapy and dreams

In the clinical part of this research study, participants were invited to remember their dreams, and in every second session, we worked creatively and imaginatively with a dream using the reverse method. Therefore I shortly introduce the psychological approach to dreams, which I used in the analysis of my data collection. I used an approach based on Jungian - and not Freudian - psychology, where dreams are considered to be transparent and revealing, expressing unconscious material through the use of symbolism (Stevens, 1993).

Freud's dream theory was based on his assumption, that dream symbolism was hiding sexual and instinctive drives, and that they needed translation in order to be understood in a meaningful way. Jung on the other hand, did not see dreams as a cover up for something else, but as transparent information from the self and as reactions to the conscious attitude of the ego.

Jung's theory of the collective unconscious connects him to both evolutionary theories as well as to brain-mind research on dreams (Hobson, 1988). Hobson describes Jung's theory on dreams to be in tune with his mind-brain model, which he called the activation-synthesis hypothesis and which was based on research into REM sleep states. Symbolism in general, both when it comes to symbolism in artwork as well as in dreams, became meaningful by using the process of discussion and not interpretation (Hobson, 1988). A symbol can therefore have more than one meaning, as it is the subjective experience of the symbol, which creates the therapeutic insight and not the translation of the symbol as such. In using the reverse technique, where active imagination was a way of relating to the dream symbolism, by creating imaginative responses to the symbolism, I was interested in finding a connection to the self-regulative function in my analysis of symbol transformation, based on the compensatory function of the unconscious (Stevens, 1993). In an article by Birgit Schaumburg (2009) she argues, that quality of life increases through the creative search for internal potentials; by using meditative art therapy methods. From an evolutionary point of view, dreams are "the means by which the entire behavioral repertoire of the species is integrated with the recent experience of the individual, thus promoting its capacity to survive the demands and exigencies of the following day" (Stevens, 1993, p.24). Symbolism - as in dreams and artwork - can thus be seen as archetype plus experience (Stevens, 1993).

Summary

The understanding of dreams as transparent (according to Jung) means, that dreams are the psyche's self-regulative attempt to compensate and guide the ego to be connected to the self and not as Freud suggested hiding it.

2.7.6 Improvement Factors in Therapy

According to Cooper (2008), analytical results show the therapeutic alliance to be eight times more important, when it comes to the effect in psychotherapy, than the actual method used. In brain research it has also become evident, that a safe environment facilitates learning and new development in psychotherapy (Cozolino, 2010). This has to be taken into account in this investigation about art therapy as well, so that the research will rest upon the creation of a safe environmental space. Cooper (2008) has in his description of "Lamperts pie" suggested the following percentage improvement in psychotherapy:

- Client variables and extra therapeutic events 40 %
- Technique and model factors 15 %
- Expectancy and placebo effects 15 %
- The therapeutic relationship 30 %

The major part of improvement factors in therapy is suggested to be client variables and extra therapeutic events and the therapeutic relationship, which indicates, that different types of clients may benefit more from specific methods that fit to their personality, than the discussion about which method is the best (only 15 %). I would like to include this discussion about

specific traits in the client's personality as an improvement factor in relation to the art therapy outcome in my final reflections and analysis of data in this research study. I do believe that it is important to study the different methods in art therapy, but more discussion on this subject would also seem appropriate. An example of this would be Judith Hubback's article "Depressed patients and the *Coniunctio*" (1989), where she describes her analysis of 6 depressed patients using an archetypal approach as well as a developmental one. She found that the early loss or abandonment in the mothers' early lives had left the mothers with a split between mother-father, or masculine-feminine in their psyche thereby creating a deep depression. Through the early identification with their mothers, the daughters also developed depression. The goal of the therapy was to activate the inner coniunctio (uniting) archetype within the daughters (clients) in order to bring together the two separate parts in the psyche. She emphasizes the need for a balance in the personality of the therapist, so the therapist can become a "coniunctio" role model for the client, representing a person with a more integrated feminine and masculine polarity. From my own clinical experience I have found, that art therapy being active and expressive, as well as passive and receptive activates the masculine and feminine energy represented in the alchemical coniunctio archetype. Abraham says about the coniunctio archetype that, "at this point the male and female energies of the universe are united and balanced within the individual, bringing into being a whole or holy state" (Abraham, 1998, p.39). Maybe this could be an indication that art therapy as a method could become an integrative and healing method for people who have a split between their inner masculine and feminine parts, as in depression. Another reason for this could be, that individuals might seek a therapeutic method, which reminds them of whom they are, in order to feel safe, more than on whom they long to become.

Summary

Here I have discussed improvement factors in psychotherapy based on Coopers (2008) presentation of Lamperts pie. The coniunctio archetype is then discussed as a condition of an inner relationship in the therapist between the masculine and feminine, and the effect that such a relationship can have on the therapeutic outcome.

2.8 Art therapy related to the topic in the research

Within the last few years there has been more research in the field of art therapy, and discussions regarding the combination of art and science. Questions whether images can be translated from a subjective experience into an objective understanding and whether "systems of scientific categorizations...might be inappropriate for...the analysis of artistic expressions" have been articulated (Jones, 2005, p.152). The problem arises when categorization of images reduces the imaginative and aesthetic experiences the client might have felt during the creative process. Jones makes a conclusion, which suggests, that interpretation can be used, but not necessarily (Jones, 2005). The argument being, that artistic expression has many meanings, and that images cannot be given a constant meaning. Jones has documented the use of a retrospective review of pictures made by the client, and has found connections *between* pictures, indicating a developmental process in the unconscious (Jones, 2005). In my own

clinical practice I have found similar connections between artwork made over many months by the client, where images have shown a development of a specific theme over time (Skov, 1991). According to Jones (2005), Higgins, Gilroy, Edwards and Grainger, have all studied the efficacy of art therapy. A general pattern of case studies in art therapy is described by Jones as: (a) description of theory, (b) description of the setting and the client and diagnostic material, and (c) art therapy process (Jones, 2005, p.228). Criticism has been, that case studies are based too much on subjective narratives, and too little on objective truth, and the discussion has been; “what is *looked at* to give information about change” (Jones, 2005, p.224). He says, that “the assumption is often made that change in the way the client uses the art form to make images, move, act, or make music will lead to changes that will transfer to other areas of their life” (Jones, 2005, p.224). I find that such assumptions can be hard to prove in a convincing way.

Describing the change does not necessarily lead to an understanding of the change in such a way, that the method used can be transferred to other groups or individuals thereby increasing the use of art therapy in general. In the literature of art therapy research, descriptions have been made regarding the registration of change in consciousness, but very few have shown any interest in confirming these changes with changes in the ego-self relationship. Changes in consciousness alone, leave an uncertainty regarding questions such as; (a) will the change last? (b) Is it sublimation more than transformation? (c) What became the bridge between the symbol and the existence? (d) What did the therapist do to facilitate the change?

2.8.1 Art therapy and depression / low quality of life

In my search for research regarding art therapy and depression, most research studies include other conditions than depression, e.g. breast cancer, inmates, anxiety, marital conflicts, HIV, other personality disorders, eating disorders, etc. (Antai-Otong, 2004; Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007; Darewych, 2009; Gussak, 2007; Gussak, 2009a; Gussak, 2009b; Puig, Lee, Goodwin, & Sherrard, 2006) In these studies depression and low quality of life seem to be a consequence of biological or social limitations and conflicts affecting the quality of life. They all found significant improvements to be the consequence of art therapy. Gussak (2009) found, for example that inmates (women more than men), improved from art therapy regarding mood, behavior and problem solving, based on a qualitative evaluation and an additional statistical calculation. This would indicate possibilities for using art therapies in prisons as a form of prevention for depression.

In a pilot study using a complementary creative arts therapy intervention to enhance emotional expression, (Puig et al., 2006) 31 randomly assigned women with breast cancer in Stage 1 and 2 enhanced psychological well being by decreasing negative emotional states and enhancing positive ones.

In a different study with 4 depressed individuals using a phenomenological perspective based on the exploration of subjective experiences, a quality of unknowingness emerged during the art therapy process, which turned out to be helpful in the healing process (Bliss & Wilborn, 1992). The focus in this study was on the creative process and not the therapeutic. Therefore I

find it interesting that it was a psychological quality (unknowingness), which the participants found to be most transformative. A quality of unknowingness as a non logical quality, and an unpredictable element may be one of the important characteristics in art therapy and can be an indication of the importance of including explorations of the unconscious in the art therapy process. The study also indicates that a focus on the art-making process can stimulate an interest in the (unknown) unconscious.

In another empirical study with individuals suffering from posttraumatic stress disorder (PTSD), benefits were measured as changes in the variable of PTSD symptoms, depression symptoms, anxiety, spiritual meaning and frequency of physical symptoms and other illness, and compared with a control group. At the 1-month follow up greater decreases in the symptoms of trauma showed for individuals in the art therapy group compared to the control group, but there were no other significant outcome differences (Henderson, Rosen, & Mascaro, 2007). I think this research indicates a need for a more psychodynamic approach in relation to the artwork for people with PTSD.

A case study with one depressed woman in relation to her psychosexual development showed an increase in the woman's sense of self, conflicted aggressive drives and internal paternal value as a result of the art therapy process (Branch, 1992). Branch describes the symbolic process to be of special importance for the outcome.

Karin E. Thyme also suggests art therapy for women with depression on a short-term basis as a valuable treatment for depression (Thyme et al., 2007). In her study with 39 women 18 received art therapy and 21 received verbal therapy. Data collection was made before and after the therapy, and as a 3-month follow up. Results showed that the two groups were comparable and her conclusion was that art therapy was a valuable short-term method for depressed women.

In another study, art therapy was used with four depressed mothers, who experienced that their depression affected their care giving capacities (Ponteri, 2001). The pre-and post treatment assessment was (a) a mother and child drawing; (b) a video taped session and (c) two self-reports. They all improved self-esteem and self-image, and improved their ability to be more self-assured and mature in their mother-child relationship, but only half of the mothers were able to integrate their more optimistic attitudes and self beliefs into their behavior and interactions with their children. This study indicates the importance of a social and more in depth psychological assessment strategy if the changes attained shall last over time. The continuation of negative experiences interacting with their children can otherwise decrease the attained self-esteem and self-image and reinforce depressive symptoms again.

A different approach with depressed mothers has been described by Penelope Hall, where mother and child would paint and play together with art materials. This object-related approach brought changing patterns, which were backed up by research in child development and neurobiology (Hall, 2008).

Mimma Cagnoletta made a study where she used art therapy with a depressed woman age 22 also with an object-relation approach. The depressed woman was introduced to creating images of the omnipotent mother as an alternative to the bad inner mother representation she had from her real mother (Cagnoletta, 1983). She suggests that the creation of new inner object-relations through art therapy can help in preparing better object relations to outer objects. In the study with depressed mothers this could be an approach, which might form a bridge between the development of the inner mother-child representations in the depressed women, and to a development of the actual relationship to their children.

An on-going study with women who were unable to get pregnant showed, that simple visual expressions of feelings through art therapy processes, reduced stress, anxiety and hopelessness plus the experience was felt to be joyful and social (Hughes, 2010). This study confirms the effect of the creative process as having a biological effect, but it does not say whether consciousness had changed as well.

In a different study, art therapy was explored with different groups within an inpatient psychiatric setting (Schnetz, 2003). Schnetz was working with symbolical processes and found that painful, dissociated or split-off aspects of each patient were reintegrated and transformed. Her approach was holistic in integrating biological, emotional, psychological, social and spiritual orientation. The study was grounded in the art expression but she used an image/ word approach including imaginative dialogues using art expression. She also found that recoveries showed new meaningful patterns related to both internal as well as external object relations. This study points to a balanced use of art-expression and therapeutic intervention in relation to change, and comes close in the methodology to the research study which I am doing here. She does not connect changes to the process of individuation as I am interested in doing in my research study, but this might be a result of her working with more traumatized participants.

In another study for people with depression and early sexual abuse, art therapy was used to make the self more whole from a Jungian working model of individuation (Lawry, 1997). In this study Active Imagination was used as an explorative method for art related dialogues. The study also showed a reduction in anxiety by using drawings compared to thinking or writing, which support the creative process as an important part of healing on the biological level.

Shirley Riley did a study with depressed adolescents, and found art therapy particularly effective compared with verbal therapy, because of their strong resistance and their disillusionment. Through the art therapy process they were able to create alternative visions for the future (Riley, 2003).

In a study where 20 undergraduate students with dissatisfaction regarding interpersonal relations (42 %), depressions (36 %) and anxiety (22%) volunteered to a project where they could choose between 5 different art therapy modalities, all participants claimed that their life quality improved (Lev-Wiesel & Doron, 2004). The small sample size and the lack of comparison groups with verbal therapy or no intervention makes this study limited. It does

point to the idea that the modality chosen is less important.

Hinz (2009) has studied the use of many different modalities and the effect different modalities have on the body and mind (Expressive Therapies Continuum, ETC), and she found that three levels of functioning are involved in the expressive activities. She says “in art therapy, the usefulness of a product can be expressed in many ways, depending upon therapeutic goals. For example, a product could be useful in helping to release energy (Kinesthetic component), in expressing emotion (Affective component), or for providing insight (Symbolic component) (Hinz, 2002, p.173). Hinz’ studies have contributed to the knowledge regarding the effect of different art materials and modalities used in art therapy processes, which can have special relevance for art therapists working on an art-related basis.

In an article by Susan Scott, she compared the animus archetype (the inner masculine part in women’s psyche) collected from the dreams of 19 women, with the ability to express creatively and found that the women with a devaluing animus had a more repressed creativity than the women with a more positive animus. She recommends working with Animus aspects as a means to support individuation for women (Scott, 1987). This investigation supports part of the methodology used in this research study, where unconscious layers in the psyche is included.

Summary

Research on art therapy in relation to depression and to quality of life in general, seems to have a positive influence on quality of life experiences. Whether this is because of the compensatory function of the creative process where consciousness avoids confrontation with difficult emotions by either (a) creating positive ones in the artwork; or (b) creating a focus of attention outside the body and mind; are not discussed as an issue when the goal is to improve individual subjective experiences of a good life. The question arises whether a good life is a life of not-knowing inner conflicts hoping they will stay in the unconscious, and whether art-making should be used as an escape from confrontation with the unconscious. I find this issue very relevant and influential in relation to the methods and directives chosen in art therapy, but I also find that both positions can become an integrated part of an art therapeutic intervention, when they are connected. In my latest book (2009) I suggest an integrative model of working where idealization becomes the phase where resources and imagination for the future, form a basis for later confrontation with more painful and emotional memories.

2.8.2 Art therapy and neuroscience

Hass-Cohen and Carr describe, how personal imagery had a positive impact on change in mood, and that “images are non-verbal ways to find out about automatic thoughts, and to utilize active imagery in order to move from frozen fragmented representations to coherent narratives.” (Hass-Cohen & Carr, 2008, p. 212). I have not found any research in neuroscience involving the archetypal (objective) part of the psyche, since most research relates to Freud’s description of the unconscious and not to Jung’s (Cozolino, 2010; Hass-Cohen & Carr, 2008). My reference point was to use images /symbols as representatives for the self, in order to improve the ego-self axis, by making a bridge between the subjective and objective part of the

psyche (Kaufmann, 2009).

Kaplan (2000) has studied findings from neuroscience in relation to art therapy and has found, that the psychodynamic theories which most art therapists base their work on, cannot be affirmed by research in neuroscience. She claims that Freud's super-ego is in danger, because no research supports the idea, that the mind can overcome the body. "The time has come for the art therapist to put aside outmoded psychotherapeutic models and to stand, as it were, on its own two feet" (Kaplan, 2000, p.95). She does not at any point mention Jung's method of active imagination, or his concept of the collective unconscious, which - according to my own clinical experience and the approach in this research study - could become the uniting approach to the art *or* therapy discussion. She concludes, that since Freud's psychology cannot be verified by neuroscience, little is left to use from the psychodynamic tradition, and therefore "involving the clients in the doing of the art – with or without discussion of the product – is undoubtedly the major contribution that those who use art for health's sake have to make" (Kaplan, 2000, p.92). Also Dissanyake (2000) stresses the creative process over the product. Coming from an evolutionary standpoint she found, that the urge to make special through art, was a drive in the human being, which we have lost in our time. Kaplan suggests "for the sake of our mental health we must find ways to reintroduce art making into our everyday worlds" (Kaplan, 2000, p.61). According to Dissanayake (2000), art used to be part of everyday living for people in general, especially using rituals as a collective way of expression. In our time most people do not have personal access to art expression.

Summary

According to Kaplan (2000), research in art therapy and neuroscience cannot validate Freud's concept of a super-ego in charge of the unconscious. This leaves a gap in the literature regarding theory, which can explain the psychology of creative processes. Without such understanding there is a risk of not being able to use art therapy with some understanding of how art-making affects the psyche, other than self-experienced reports of feeling better.

2.8.3 Art therapy and individuation

Most research in the field of art therapy and individuation is found within individual therapy as for example in "The story of Michal" (Meyerhoff, 1976), where Meyerhoff works with a woman using a Jungian frame for understanding the client's dreams and images. She also illustrates in a practical way the Jungian principles of interpretation on both the subjective and the objective level.

Another article introduces the method and practical use of Active Imagination using dreams and images in a way, which is close to the approach used in this research study (Eisendrath, 1977).

Jung's Red Book from 2009 is a well-illustrated document based on Jung's personal development using active imagination and mandala drawing. During the period where Jung made his mandalas, he went through a major transformation as a result of his break-up with Freud. He did active imaginations with figures from the unconscious without an external therapist indicating, that an individual can use active imagination as a self-related ritual for

personal growth.

In another study (Horovitz, 1998) imagery is described as a conductor for restoration of memory, which is a relevant point in my research, since depression often involves less available memory. In his study Horovitz uses the combination of studio work and the primary process of art making, combined with secondary processing of verbalization, which means, that he combines the *art* approach with the *analytical* approach in art therapy.

Bertelsen (1975) has studied dreams in relation to the process of individuation and has shown the process as series of dreams moving from a coniunctio symbolism, to a psychological rebirth. He describes this transforming process as a process lasting 9 month, where the 5th month is experienced as a nigredo (blackness) condition in consciousness, which can be felt as a depression. According to Bertelsen's study of inner transformative processing, the state of depression becomes an important state of mind if the condition can be understood as part of a transformative process. If the depressed individual can come to understand the experience of depression as a transformative condition instead of a mental disturbance, maybe a more listening-to-the-unconscious-attitude would be possible. This is the approach I use together with the participants in this research study.

The individuation process is a process where the personal ego meets with the archetypal self and this process will therefore always include symbolism (Stevens, 1993).

Currently there is a Ph.D. study concerning music therapy for people who have experienced a long absence from work in connection with work related stress (Daniels Beck, Aalborg University). Mandala drawings are part of the GIM method (Bonny Method of Guided Imagery and Music) used in the research study at the Music Therapy Research School, Aalborg University. The focus is on the changes, which the GIM treatment has on well being of the participants, the length of absence from work and the production of stress hormones. Even though the GIM method is different from the one I used, it does build on the use of imagination in the healing of mental disease. It does not however include the imaginative dialogue with the artwork, or use more explorative sensor motoric kinds of creative activities.

According to Kapitan (2010) most research in art therapy literature has been "characterized by efforts to establish the scientific basis of using art for assessment" (p.37). Emphasis has been to understand the meaning of art more than the art therapeutic process itself; why and how art actually affects clients.

Very few studies have used a holistic orientation including art *and* therapy with a focus on interaction with unconscious material as a method to improve quality of life.

Summary

Understanding depression as a reaction to existence, which does not satisfy the self, leaves the mystery of the self as an open inquiry yet to be explored for the individual. Jung spent his life investigating the self and the meaning of individual living, using mythology, alchemy and psychology and helped many people to live a life with more meaning and quality. I have discussed the usefulness of bringing a Jungian perspective into research on art therapy methodology.

2.9 Relevance of topic

I believe the relevance of this topic is on several levels. First of all, I think there is a need for more systematic research on psychodynamic methods within treatment of mental imbalances in our society, especially as more and more documentation about side effects regarding medical treatment of psychological disturbances are coming forward. The results from brain research showing a mind-brain relationship, which has brought Descartes authority and attempt to split body and soul into question, I do hope that this new knowledge will increase the trust in psychotherapy as a more natural way of dealing with problems in life.

Using art as a method or ritual in transforming life experiences for the individual, as well as for the group of people living together in a community has always been a natural way of using creativity in all the different stages and crises in life. Somehow these rituals have disappeared and left hemisphere functioning has replaced them, putting the emphasis on reason, rationality and logic. The individual and cultural side effects of this priority have created the need for treatment of individuals, and connection to environmental influence is often not considered as part of the healing. In the treatment of individuals who are counterbalancing the cultural left hemisphere preference with right hemisphere activity and behavior, such as depression, I think it is important to make a bridge to the collective imbalance, so that shame and guilt does not remain within the individual, as if there is something “wrong” with the individual. Looking at depression as a reaction to environmental circumstances was one of my reasons for using a Jungian approach in this systematic research study, because his approach to healing of the individual includes archetypal and evolutionary psychology.

In my literature search on the subject, there are very few studies, which have a combination of art therapy based on a Jungian approach related to people with mild depression/ quality of life issues and with the purpose of initiating a process of individuation. Also, there has been no major research on depth psychological methods in relation to low quality of life / mild depression, since most researchers regard depression as a symptom and not a symbol (Paris, 2007).

Burton found, that though there were many examples of the value of art therapy in clinical practice, he could not find enough systematic evidence to show the effect of art therapy with mental health problems (Burton, 2009). Without systematic evidence it is not easy to trust art therapy as a psychodynamic method, even though the amounts of case studies are piling up. This is one of the reasons why I wanted to have a systematic and mixed-methods study as my design for this research.

With this study, I hope to (a) fill in a gap in art therapy research regarding why and how art therapy heals, (b) validate art therapy methodology as an approach to improve quality of life, and (c) show the relevance of working practically with the unconscious through the use of symbolism as a way to bring back the balance and knowledge of the self. If this systematic research study shows positive results, the study would provide a social relevance as well, considering the amount of “normal” individuals who live with a low quality of life, and who might benefit from a deeper developmental process.

I am aware that for many people a good life means having a good flow in living, where things go well for the individual and the unconscious remains under control. When this is not

always the case, when low quality of life sneaks into living and the body begins to react in its own unpredictable ways, the individual often becomes the scapegoat with no alternatives to antidepressants. I hope that this study can fill in a small gap in the understanding of the potentials just beneath the surface of consciousness.

Chapter 3. Transition towards methodology

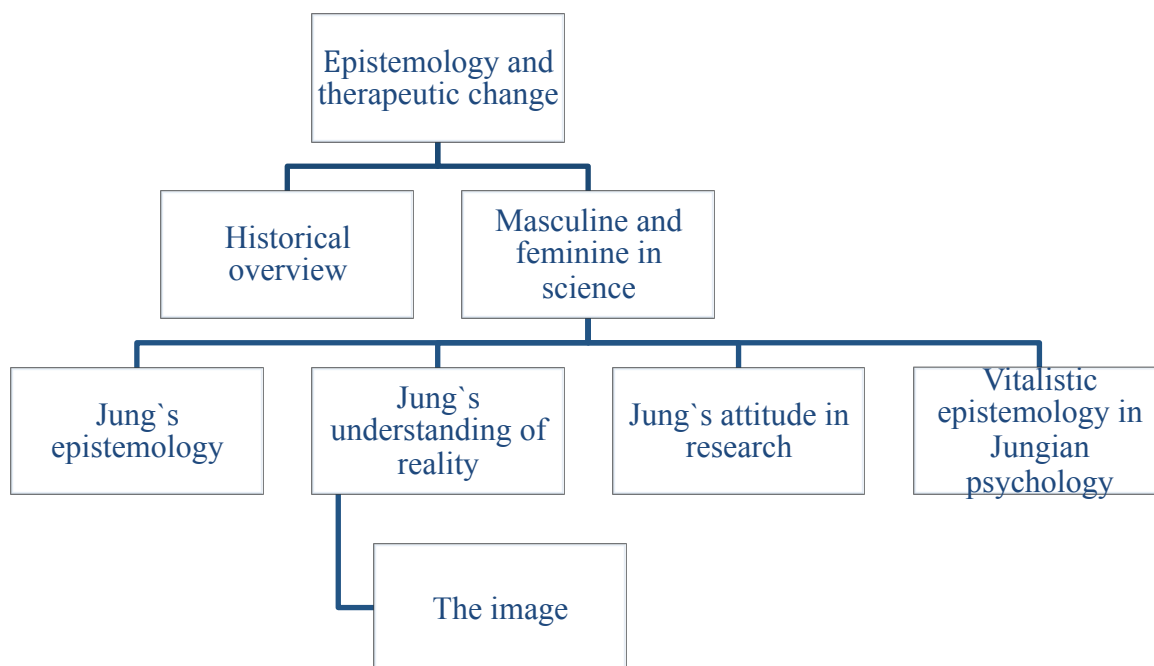


Fig 10. Flowchart: Transition towards methodology

3.1 Introduction

Since this research is based on many of Jung's concepts and theories about the psyche, I find it relevant to present some thoughts regarding Jung's epistemology and scientific standpoint. Especially since he was rejected as a mystic from the positivistic oriented psychologists early in his academic life. For some reason this understanding of Jungian psychology has not changed within scientific circles, in spite of changes in philosophical worldview within psychological science moving from a modern to a postmodern way of thinking. This may have to do with many things other than Jung and analytical psychology, and I want to mention a few of them here.

First of all positivism still has a strong influence regarding the definition of truth, and behaviorism and the cognitive therapies gets the major credit as the most empirically supported

therapy (Lambert & Ogles 2004). This contradicts the fact, that the 2nd strongest factor in positive therapy outcome is therapist differences (the 1st is client differences), (Slife, 2004; Beutler et.al, 2004; Cooper, 2008). The personality of the therapist and the interactive field between therapist and client are two invisible aspects of a positive outcome in psychotherapy and more important than the method itself. This is a contrast to the naturalistic scientific view, where only the objective and rational understandable reality exists. In order to be able to understand exactly what it is that makes the therapist so important for a positive outcome in psychotherapy, I find it relevant to include the concept of the unconscious in the philosophy of psychotherapy as a concept, which relates to the invisible aspect of human relationships. How else can we come to understand the key factor in psychotherapy outcome? In looking only at outer objectivity and method, we focus on a field, which only has its true relevance through the one using the method in actual therapy.

3.2 Epistemology and therapeutic change

Common factors related to psychotherapeutic change independent of method, have been found to include: hope, emotional release, explorations of ones problems, support, advice and encouragement to try out new behavior and thoughts (Lambert, Bergin & Garfield, 2004). A second influence on today's trend in psychotherapy and research, has shown to be "the removal of symptoms as a central goal of treatment" (Lambert, Bergin & Garfield, 2004, p.7). Economical factors and demands to short term outcome responses have an influential importance in the choices made by institutions and communities which indicate, that economy has become a major bias in relationship to psychotherapeutic practice and science. Most research in psychotherapy to day is related to "developing specific treatments for specific disorders" (Lambert, Bergin & Garfield, 2004, p.7). Combining this trend with the discovery of therapist influence on positive outcome indicates, that the findings of the most effective methodology regarding psychotherapeutic outcome would be to train the consciousness of the therapist, so that the most supportive interaction could develop between therapist and client as a result of the self-knowledge of the therapist. This self-reflexive and contemplative approach has always been the central core in Jungian psychology, and also one of the main reasons for his exclusion as a scientist. At the same time, this is the knowledge that Jung and the post-Jungians to day can offer psychotherapy research.

Using Jung's approach to the unconscious, needs to be related to cultural changes and how our society affect consciousness today, compared to the time after the enlightenment. Hauke (2000) says, that "what Jung saw, was that the self-reflective attention of human consciousness to itself could no longer be ignored as if it was somehow less relevant to the world of truth and matter...that psychology was less about an objective analysis of the human mind and more about the recognition that consciousness constructs reality" (p.118).

The influence from the natural science combined with economical restraints, can make it hard to understand what a Jungian approach have to offer to the field of depression. What consciousness is it that constructs the reality of the individual living with low quality of life/depression? When consciousness constructs the reality of the individual, I think the key to

understanding depression lies in understanding consciousness and how the construction of individual consciousness develops and influence quality of life. How can we as psychotherapists help our clients to make changes, if we don't know how reality was created? I would like to elaborate a little more on separating Jung's epistemology from the more traditional trend within science.

3.3 A Historical overview

As the natural science tend to generalize and to look at things from an objective perspective, psychology does the opposite in the attempt to understand the individual. This clash in perspective became the beginning confrontation between psychology and science at the end of the nineteenth century. Up until then, philosophers had declared that science was based on an objective and universal approach to the outer world, and that anything else was unscientific (Shamdasani, 2003). Some of the criticism towards this attitude came from William James in 1907, through his discovery, that philosophy in reality was based on the different personalities of the philosophers (Shamdasani, 2003). This radical perspective from James became the beginning of a period of empiricism as a contrast to the rationalistic philosophical approach within science. The question remained: How could psychology and the study of the individual become a science, when science was based on a positivistic and materialistic philosophy? Was it possible to define psychology as a science based on both subjective experience and objective criteria?

This became the challenge for psychologists at the time, where many different psychological theories developed using experimental methods to investigate the human psyche but again, the differences which appeared between the different researchers definition of truth, only confirmed, that objectivity was based on the researchers own subjective sets of values, and that scientific truth within psychology remained questionable seen from the perspective of the naturalistic science (Shamdasani, 2003).

The romantic philosophy, which followed the positivistic thinking influenced Jung's work during his academic development and became the most important inspiration for his development of the Coniunctio psychology. The union of opposites especially the masculine and feminine polarity, became for Jung a foundation for the development of consciousness, linking him firmly to the gnostic tradition (Douglas, 2008). At the same time psychological science attempted to adapt to the values of natural science by combining experimental empirical research with rational reductive thinking leaving the question whether psychology belonged to the natural science or to human science (Tod, Nerlich, McKeown & Clarke, 2004). The question was, whether the concept of meaning was necessary in psychological research and understanding of the individual, or whether the scientist could follow the natural laws using numbers and statistics. During the time around 1900 there was an intellectual debate in Germany between the positivists and the subjectivists, which became the start of the divide between quantitative and qualitative research methods. Psychologists wanted to use quantitative methods in order to objectify and reduce their data after the laws from natural science, as an attempt to make psychology a part of science. This must also be related to the historical time of the enlightenment, where the emphasis on rationality and thinking, became an attempt to

separate religion from science. To keep religion separated from science the argument was to exclude subjectivity, femininity, body and feeling from the scientific arena, which is still an issue to be solved within modern science (Shepherd, 1993).

The German philosopher Immanuel Kant (1724 – 1804) did not support either the empirical (experimental) or the rational psychology and did not think it was possible to combine them either. His approach was more anthropological, as he thought that scientists should study the individual in more natural environments and not in laboratories where connections to the “real” world were not present (Tod, Nerlich, McKeown and Clarke, 2004). What became important for future philosophy of reality within the humanistic sciences was, that Kant saw the image as a precondition for all knowledge in opposition to Hume (1711 – 1776), who regarded images as reproductions of reality (Kugler, 2008). This has a connection to Jung’s theory about the archetypes, which he also considered to be original possibilities for images.

Compared to our time in western culture, the connection between the inner and outer reality has become more and more disturbed, which shows in the amount of individuals suffering from a lack of meaning in their lives indicating a low quality of life. Therefore it would seem natural to use images in the attempt to re-establish the lost connection between the inner and outer reality of the individual.

Summary

The discussion within science regarding the definition of knowledge and what knowledge is are still going on. The fusion between religion and science before the enlightenment, created a rational orientation within science, where knowledge was based on what could be seen, and nothing else existed (quantitative methodologies). Then followed a development of constructivism and interpretivism where reality was based on subjective experiences followed by multiple realities (qualitative methodologies). From a historical point of view, the development of philosophical science seems to react to whatever unbalance have been in the past, finding a form or philosophy which can counterbalance the past. In micro perspective this can be compared to a therapeutic situation when a therapist is caught in a countertransference reaction living out the client’s unconscious and unwanted parts. This behavior has never helped the client (or therapist), because the client loses the opportunity to explore the emotions within her/him self, as the therapist is living them out. To change the situation, the therapist needs to become aware of the personal bias, so that other solutions can be made.

Using this knowledge from psychotherapy in relation to science, we might assume, that a more self-reflective attitude would be helpful for both directions within science leading to a more integrated and whole definition of reality. Otherwise future development within science will keep counterbalance for the missing perspective in the past.

3.4 The masculine and feminine in science

Shepherd (1993), who was a researcher in biochemistry and a student of Jungian psychology, has described the scientific world in relation to the principle of the masculine and feminine values.

She argues that the scientific world is based on masculine hierarchical values, and that the feminine principle of relatedness is still not accepted within science. The consequence of this unbalance is, that science does not relate to the world balance and survival of the earth, but instead tends to isolate the objects observed without its natural connection to wholeness. The masculine principle emphasizes linear progress based on a hierarchical structure of organization, where the feminine principle works from a cyclic process of connectedness and wholeness. Her point is, that science based on masculine values reduces reality to measurable facts within the control of the scientist and without any trust of the process and complexities of the natural laws.

Chaos theory, as a new and feminine approach within science (from around 1970) has shown, that when you change one detail, the whole system changes. The interrelationship and reactive correspondence of all objects has not yet become an accepted part of science, as it would be a strong opposition to a methodology where everything is taken apart for analytical purposes.

According to Shepherd (1993) science is based on thinking with support from sensation, leaving intuition and feeling in the unconscious. This becomes one of the strongest biases in science as reality based only on thinking and sensation makes the use of scientific results vulnerable for misuse, as was the case during the Nazi period.

Another unbalance between the masculine and the feminine within science manifests in the hierarchical structure of organization, where only one truth can exist at a time. As Shepherd points out, this hierarchical order can lead to competition and power, which can blind the scientist using a one-sided experience of reality in research and a following vulnerability in the ethical use of research results. The unbalance and exclusion of the feminine in science has (according to chaos theory) a consequence for the social system the individual is connected to. A good example of this was on the news last week (march 2012), where a new law was proposed in Denmark, which gave social counsellors the right to withhold economical support from unemployed people, if they refused medical treatment for their personal problems. It would then be the social counsellor who had the authority and power to control individuals right to decide psychological treatment or not. Our western society is more and more grounded in a hierarchical organization similar to the structure within science, which means, that rationality, reductionism, thinking and sensation have more value than relatedness, holism, feeling and intuition. The lack of feminine values in the social system, creates a reaction within the individual, who needs to feel a belonging to community (Dissanayake, 2000), and therefore has to accept the hierarchical structure as a condition for belonging. The devaluation and reduction of individual complexities creates an effect within the individual who can then be diagnosed with depression or other signs of reaction. During this process the individual becomes more and more alienated and isolated from the community. According to Shepherd (1993), “relatedness means looking at the relationships between things, viewing things in context, seeing the connections that link everything together, stepping back to see the big picture – and even weaving together work and personal life” (p. 228).

The fear of letting go of control and trust the process – and the feminine – is in reality a fear of losing power and the identity that goes with power. In the feminine way “power is

shared, individuals are challenged to work within the group, balancing their own needs with those of the group” (Shepherd, 1993, p.142). In my teaching of art therapy students, I always start the day with 10 minutes of drumming in the group, leaving it up to the individual what they want to play, as I am holding a rhythm, which they can come back to anytime during the 10 minutes if they like. Some want to stay in the rhythm with me, while others play intuitively from their bodies. What has always fascinated me is, that even when it sounds completely like chaos and with no seeming possibility of order because they are all listening to themselves and not to the group as a whole, they always find a way back to order ending up in a symphony of individual rhythms. Without directions of any kind other than they can do what they want, they end up wanting to socialize and to be together in the playing. This indicates to me, that Jung’s concept of self-regulation has a social aspect to it, as an individual’s regulative behavior related to the need for being social. These experiences has made me understand, that following body impulses *can* lead to social integration and wholeness.

Summary

The fact that the masculine principle has dominance to the feminine in science has an effect on multiple levels in our western society. From a relational (feminine) point of view the hierarchy within science and the different connections to other organizations within western culture would look as follows:

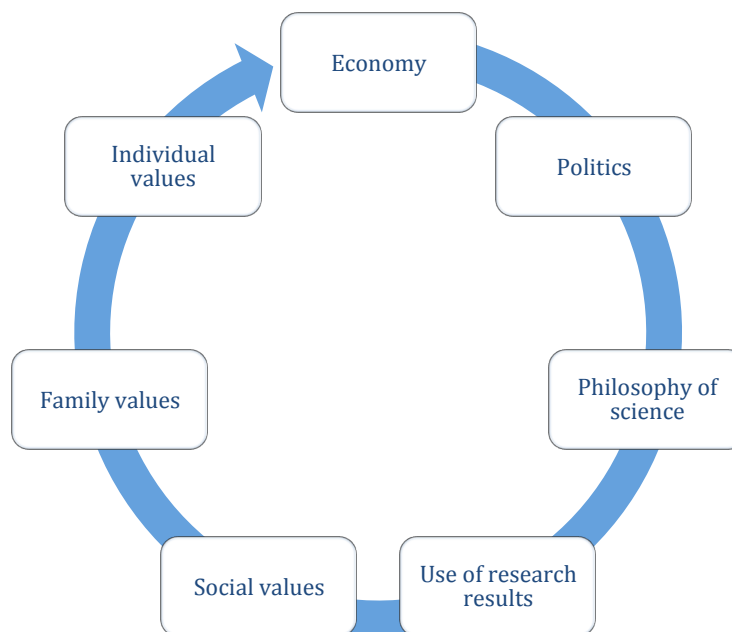


Fig 11. Interrelatedness between science and other systems

One of the main reasons for unbalances within this cycle is the lack of feminine influence, feeling and intuition from the top of the hierarchical organization. The tendency within science to separate objects from their interrelatedness is a paradox within psychotherapy research, as it is the exact field of invisible connection between therapist and client, which has a top priority when it comes to therapeutic change. Therefore I found it relevant to include a social level in

this study as a way to include the interaction between the individual and the social system. From a masculine and rational point of view, there is something wrong with the individual who cannot live a meaningful life, but based on feminine values, there would be something wrong with the system.

3.5 Jung's epistemology

Jung's epistemology was based on the fact, that he wanted to be accepted as a scientist, following the rules about empirical grounded objectivity, and at the same time he was drawn towards the unconscious and the spiritual realities. His discovery of the connection between emotions, unconscious complexes, dreams and behavior (the association experiment) became the beginning of his identity as a scientist, followed by his teleological presentation of the unfolding of the spiritual self (the process of individuation). Because of his interest in the unconscious he was never fully accepted as a scientist.

Compared to the philosophical positivism of the time (the beginning of the nineteenth century) explorations of the unconscious was considered unscientific because of the invisibility, subjectivity and imaginative truth connected to individual experiences of the unconscious. Bringing subjectivity into science became a confrontation with the conception of truth and reality and the post-modern thinking became a movement within science, which did not take the old truth for granted (Hauke, 2000). Jung and the post-Jungians are considered to be in front of the post-modern "revolution", where the philosophy of scientific truth was questioned, and where art and the aesthetics became a substitute for religion and moral (Hauke, 2000).

Jung's emphasis on the archetypal self in the unconscious being separate from the personal ego brought a new kind of relationship in discussion, where the dialogue between the subject and the object became the imaginative relationship between the ego and the self. The archetypal psychology relates to Jung's discovery of a potential objective nature within the individual. The reality of the unconscious is experienced through dreams, creativity and active imaginations. Mythology and alchemy became the objective knowledge, which the individual experience was related to, in order to constellate a meaning based on some general structure.

In my research, where there is a focus on the possible development of the ego-self axis I wanted to use a philosophical rationale which includes the ego reality as well as the reality of the self. This totality Jung called for *psychic reality* (Kugler, 2008). I have also been looking for a philosophical approach, which includes introvert as well as extravert in order to understand the relationship between the ego and the self. A philosophy, which only supports one reality and not the other, would be having too many biases from the beginning, and therefore I would not be able to answer my research question regarding the development of the ego-self relationship. Considering my target group, people who are vulnerable to depression, I wanted to be open to the possibility that depression might have something to do with the priorities of extravert behavior of our time, and also I did not want to compensate this one sidedness in our culture by becoming too introvert (self oriented) in my investigation. The empirical foundation on which Jung based his work was oriented towards the self, and this could be seen as a reaction to a more and more extraverted and economical orientation in society, but he was

always aware of the importance of the ego, and of the individual struggle to live a meaningful life in a social connection. His concept of the collective unconscious became the psychological understanding of culture and social values within the individual. To confront the inner representations of external objects became part of the journey towards the self.

3.6 Jung's understanding of reality

As a reaction to the enlightenment period, where rationality and definitions of outer objectivity dominated the reality of scientific truth, a new challenge within humanistic science began with the discovery of the unconscious. How was it possible to describe the unconscious reality as a reality connected to objective truth? And how could the relationship to the unconscious become meaningful? The psychology of transference and countertransference became central concepts used in the attempt to describe reality as a field of interaction, which had an effect on how reality was experienced. In my own clinical work I often meet expectations from clients and students where they want to understand the meaning of their subjective experiences of symbols and images coming from the unconscious. In this search for meaning lies the reminiscent from the times of enlightenment, as a need to connect what is unknown to what we already know and can understand.

This reductive method became characteristic of Freud's approach to the unconscious throughout his work and life and was based on the knowledge and superiority of the analyst, who would have access to the objective truth in the personal history of the client through the translation of unconscious manifestations. As Jung separated from Freud and discovered the collective unconscious he also discovered the importance of cultural influence from inside the psyche through mythology, alchemy and art history and found, that the unconscious had a deconstructive influence on consciousness (and ego) as part of the compensatory nature of the self (Hauke, 2000). This became rather opposite to the thinking of Freud giving back the authority of the analyst to the self within the individual client. From this difference between Freud and Jung we might conclude, that Freud's concept of reality has an emphasis on ego psychology and the personal unconscious, where Jung's understanding of reality includes the collective unconscious in the psyche.

Hauke (2000) describes this relationship between the known and the unknown reality as follows: "If an expression stands for a known thing, even if this expression is commonly called 'symbolic', it is not a symbol but a sign. If an expression stands for an unknown something, which, therefore, by definition cannot be expressed or represented more clearly in any way, then such an expression is a symbol (p.193). Jung's methodology was of a more constructive nature, as he was looking for meaning in a cultural context "tracing symbols towards their future goals and orientation" (Papadopoulos, 2006, p.30). He would look for analogies to mythology instead of translating symbols to the personal narratives.

As Hauge (2000) points out "nothing can be assumed to be known about the unconscious, it is *really the not-known*" (p. 200). This is the main reason why Hauge (2000) connects Jungian and post-Jungian psychology to the postmodern thinking, as both includes the not-known reality in their philosophy. The only way the not-known or unconscious part of the

psyche can become conscious, is through the symbol, as the symbol is a representation of the not-known, and the sign is not. Therefore Hauge (2000) concludes, “the alienating quality of language and representation would seem to pose a problem to clinical psychological work that relies on verbal exchange and interpretations” (p.202). This argumentation would emphasize the quality of art therapeutic methods in relation to explorations of the unconscious using a constructive methodology. We are left with the epistemological issue regarding the analyst’s own conscious-unconscious relationship, and to what extent the analysts ego-self relationship influences the development of the client? In Jungian teleology the concept of “the other” represented as the self, is seen as the ultimate truth or reality un-known to the ego and related to guidance and wisdom opposite to Freud’s driven related unconscious. For Jung the other was someone the ego could trust as an inner person with more knowledge than the ego. For Freud the unconscious was not to be trusted and the ego should try to be superior to the unconscious drives through repression and sublimation. Freud’s attitude towards the unconscious was that of mistrust and suspicion based on the assumption that the unconscious contained repressed material from the personal life. As such the unconscious, in Freud’s thinking, was related to negative experiences and not as Jung suggests to potentials of self-knowledge and wisdom. If knowing is related to the individual self and not to the analyst’s knowledge, an important part of therapy is not to live out the knowledge and wisdom in a countertransference reaction, where the analyst identifies with the client’s self, thereby hindering the clients ego-self relationship to be established.

Two issues can be involved during this process. First of all, the client’s conscious experience of anxiety connected to the state of not-knowing as it can be confused with not-being or not-existing and not being good enough. This must be seen in relation to the emphasis on ego strength and ego control, which is part of the ideal of modernism and social and economical expectations to individuals in our time. This vulnerability in the ego structure itself can become a methodological vulnerability as the analyst is trying to make the client’s ego more strong and confident through interpretation and reduction of symbols (the Freudian way). This approach can in the long run weaken the ego instead, because the knowledge and wisdom comes from the outside and not from the inside, whereby the ego-self relationship remains unconnected within the client.

A second issue can be found in the limitations of language. How can we approach the manifestations of the unconscious in a non-reductive way, if language per definition is reductive compared to the reality of the other (the self)? How can we as therapists help our clients to relate to the self if our methods are based on ego principles, and if the client’s vulnerable ego does not value and trust the subjective experience in the first place, it might become very important that the analyst becomes the trusting other instead of the defining other. Reality, meaning and truth related to the actual contents of the unconscious then become secondary to the analyst’s attitude of trust in the process.

The seeming polarity in Jungian psychology regarding Jung’s teleological essentials on the one side (with concepts such as self, individuation and typology), and on the other side his more post modern and deconstructive approach to the unconscious where trust is more healing than understanding. As Hauke (2000) describes it, Jung was also having this double nature

within himself as being two persons, one with an ego perspective, and the other with a self-orientation. What became the uniting part of his methodology was, that when the ego was speaking, his consciousness of the self would still be present. In this methodology a differentiation and inner dialogue between ego and self would remain, which gave Jung an opportunity to use a flexible approach to the client, dependent on the client's personality. In this respect I do not agree with Hauke (2000) when he connects Jungian psychology with postmodern philosophy, simply because Jung was *more* than subjective in his approach to his clients and in his theories. Jung's emphasis on individuality and his concept of self is not to be confused with subjectivity and whatever is left in the personal unconscious. The process of individuation as a life long unfolding of the individual self is at the same time an initiation into an archetypical consciousness about the other and about the ethics of our time. Postmodernisms preference on subjectivity as a reaction to modernisms preference on objectivity comes together in Jungian psychology as the inner ego-self relationship. The difference is, that Jung used both an introvert and extravert approach in his philosophical understanding of reality. For Jung the objective truth outside was based on a projection of the objective truth inside related to the self. If an individual was disconnected from the self then the experience of the world was based on a projection coming from the personal unconscious and not from the objective and archetypical layer in the psyche.

In psychotherapy I meet individuals who cannot seem to get the outer and inner truth together, because they either believe in their own subjective experiences, or they believe in the outer objective reality and what other people say. The consequence is, that they either blame themselves for being wrong, or the world to be un-trustful depending on their introvert or extravert personality. Generally in psychotherapy the attempt is being made to combine the subjective and objective reality of truth in a non-judgemental way. If we as therapists only support the client's subjective experience, and evaluate the other as being wrong too, the client will remain trapped in the bubble of subjectivity without being able to connect to the self. Opposite, if we communicate to the client, that the subjective experience of truth is not the real truth, then we are left with no clients! So to me, psychotherapy is the micro universe of the polarity within the philosophy of science where subjectivity and objectivity are being confronted and hopefully resolved.

Jung was trapped in this philosophical dilemma about the subjective and objective in science and always gave the impression that psychology should belong to the natural science because to Jung the psyche had a natural and archetypical origin. In this respect Jung's theory could be seen as an introverted aspect of naturalistic science!

A parallel to Jung's epistemology can be found within contemplative science which is a blend of Buddhism and science. In the attempt to combine spiritual practices found within Buddhism with scientific methodology of exploration, research is now being made regarding self-reflective practices for scientists (Wallace & Hodel, 2008).

3.7 The image

In Jung's thinking there was basically one objective reality behind all empirical experiences, which was a unitary world of wholeness (Salman, 2008). Development towards wholeness was

for Jung a conscious development back to the original unity within the psyche. All though he saw the ego development and separation from the original wholeness as a necessary adaptation to culture (in the west), he combined psychic suffering with a lack of connection to the self and the archetypical psyche. The reality of inner wholeness was beyond language and only reachable through the image (Kugler, 2008).

Moving from the Platonic idea, that images are copies of the human nature and not original creations of the mind, Kant changed this idea through his revolutionary philosophy saying, that images are the precondition of knowledge (Kugler, 2008). Jung was very inspired by Kant, and developed an epistemology where he also included the unconscious as the base from which images were considered “the very source of our sense of *psychic reality*” (Kugler, 2008, p.87). The split between the subject and object then became connected through the image. Kugler (2008) says:” The inner and outer worlds of an individual come together in psychic images, giving the person a vital sense of a living connection to both worlds (p.87). This philosophy of reality using the image as a bridge between subject and object, became the foundation of a new understanding of the creative process, where creativity was not only a manipulation of things in the material world, but a process which could facilitate psychological growth and the experience of being connected to the world.

3.8 Jung’s attitude in research

Robson (2002) propose, that instead of defining what science is, it would be more useful to describe the attitude needed in order to name research scientific. He says, that a scientific attitude needs to be systematic, skeptical and ethical (Robson, 2002).

Jung’s discovery of different psychological types (known as his typology) was an attempt to create some systematic order in his clinical experience of his clients (Shamdasani, 2003). It was not his intention to use typology to categorize people, but this was the way other psychologists at the time used it (Shamdasani, 2003). His typology was rejected as scientific in a leading review from one of the most influential behaviorists named Watson (Shamdasani, 2003), and he categorized Jung as a mystic. At that time (1923 – 1930) behaviorism was getting strong within the psychological science, and the focus on the outer world became the mainstream for research (Shamdasani, 2003). From then onwards Jung became more and more interested in the archetypical reality of the inner world of his clients, and his systematic exploration of his own unconscious (Red book, 2009). As Shamdasani points out (2003), his self-explorative and self-reflective attitude in his systematic investigations became the cornerstone and ethical foundation in his theories indicating that “no production of knowledge should be placed above ethical considerations” (Papadopoulos, 2006, p.17). In this research study, there is a an attempt to create knowledge (constructivism) through the therapeutic dialogues between therapist and participant and at the same time there is an openness towards a discovery of (self) knowledge (positivism), which has been there all along, but just not made conscious.

3.9 Vitalistic epistemology in Jungian psychology

Jung did not think that psychological science belonged to the natural science or to the abstract meta physics and he wanted to differentiate psychology from the philosophical positivism. He therefore rejected both the materialistic and the religious view to science. He also wanted science to be based on personal experience and not on external objectives, in order to validate theoretical formulations about the unconscious. During the early years of his work (1896 – 1899) he presented Vitalism as a third approach to science, where life is regarded as a vital movement between the outer and the inner reality (Papadopoulos, 2006). In his theoretical formulations and especially in his concept of self, he seemed to have a double epistemological approach. On the one hand he described development as a vitalistic process of constant change happening through the interaction between inner (psychic) and outer (material) reality. On the other hand he was certain, through out his life, that the process of unfolding the self was following a certain archetypical (objective) pattern in the psyche independent of outer circumstances. To Jung this was not a contradiction, but expressed his empirical experience and understanding of the connection and movement between the ego and the self. His teleological approach to the process of individuation became known as his gnostic epistemology.

Summary

Though Freud and Jung both saw the importance of the unconscious within humanistic science, they had a very different epistemology in their philosophical approach. Freud was masculine and hierarchical in his approach, emphasizing the importance of the ego being superior to the unconscious (the id), where Jung was holistic in his way of thinking, including the feminine and the interaction between ego and self as a way of discovering truth based on individual experience. This could be one of the reasons why Freud's psychology is still more accepted within science and society than Jung's, as society and science both are grounded in the masculine principle. Jung's psychology is based on the fusion between the masculine and the feminine creating the third, which would be the individual self. The balance between the outer and inner reality would be representative of both Jungian psychology as well as contemplative science.

3.10 Pre-understanding of creativity and depression

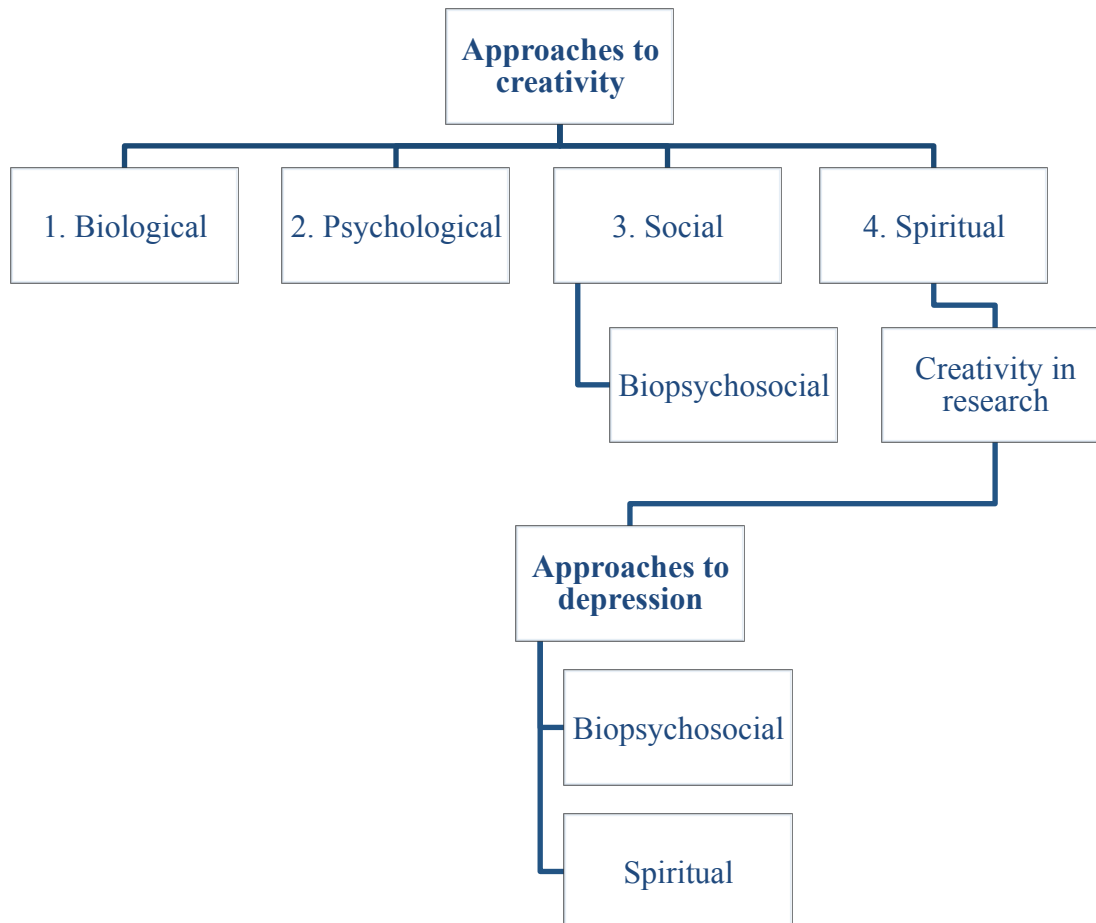


Fig 12. Flowchart: Pre-understanding of creativity and depression

Part of my analytical strategy is to understand the biological, psychological, social and spiritual dimension of creativity as a process, which facilitates growth in many different ways. One important purpose of (art) therapy is, that the individual during the therapeutic process develops a more creative mind in everyday life situations, so that therapy no longer is needed.

Creativity is a core concept in the understanding of how we deal with living, how we solve conflicts and how we develop our potentials throughout life. The creative mind can be seen as an opposition to the depressed personality in many ways, and is therefore regarded as a resource to the depressed individual. In clinical work with people suffering from depression, an understanding of creativity would seem relevant as it might point towards the therapeutic goal.

Looking at changes in quality of life, I want to bring into my analytical perspective the concept of the creative mind related to depression, so that the movement from low quality of life/ mild depression to art therapy methods to creative living can stay interconnected. One of the advantages in using art as a bridge to living is that the creative expression in the therapy room can come to function as a bridge to being more creative in life. This can also become one of the obstacles in the beginning of therapy where motivating the client into (right-hemisphere) activities can seem like a very different activity compared to concrete problems in daily life.

In the literature review I introduced different approaches to art therapy in relation to depression. In the following I introduce the concept of creativity as a transformative process of change related to every day living. I think this understanding can support the direction in the art therapy process, where the creative process becomes a way of living, as well as being part of an art therapeutic method. Understanding the concept of creativity in relation to change and everyday living then becomes the goal in any therapeutic intervention, as it indicates that therapy is no longer needed.

3.10.1 Biological approach to creativity

The ability to regulate and control emotions has been a central theme within the last two decades for neuroscientists, and “there is now widespread agreement that emotional processing is no longer thought of as a fundamentally disorganizing force that needs to be suppressed, but rather as an adaptive process of rapid appraisals of events that are important to individual, and a survival mechanism that allows for flexibility of responses to changes in the environment. This processing of bodily based emotional information is essential to well-being” (Schore, 2012, p.156).

These findings change the paradigm within therapeutic dominance, where affect regulation therapy (ART) as opposed to cognitive-behavioral therapy (CBT) now shows better results regarding lasting psychotherapeutic change and well-being.

Schore (2012) emphasizes the importance of right hemisphere activity and the re-enactment of unconscious affects as an adaptive motivational function and response to external changes. This also challenges the traditional behavior of the therapist, as the most healing therapeutic approach in ART is based on the therapist's ability to respond from her/ his own relational unconscious (right hemisphere reaction), in order to support therapeutic change in the client. The old paradigm and understanding of therapeutic behavior, where the therapist should remain neutral, objective and analytical can no longer be affirmed by neuropsychological research (Schore, 2012). The importance of having a focus on transference and countertransference experiences becomes more important in the new paradigm, because the therapist's awareness of personal emotions are now part of the therapeutic relationship.

I find these results interesting especially in relation to art therapy methods, where the client is invited to express emotions during the creative process. Schore (2012) has investigated the psychotherapeutic relation with a focus on the unconscious relation between the client and the therapist (transference and countertransference), and does not include the use of an art modality being a receiver of the emotional re-enactment. Based on my clinical experience, I find the emotional expression to be much stronger and more connected to unconscious affects

when an art modality is used in therapy, than in verbal therapy alone. This might have to do with the client's (unconscious) fear of being rejected by the therapist, if emotions are being re-enacted in the transference relationship. This does not exclude the transference and countertransference relationship in therapy between therapist and client, but merely replaces the regressive content of the transference on to the artwork, whereby the function of the therapist can become more supportive and less confronting. Important for the creative process to unfold in therapy would therefore be, to create a safe space for emotional release, which could then be integrated in consciousness through the following verbal dialogue related to the artwork. The model of right-hemispheric affect regulation used by Schore (2009, p.125), looks like the following illustration:

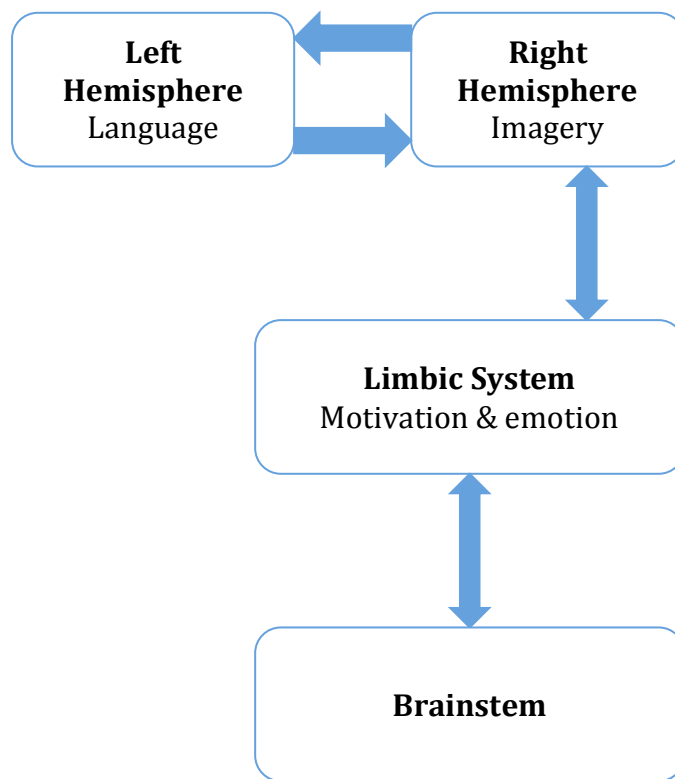


Fig 13. Model of affect regulation

The movement of impulses from the brainstem (affects) to the limbic system (emotions) needs to go through the right hemisphere (imagery) in order to be cognitively integrated in consciousness using language and left hemispheric activity. Related to art therapy processes, the model shows that art expression without a following therapeutic dialogue, does not support cognitive integration and therapeutic change, but has a more unconscious and compensatory function as a reaction to changes in the external environment.

In using this model in relation to depression and low quality of life experiences impulses seem to get stuck in the limbic system, which according to Schore (2012) indicates, that emotions are held back instead of being released. Emotional control is therefore not established, which is a characteristic of the depressed personality, who often gets overwhelmed by emotions

or experiences a lack of emotional connection. For emotions to reach the right hemisphere activity, imaginative and expressive activities like art therapy would seem relevant. It is also an indication of the importance of balancing the creative activity with the therapeutic dialogue in order to complete the neurological process towards emotional control.

From a neuropsychological perspective creativity is now viewed as the “production of an idea that is both novel and useful in a particular social setting” (Schoore, 2012, p.141). The search for novelty and surprising now-solution in a given social situation is a right hemisphere specialization, as the left hemisphere is more predictable and strategic in its linear functioning.

In therapeutic dialogues related to artwork, clients have more opportunities to experience surprising now-solutions, because of the unconscious projections of contents from the unconscious, which become available through the artwork and imagination. In dialogues I often experience clients say “I didn’t do this on purpose”, or “I didn’t know I was doing that”, as an excuse for having allowed the unconscious to express novel information. It often feels like they do not take it as serious as the images they have more control and knowledge about, and may disregard the information unless an emotional attachment to the image develops during the conversation. The image then becomes the unpredictable link to a consciousness of right hemisphere activity.

Right hemisphere activity has two different important functions related to creativity. One is the affect regulative function, where the expression and meaning-making process is the core activity, and the other is the ability to use the creative novelty seeking potential connected to change. When creativity is blocked and the ability to make the changes that increases quality of life is not available, it would seem relevant to focus on the affect regulative functioning of the right hemisphere, instead of using a left hemisphere modality with no possible novelty solutions.

3.10.2 Psychological approach to creativity

The perspective on creativity in this research study is, that creativity can be an activity which is not only a practical method of art performance or/and a therapeutic and time limited interaction, which might or might not have an effect on the lives of the individuals involved, but also a state of mind which hopefully will increase the participant’s quality of life experiences in every day living. Related to neuropsychological findings, the real healing comes about, when the individual learns to cope with or leave the environment, which produces the stress factor in the first place. An important part of the psychological development is to find more flexible and creative approaches to life.

In the following I describe psychological creativity from different perspectives, so the concept of the creative mind can relate to every day living.

3.10.2.1 Every day creativity

Richards (2010) describes the importance of every day creativity related to quality of life (among other things), and present 4 key issues:

1. The construct of everyday creativity, with a focus on both creative product *and* process.
2. Healthy benefits of every day creativity.

3. Alternative ways of knowing and creativity.
4. “Creative normalcy” versus conformity in everyday life.

(Richards, 2010, p.189)

She assumes, that every day creativity is a necessity for our survival as individuals as well as species, and therefore important for all of us and not just a few chosen ones.

From her research she found a compensatory advantage for every day creativity, which can have both positive and negative effects depending on the working through of unconscious material coming up during the creative process. One of the core attitudes for a positive outcome of creativity is openness to experience, which in neuropsychological terms would mean openness to right hemisphere activity. Living in a left hemisphere society, it can be assumed, that most people will have negative expectations towards right brain processing and outcome. This again can stop a creative impulse from a working through process, whereby the positive experience of change is lost. Trusting the creative process during the phase where it does not make rational sense seems to be a helpful working-through attitude in creative processes.

3.10.2.2 Internal working models

In this research study I have a special focus on internal mental structures, some of which Jung has called the ego, shadow, Animus/ Anima and self. The process of internalizing external models is described by Bowlby (1969), Schore (2009, 2012), Fordham (1969) and Neumann (1976), and is an important part of the attachment theory and ego development. Also the internal working model is basic to most psychotherapeutic work today. From a Jungian perspective internal mental representations form the content of complexes, which “are feeling-toned groups of representations in the unconscious...” (Knox, 2003). Behind the personal emotional experience of object relations and the forming of an internal model lies at its core an archetypical image, which Knox (2003) identifies as an image schema without content. The archetypical schema can then become activated through the activation of the complex.

From a neuropsychological perspective the archetypical core of the complex can come to represent the potential space for discovering a possible novelty solution to an emotional problem as the archetypical core belongs to the unknown part of the psyche. The memory content of the complex, which has been rejected by consciousness, can also be related to the personal unconscious and to the right hemisphere. This would be another argument for including right hemisphere activity in psychotherapeutic integration of dissociated complexes.

3.10.3 Social approach to creativity

Post Jungians have further developed Jung's theory of personal and archetypical complexes and introduces the concept of cultural complexes (Henderson, Singer & Kimbles, Ed., 2004).

A cultural complex is like a station between the personal complex and its archetypical core, and as such an important place between the personal and the collective unconscious.

Jung thought that society and groups in general had a fundamental destructive influence on self-development. Having worked with groups for 25 years I think the opposite can also be true, as

long as a conscious effort and awareness of group dynamics becomes part of the self-developmental concept and process.

Thereby creativity and self-development connects to the moral and ethical constitution of a society or group as well as to the close object relations in the individual's life.

In dealing with the creative personality cultural stereotypes can affect the judgment of human behavior in such a way that an individual's creativity can become a threat towards cultural rigidity and change (Richards, 2010). What is expected from society in order to be included as an individual may be opposite to the needs of an individual, and can the individual then maintain a connection to creative functioning and self-actualization, or will the cultural complex defeat the individual's urge towards change? The understanding of cultural complexes may therefore become an important issue in relation to low quality of life experiences, as it might point towards a more political and cultural issue in relation to depression, as the attention then will need to focus on the environment being defensive towards change. The following model illustrates the different layers of complexes in the psyche.

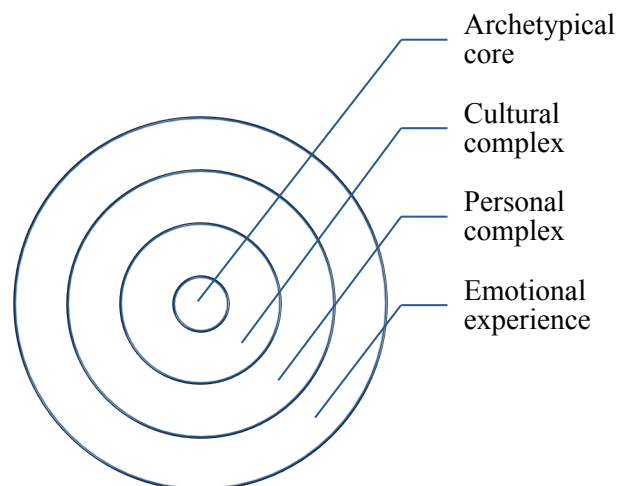


Fig 14. Different layers of complexes in the psyche (Skov, 2013)

3.10.4 Biopsychosocial approach to creativity

Combining neuropsychological findings with psychological and social theories, the understanding of creativity to day is based on attachment theories and right hemisphere processing, internal working models and cultural issues regarding the definition of normality versus creativity. Dacey and Lennon (1998) collected information from biological, psychological and social perspectives on creativity, and formulated their biopsychosocial model of creativity based on Guilford's 5 step problem solving model, (1) Cognition, (2) Memory, (3) Convergent thinking, (4) Divergent thinking, and (5) Evaluation. In this research study and in the analysis of clinical gathered data I am using a perspective similar to Dacey and Lennon (1998), as "there is now little doubt that three factors – biological, psychological and social – play a role in every creative act" (Dacey and Lennon, 1998, p.225).

My interest in creativity in this research study is based on its absence in depressive states of minds, which leaves us with the question as to how we as therapists can help transforming depressive states into every day creativity. From a social perspective, I think we also need to be

aware of the environmental situation related to the depressed individual, and whether the power of a cultural complex is too strong for the individual to cope with. The therapeutic challenge will then need to focus on coping strategies related to environmental rigidity, and not only on the individual.

The social perspective with cultural complexes in focus is further affirmed by evolutionary psychology. Sloman (2000a) mentions rejection sensitivity as a vulnerability factor to depression, which can activate an Involuntary Defeat Strategy (IDS) as a losing strategy towards environmental threats. IDS is regarded as a core concept in the Rank theory, and can be flexible or rigid in its functioning.

Flexible reactions are associated with:

1. Secure attachment
2. Good social skills
3. High self esteem
4. Ability to respond to new challenges

Rigid functioning is associated with:

1. Insecure attachment
 2. Low self-esteem
 3. Unproductive power struggles often characterized by put-downs
 4. Rejection sensitivity
 5. Strong feelings of frustration, hostility and depression
- (Sloman, 2000a, p.262)

Both flexible and rigid strategies are related to ways of solving conflicts. They are expressions of behavioral patterns when individuals are confronted with a threat towards creative expression in order to survive and avoid exclusion from the group. "When IDS is ineffective in terminating aggression, it can contribute to the development of depressive illness" (Sloman, 2000a, p.65).

The important issue is not the defeat and loss of battle in a social situation, as this is a matter of survival, as much as it is how the individual responds to the defeat. Can the individual accept having lost in confrontation and develop new ways of living, or does the individual feel trapped in a situation without the possibility to move in new directions using creative strategies, also called learned helplessness (Sloman, 2000a, p.13). "Another way to link the IDS with depression is to demonstrate the similarity between the biological changes associated with defeat and with depression" (Sloman, 2000a, p.52). This biopsychological relationship leading to depressive behavior also has a connection to high stress leading to low control that, according to Gilbert (2000), is an evolutionary strategy and not a biological error. According to these results, the most important issue related to depression, is what causes the stress, and not the depressive behavior as such. I find this to be an important question that needs to be addressed in a research like mine, because it might mean, that even if the depressive behavior changes towards better quality of life, does it then mean, that the creative instinct of survival no

longer protects the individual from the danger of the biological effects of stress? And would it also mean, that the problem of low quality of life moves to a more biological realm, like physical illness, instead of psychological unbalances? Finally, could we move the other way around and think of physical illness as a reaction to psychological circumstances which is not properly dealt with?

3.10.5 Spiritual approach to creativity

A spiritual approach to creativity is in this research study connected to experiences of self in a Jungian sense of self.

The self, being a central concept in both attachment theory and Jungian psychology, does not have the same developmental definition and I would like to mention some core differences here.

In attachment theory (Bowlby, 1969; Schore, 2012), the self is developing through object relations and right-to-right hemisphere interaction between parent and child.

In Jungian psychology with Fordham (1969) and Neumann (1973) as the representative of developmental psychology, the self is regarded as a psychosomatic potential waiting to unfold through object relational interactions, and is therefore considered to be an a priori structure in the psyche (Knox, 2003).

Knox (2003) solves this opposition by saying that “we can reconcile these positions by considering the self to be an abstract concept, a way of conceptualizing all the possible emergent features of the human mind, both those that are realized in development and those that are not” (p.59). I think she includes the concept of self from the attachment theories into the Jungian definition by taking a more abstract stance, which to me does not solve the problem of different approaches to self. Also I think the difference is of a spiritual nature and not a developmental.

One of the most central concepts in Jungian psychology when it comes to change and transformation, is the concept and function of the transcendent function, which not only unites opposites into a third and novel solution to a conflict between two parts, but also regulates the overall psyche towards wholeness. From this perspective the self is connected to a not-human but spiritual dimension outside of rational reach. The transcendent function seems to have qualities recognizable in the definition of a flexible associated creativity and it would seem relevant to assume, that the transcendent function could be related to the transformative ability of right hemisphere functioning. The mystery connected to the actual transformation of unconscious emotional structures (the complexes) into a positive therapeutic outcome, would therefore include a self-concept based on a spiritual definition of self and not only a developmental understanding. I consider the developmental perspective to be more connected to the process of creating and understanding complexes in the unconscious, which can dominate the personality in a way leading to a disconnected ego-self and low quality of life.

The process of re-establishing the ego-self connection in later therapeutic processes may therefore not at all follow the same neurological and psychological path similar to the developmental process of creating the ego personality.

3.10.6 Creativity in research

Using the concept of creativity as a search for novelty, there is an obvious parallel to the research process being a quest for creating new knowledge in science. The meaning-making part of the research process also connects to the ontological and epistemological foundation for the chosen methodology. What I have found interesting related to this research study and the discussion of Jung's philosophical relatedness to both the subjective and objective field of knowledge, is Sullivan's description of the "broader interpretation of intersubjectivity, which places the construction of meaning in a liminal or 'in between space', instead of within a dichotomy, opens up possibilities, whereby plural views, ambiguous notions, and uncertain outcomes become opportunities to help see things differently. This is similar to the construct of the third space used in sociocultural texts to describe places that individuals and communities create to make sense of the different worlds we inhabit" (Sullivan, 2010, p.40). A link to this construction of a third space is Jung's "transcendent function", which also combines opposites in the creation of a third position. The mutual characteristic is the unpredictability in the process of creating meaning that can lead to new knowledge in a broader sense. This means, that the creation of new knowledge within science cannot be grounded on rationality alone, but must include imaginative possibilities (and right hemisphere functioning) in order to create the vision of something new. The concept of creativity as a novelty making process corresponds to the concept of research, as being a process of creating new knowledge.

Summary

Within the last decade, integration of different approaches to creativity and depression has developed within research and intervention strategies (Kaufman & Sternberg, 2010; Schore, 2012; Gilbert & Bailey, 2000). They all base their clinical methods on the self-concept developed by attachment theorists and not on Jungian psychology (or other spiritual systems), thereby leaving the spiritual (and self-healing) dimension out as a possibility for recovery from depression. This is in spite of the fact that symbolism, imagination, and the unknown (collective unconscious), has proved to be important right hemisphere activity for the development of creativity and well-being.

In the following I describe different approaches to depression and what clinical perspective each approach suggests as therapeutic intervention to day.

3.10.7 Approaches to depression

3.10.7.1 Introduction

Different approaches to depression have come up with different suggestions to clinical interventions for people with depression. As Sloman (2000) says, "some focus on the biochemical and neurotransmitter changes and how these can be normalized by the use of psychopharmacological agents. Those with a psychological perspective view the low self-esteem as a product of earlier unresolved conflicts, traumas and frustrations and seek to resolve conflicts, or modify negative basic assumptions by changing cognitions. Therapists, trained in family therapy, focus on the communicative function of the patient's feelings of helplessness, hopelessness and low self-esteem. They endeavor to improve communication between family

members, to promote secure attachments between family members and to establish a more functional family hierarchy” (p.263).

Though my research study involves individuals who are in risk of developing depression and who are not diagnosed depressed, there is no exact indication as to when a person moves from low quality of life experiences/ mild depression, and into a moderate or chronic depressed state. Sometimes it will never come clear, because medical interventions take over already in the period of being vulnerable to depression.

Results from psychotherapeutic research working with affect regulation therapy showed, that “Interestingly, participants felt more ‘troubled, anxious, and depressed’ shortly after writing expressive experiences 20 minutes a day 4 times, compared to the control group (who wrote about neutral things). After 6 weeks it turned, and they scored significantly higher on a measure of psychological well being” (Kaufman and Sternberg, 2010, p.195).

What seems to be the case in most traditional approaches to depression as mentioned by Sloman (2000) is, that interventions are mostly based on left hemisphere values and methods, and not the more imaginative right hemisphere attributes which includes the unconscious part of the psyche. This might be connected to the experience of an increase in emotional tension shortly after the therapy, which might be opposite to the immediate effect wanted by the researcher. A parallel to children with ADHD could be made. What if the hyperactivity and emotional tension within the child is a compensation for not being allowed to express emotions because of cultural complexes indicating that it is not normal to have such strong emotions, and therefore the child has a problem?

One way of minimizing the risk of defining depression based on cultural complexes is to include all contributions to the understanding of depression inclusive of depth psychological and spiritual approaches.

3.10.7.2 Biopsychosocial approach to depression

The neuroscientific approach to depression represented by Schore (2012) is based on the attachment theory and includes a social perspective as well. The following analysis shows the importance of combining different approaches in practical understanding of depression. “From a comprehensive analysis of over 10,000 Adult Attachment Interviews of North American *nonclinical* mothers over the last two decades reports only 58% secure attachments, with 23% insecure-dismissive, 19 % insecure-preoccupied, and 18 % unresolved loss or other traumas” (Schore 2012, p.361). These results indicate that children, who withdraw from relationship to a parent early in their lives, develop an insecure attachment behavior, which can lead to depression as an indication of a failure in the right hemisphere development. Schore (2012) brings in the social aspect by relating the lack of a good (normal) parenting with stressful circumstances in the environment or parents social situation. Considering the increase of stress and social pressure in families and the social systems in our society today, there may be an even greater risk that an explosive number of people experiencing low quality of life leading to depressive behavior will manifest in generations to come.

3.10.7.3 *Spiritual approach to depression*

A spiritual approach to depression has a focus on the development of self-connection. Perera (1986) uses the concept of the scapegoat as an image of a depressed individual who has sacrificed a self-connection in order to serve a collective order. Her point is, that the conflict between the victim and the accuser, or the depressed person and the aggressor, can not be solved by focusing on the polarity, but that attention needs to go towards the spiritual self, in order to brake the pattern of defeating strategies and to move away from a negative self image. This is comparable to Schore (2012) when he talks about the necessity to use more unpredictable ways to deal with emotions in order to reach creative novelty solutions. It also brings an argument for the use of symbols in therapy, as they are self-connected.

What needs to be remembered is to get back to dealing with personal issues from daily life, so that the spiritual dimension does not become a compensation for living life. The timing for this moving from self to ego in order to re-establish the ego-self connection includes the therapists openness to other methods than to the spiritual perspective alone, which brings an emphasis on the importance of having a holistic approach in therapeutic work with depression.

3.10.7.4 *Summary*

Looking at depression from different perspectives can help finding the core and understanding of depression as both a survival strategy as well as an internal state of negative emotions leading to low quality of life. The paradox is, that depression from an evolutionary perspective served a purpose of survival and is triggered from the oldest and most instinctive parts of the brain (the reptile brain), and therefore protects the individual from a confrontation with aggressors who are stronger. On the other hand, depression is considered to be a losing strategy and isolates the individual from social connectedness. Another aspect is, that the connection between depression and the health of the body has proven to be strongly interrelated, and the question is what effect it has on physical health if depression is removed without also removing the stress factor, which is a very strong vulnerability factor to depression. Will it just remove the problem of depression into a problem of physical disease because the individual, for example in medical treatment does not (learn to) relate to the causes of stress? And is it more a question of developing a creative and flexible relationship to life?

Sloman (2000a) suggests that if an individual can let go of the defeat and move on in life finding new solutions the depression can turn out to be helpful instead of self destructive.

Most of the data collection in this research consists of images and dialogues related to images. The practical meaning-making process of making sense of the participant's images developed from the dialogues between the participant and therapist and will therefore be related to the field of interaction. The meaning-making process contains a certain unpredictability regarding the outcome of the therapeutic process for the participant.

Another important factor regarding an understanding of therapeutic outcome is the participant's relationship to everyday life and creativity in between sessions. How does therapy affect life outside the therapy room, and can the therapist become a new inner voice/representation in the client's psychological structure, hopefully more helpful for growth?

3.11 Pre-understanding of transformative learning

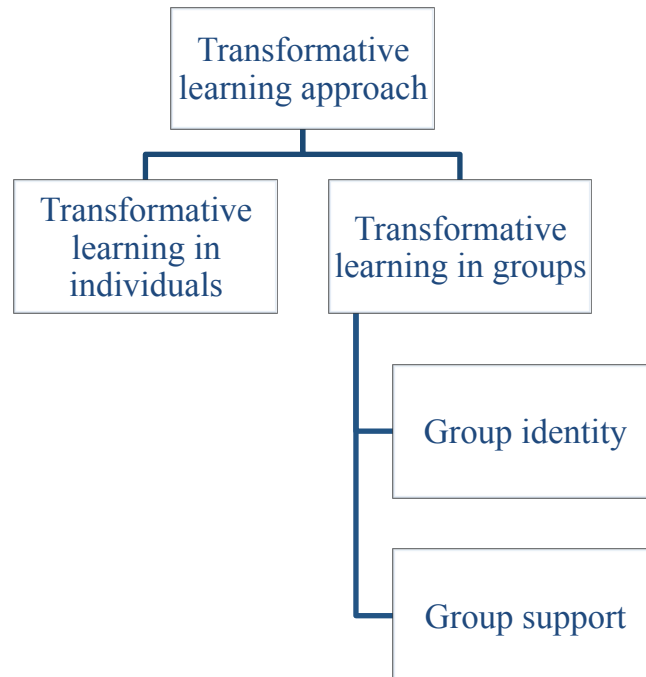


Fig 15. Pre-understanding of transformative learning

3.11.1 Introduction

In art therapy the use of symbols can facilitate experiences of the psychic reality whereby the individual can develop a trust in the self as a regulative center in the psyche.

The creation of a trusting relationship between the ego and the self, is a major issue in therapy and learning strategies have been developed, which base their methods on transforming inner destructive patterns of ego-self communication.

3.11.2 Transformative learning approach

Kasl and Yorks (2012) define transformative learning as “a holistic and enduring change in how a person affectively experiences and conceptually frames his or her experience of the world in order to apply new actions in life contexts that are personally developmental, socially controversial, or require personal or social healing” (p.509).

The transformative learning approach emphasizes the necessity to transform or remodel the psychological structures or inner voices in the psyche, that have a destructive function, according to individual self values and developmental needs. I find these inner voices (introjects) to be an important part of the process of change in therapeutic outcome, especially when therapy deals with depression, because of the negative self-judgmental structures in the depressed psyche. Also I agree with the early approach in transformative learning, that any change in society starts with a change within the individual, who will then have an effect on society (Taylor, Cranton & ass, 2012). The transformative learning approach is in this respect similar to Jung's, because he also saw the danger a society could have on influencing the

individual development in a direction not good for the individual, and the need to know oneself in order to avoid getting lost in collective expectations. Paradoxically a film about Freud and Jung has just been released this month with the title “A Dangerous Method”, which to me communicates to the public that it is the method and not society that is the dangerous part! To change the inner self-destructive voices into more self-supportive patterns is also a learning process where the individual learns a different approach to self, than the one learned from negative family patterns. In order to recognize the voice of the self as a different voice than the voice from a negative judgmental parent, voices needs to be confronted and replaced with the voice from the self, which is basically what therapeutic processing is all about. In transformative learning this replacement of voices from the past does not happen by itself and without certain knowledge of who is who on the inner mental arena. The transformative learning approach is relevant in this research study as a method to explore the ego relationship to the shadow, inner masculine and the self on a personal experiential level.

3.11.3 Transformative learning in individuals

Therapeutic change can be seen as a learning experience, and as an expansion of conscious knowledge of self and others. John Heron (1992) has developed a model, which describes 4 steps in a learning experience, which I found useful in this research study as a way to understand changes in consciousness within a group or social system. Heron also presents what he calls a reversal cycle, which can function as a model for using art therapy methods related to change. I present some of his thoughts in relation to people with low quality of life.

As an overall schema it looks as the following starting with number 1:

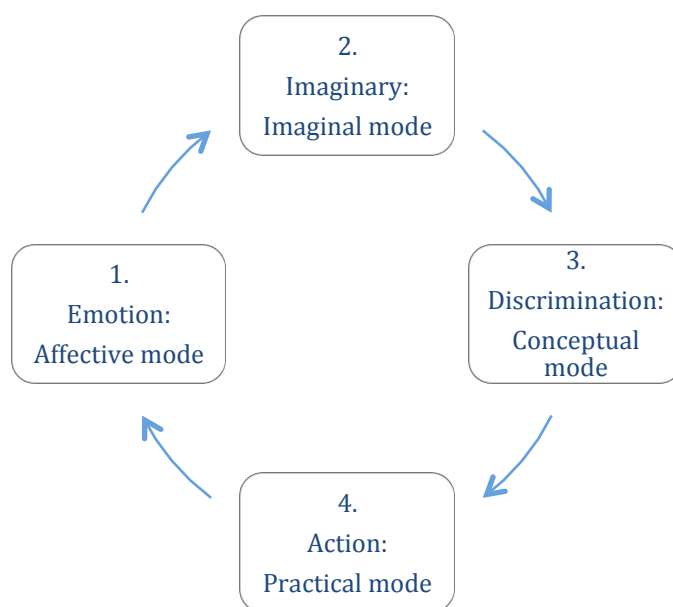


Fig 16. Basic cycle (Heron, 1992)

He defines the basic circle of individuation as four modes of hierarchical and circular interaction starting with (a) a need for more fulfillments, or (b) a frustrated need. This he calls the “affective mode” (number 1 in the figure).

The affective mode with the participants in this research study is based on the emotional experience of a low quality of life and they all have a longing for this situation to change. This corresponds to Boyd's concept of a psychic dilemma indicating a situation in an individual's life which can promote transformative change (Boyd, 1991).

Next step is the imagination regarding how this need can be fulfilled. The imaginal mode can be related to memory systems and therefore the imagination of what would satisfy the need can be based on past experiences, which may lead an individual in a wrong but known direction. People living with depression often live with a negative self-image where they cannot imagine that things can work out well for them. Therefore, when imagination is limited to the personal life experience without any connection to the archetypical realm, it can be difficult to change a pattern of behavior.

The imaginal mode is related to the discriminative mode, where it is conceptualized what they need to do in order to change the frustration/ need.

The fourth mode is the practical mode, where action (or no action) takes place in order to bring the cycle to a manifestation. The pattern repeats itself next time a need for fulfillment or a frustrated need reaches consciousness.

According to Heron (1992) therapeutic intervention and change can be made by changing the content of the imaginal mode by using imagination based on archetypical images instead of personal memory systems. His model of the reversal cycle therefore looks as follows:

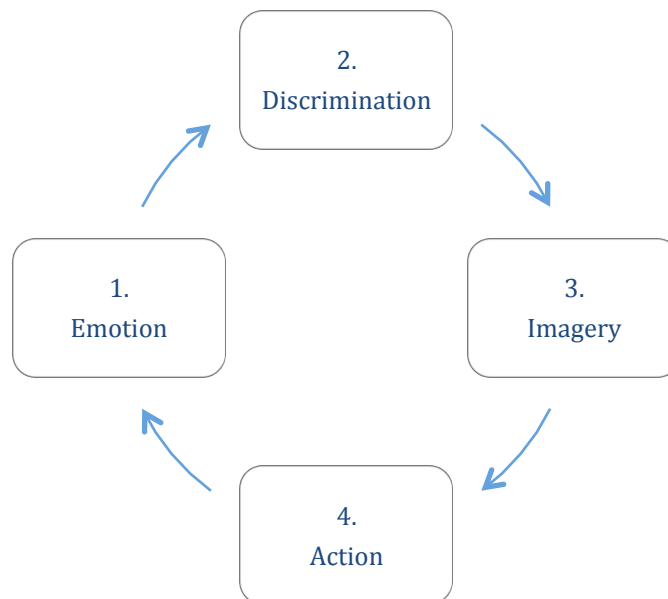


Fig 17. Reversal cycle (Heron, 1992)

As the figure shows, conceptualization now comes into consciousness before imagery, which will stop an automatic memory system in functioning as part of a self-destructive pattern regarding what to do to fulfill a need. This is a situation in transformative learning, where the teacher/ therapist can help the individual to recognize the psychic dilemma, which repeats itself

in an individual's life, and give new imaginative directives towards change. Imaginative exercises or guided behavior, which is unknown to the client, can then be experienced for example through art work, and become part of the memory system. An example of this way of working can be found in the analysis of workshop number 8 in this research study.

3.11.4 Transformative learning in groups

3.11.4.1 Introduction

Boyd, Dirkx, Kondrat, Myers and Saul (Boyd, 1991) have made a number of studies of small groups (8-12 participants) using a Jungian approach based on Herons learning model. Boyd describes the group as a personal, cultural and social system of interaction (structural point of view). Focus is not on the individual behavior in the group, but on the group as a social and cultural system. According to Boyd (1991) the existence of the group has 3 tasks (the adaptive perspective), which is described as (a) defining the nature of the group, (b) establishing modes of relating, and (c) develop reality-adapting means (p.18-21).

3.11.4.2 Group identity

In this research study, the individuals in the group all experience a low quality in living their lives, which would be the phenomenological description of the group identity. Behind this lies the archetypical paradox, which Dirkx (1991) describes as "the fundamental, primordial and contradictory forces that groups face as they struggle for increasing consciousness" (p.80). The development of consciousness in a group is regarded as being similar to that of an individual struggling to create an ego-individuality as described by Neumann (1954) by going through the mythological stages of the hero. The stages are referred to as:

1. The great mother
2. Separation of world parents
3. Birth of the hero
4. Slaying of the mother and father

I find the hero myth to be relevant to use especially related to the theme of depression as in this research project, because the situation/theme on an archetypical level can be symbolized as an ego being more or less swallowed by the unconscious (mother). This means, that individuality is not visible in the way an individual interacts with the world, and that cultural complexes are controlling individual behavior as moral codes made by the collective and not chosen by the individual. The archetypical paradox indicates, that there can be emotions and negative memory systems related to the next developmental stage which can become a resistance for further development in the group. The solution to this paradox can be an influential person in the group also called a *focal person*, who expresses the hero aspect in the group dynamics. Three major functions of the focal persons influence on group development have been derived from prior studies (Dirkx, 1991) as "(1) a representation of the unconscious emotional concerns of a social system which are fundamentally opposing and seemingly contradictory, (2) a critique of the

status quo and movement toward a new awareness and (3) a voice for transformation of the social system”(p.73).

According to Boyd (1991) “the reality-adaptive task is the expansion of consciousness” (p.35).

The expansion of consciousness starts with the hero behavior in the group represented by the focal person, who confronts the group and initiate a new awareness. For the other individuals in the group this person can become a role model for breaking old patterns, which no longer work for the individual.

What I look for in my group-analysis on the identity-level is a movement towards a more differentiated consciousness, following the mythological stages of the hero development, and how this activity manifests in the group dynamics.

3.11.4.3 Group support

According to Boyd (1991), the group supports the individual development in 4 ways:

1. Archetypical symbolization of a personal dilemma.

An individual seeks therapy for some personal reasons or frustrations, which can manifest in the group and relate to mythological themes. This amplification moving from a personal dilemma to a collective and mythological can help changing the imagery mode as described earlier by Heron (1992).

2. Development of the social system can activate earlier stages in the individual's development with the possibility of working them through.

In looking at the group as a system, individuals often repeat a pattern of interaction, which developed in the family system during childhood. Recognition of parallels between being in the family and being in the group can help the individual to make different choices regarding modes of relating with a social system.

3. Group support.

The kindness and mutual understanding, which can develop in a group dynamic, can become very helpful for transforming emotional patterns of behavior in an individual. Often a new learning activity related to self-development can be mirrored and accepted by other group members, which might have been rejected in the early family system.

4. The group as a container for projections.

As the unconscious is projected on to different members of the group, creating positive or negative relations, these projections can be worked through as representations of different parts of the unconscious within the individual who is projecting. In my experience, it can be an important part of the leader's role to help making such projections conscious, acceptable and meaningful for individuals involved also as a learning experience of how the unconscious is living its own life beyond conscious control. Boyd (1991) also mentions the importance of self-responsibility in relation to personal transformation.

Chapter 4. Methodology part 1

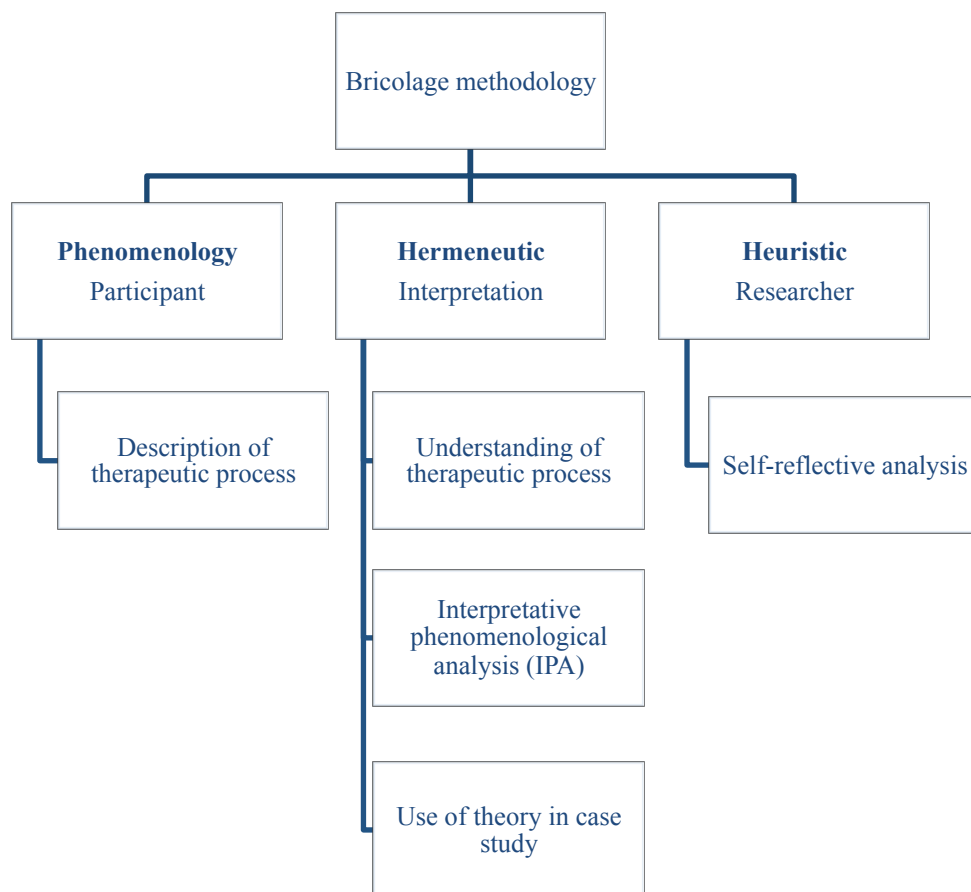


Fig 18. Flowchart: Methodology part 1

4.1 Introduction

Since no single paradigm within science includes both the subjective reality of the ego as well as the objective reality of the self, different paradigms and methodologies have been chosen related to different parts of the analytical process in this research study. This approach in qualitative research is also called a “bricolage” methodology (McLeod, 2011), which means, that the researcher put together the methods available, which would best answer the research question(s), “a qualitative researcher is always, to a greater or lesser extent, a *bricoleur* – assembling whatever ideas, tools and techniques that are at hand to get a job done” (McLeod, 2011, p.166). To be a bricoleur researcher can support a focus on the research topic (to improve

quality of life) much more than to a specific methodology (a scientific paradigm), which to me points towards a more ethical approach related to the research topic.

In my study of methodologies, I found, that different methodologies added something valuable to the understanding of reality as a whole, and to the way we relate differently to our individual perception of reality. As humans we *are* different but we also have many things in common as specie, and to me it is important to keep that opposition and wholeness in mind, when we try to understand human behavior, and how psychotherapy can improve quality of life experiences. How much of behavior is rooted in our human nature and evolution, and how much is stemming from our personal developmental experiences? Having a focus on only one approach to human behavior might eliminate important opportunities and understanding of another.

4.2 Bricolage methodology

In the attempt to find a philosophical paradigm which would support the psychological analysis of my data, I could not find one paradigm which would describe both subjective and objective reality as being part of the inner life of individual experience, which is one of Jung's most important discoveries. Positivism and post positivism base their paradigm on external reality detached from the inner life of the individual and is therefore basically related to the quantitative methodology. Constructivism/ interpretivism base reality on individual experience where a hermeneutic approach is used to explore the hidden meaning of interactive dialogues. The criticism – idealistic approach is more concerned with individual experience related to power relations and social suppression, which does not have a priority in this research. (McLeod, 2010)

From the three main paradigms I could find some parallel between the ego reality and the constructive/interpretative approach, but I did not feel it included the aspect of the self being connected to an inner objectivity, which is not a constructed reality but a reality connected to the archetypical nature of the human psyche.

Considering the subjective and objective nature of the main research question regarding the ego-self relationship, I wanted to use a methodology, which were relational since it is the development of the relationship between the ego and the self that I am interested in. But the ego-self relationship is not included in the three main paradigms, where the object is considered to be an external, and not an internal object/ self. Looking at my data from a perspective, which only includes the construction of reality through the therapeutic dialogues between the therapist and the participant, would in itself put too little emphasis on the importance of the self inside both the participant and the therapist/researcher. The relational approach therefore needed to be understood as an object relation as well as an ego-self relation, functioning within *both* therapist and participant.

To find a paradigm, which would support the experience of a self-related reality of an objective nature within the individual, heuristic methodology came close to what I was looking for, as the introvert and extravert balance is essential together with an understanding of the self as a spiritual and regulative center in the psyche. The experience of loneliness, which became

the motivation for the development of heuristic research (Moustaka, 1990) fits well with Jungian psychotherapy where ego is experienced as lonely or differentiated from the self.

The self-explorative aspect of the heuristic method has its main focus on the therapist's self, which was not my priority in this research study. Higgins (1996) describes the relationship between heuristic, phenomenological and hermeneutic research as a mix of approaches I find relevant to use: "In heuristic research, the activity is primarily introspection(...)In phenomenological research, the activity is primarily observation and exploration(...)In hermeneutic research the activity is primarily interpretation" (p.33-34).

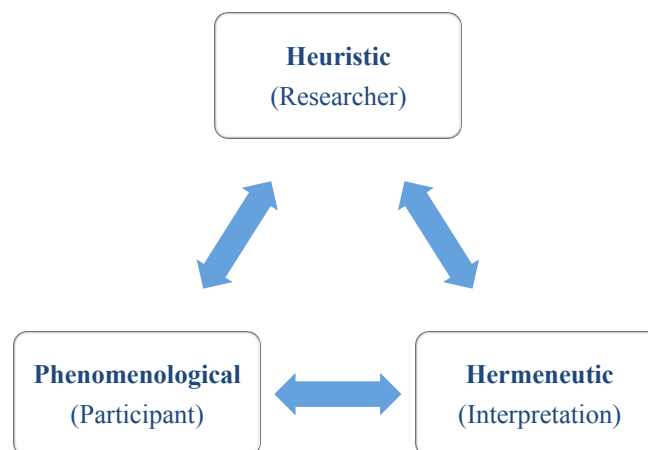


Fig 19. Bricolage methodology

By using all three approaches interactively I found a balance in the research activity, which I wanted to maintain during the research study as a way to connect the subjective with the objective.

In the phenomenological part of the analysis my focus is on the participant's therapeutic process during the art therapy workshops. This corresponds to the first level of the analytical procedure and is descriptive.

In the hermeneutic part of the process, my focus is on the interactive field and the dialogues between the participant and the therapist, where the artwork is included. This corresponds to level two, three and four of the analytical process.

In the heuristic part of the analysis the focus is on the development of the therapist/researcher based on a cultural approach to change.

4.3 Interpretative Phenomenological Analysis (IPA)

Interpretative phenomenological analysis started in psychology and became known in the mid-1990s emphasizing the importance of experiential and qualitative research methodologies based on pluralistic psychology instead of using methodologies from other disciplines (Smith, Flowers & Larkin, 2009).

IPA is an integrative approach based on 3 key Principles:

- Examination of "the thing itself"

- Interpretative engagement
- Examination of individual cases

(Smith, Flowers & Larkin, 2009)

The method is based on Schleimacher (understanding the writer as well as the text) and Gadamer (movement between understanding and interpretation). I find, that the balance between the introvert and the extravert position in the research approach fits well with the Jungian theoretical approach and typology. Adding to this “there is no clear right or wrong way of conducting this sort of analysis, and we encourage IPA researchers to be innovative in the way they approach it” (Smith, Flowers & Larkin, 2009, p.80). The hermeneutic focus in IPA is to move beyond the descriptive level in the analysis (level one in this research) as a search for the thing itself, which in this research study would be moving towards the archetype. The interactive relationship between interpretation and pre-understanding, also known as the hermeneutic circle, is compatible with the theoretical concept of ego-self psychology and the heuristic approach as a way to discover pre-understanding/ bias in the interpretative process. Smith, Flowers and Larkin (2009) have described some guidelines as steps to analysis (p.81) in IPA as the following:

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

In their guidelines there is a movement from the first case analysis towards multiple case analysis and then comparison of cases, as a way to move from the subjective and individual towards more objective tendencies. I find that this movement can bring some validity to what is found in the individual case, especially because the same methodology is used within all analytical procedures.

4.3.1 Use of theory in case study

The use of theoretical ideas in psychotherapy research can become a transformative step in moving from single case descriptions and facts derived from individual case narratives into more general knowledge regarding the interplay between consciousness and the unconscious. The need to be able to control treatment modalities, has led research into more cognitive than imaginative directions, which have led to a greater vulnerability and uncertainty regarding emotional and imaginative unbalances within the individual, and from my perspective medical treatment has therefore taken over. By emphasizing psychotherapeutic methods based on controllable left-hemisphere function, we still need much more research on right-hemisphere psychology and its relationship to the left hemisphere. I think that theoretical concepts and ideas tested out in case study research can help to create the trust needed to use psychotherapy much more within treatment of psychological unbalance.

In perspective, theoretical case study research might support the interaction between clinical practice and research in a mutual supportive way, so that psychotherapy can come to include thinking and sensation in a field more known to use feeling and intuition, as psychological functions defined by Jung and related to the field of research by Shepherd (1993).

In this research study the clinical part has a clear theoretical starting point based on Jungian concepts. The analysis also includes different theoretical approaches to meaning making of the participants data. However my focus is not on theory *building* but more connected to the importance of using theories in order to understand therapeutic processes and develop new therapeutic strategies.

4.3.2 Pluralism and ethic

Cooper and McLeod (2011) introduce the importance of using a pluralistic approach in psychotherapy where different epistemologies and methods are combined according to the client's needs. Since the purpose of psychotherapy is to help people to get on with their lives and not to verify a single therapeutic method or school, there is an ethical question involved in making one school better than another, simply because clients have different needs and personalities. Cooper and McLeod (2011) replace epistemologies within different therapeutic schools with pluralism and ethic, and emphasize the client's ability to be active in the therapeutic process, "Change is not something that therapists do *to* clients, but something that clients actively work to bring about" (p.17). The authority in the therapeutic process is thereby shared between the client and the therapist, which corresponds to Jung's concept of the self as an inner authority and regulative center in the psyche, and to art therapy methods, where the client is actively involved in the art making process. The following meaning-making process can then become a mutual exploration of the artwork, instead of the therapist being the one who knows the "real" truth.

There is a countertransference vulnerability within this field of knowing, which I find is important to be aware of working as a psychotherapist, especially when it comes to client's, who experience an inner lack of knowing and a longing for someone to tell them what to do. To avoid the trap of one knowledge being better than another, and of objectivity being better than subjectivity can be a difficult balance within the therapy interaction with clients. Cooper and McLeod (2011) describe the value of using a pluralistic approach in order to avoid the knowledge trap of being an authority using one specific method.

In Jung's opinion, psychology should be a discipline in it self and not a philosophy because "no rational expression/ dogmatic formula can suffice to achieve the goal of a religious point of view. Real knowledge is based on real experience, and that means experience in which the individual is moved by numinously felt inner feelings which convince him/her of the reality of the mental/ psychic/ spiritual sphere" (Nagy, 1991, p.17) To Jung it was the client's own inner felt experience which would change the personality and not the authority of the therapist, which is similar to Cooper and McLeod's latest findings within psychotherapy research (2011).

The concept of creativity as an interaction between the conscious and the unconscious correlates to the pluralistic approach in therapy, where the therapist's reading a situation and

using whatever methodology and method fits best to the client's need, would seem more humane and ethical than imposing a specific paradigm on to the client.

4.3.3 Heuristics

As I wanted the emphasis to be on the analysis of the participant's process and not on my own self-development, I wanted to look at the archetypal aspect of my own unconscious with a focus on the cultural aspect.

Considering the amount of time invested in the process of doing research I was interested in the change of identity that this process led to for me personally, and how my own development connected with the participants and the research theme. Also it might add something to the discussion regarding archetypal and cultural aspects of low quality of life/ depression from a therapist's perspective.

4.3.4 Summary

The use of different theories in a case study analysis is a way to bring more objectivity into the field of psychotherapy. When the focus is on the client's need and not on the paradigm used, a creative combination of theoretical understanding with clinical work is possible.

In this research study Jungian concepts like Ego, Self, Shadow, Animus and Anima are included in the planning of directives, as well as in the following analysis related to change. Other chosen theoretical approaches are used on the theoretical level of the analysis as well. The purpose was to create a bridge between clinical practice and research, and between the subjective experience and objective concepts related to meaning making.

Using a theory based case study comparison analysis design related to both the conscious and the unconscious, my presentation of each participant includes different layers in the psychological structure. In order to answer my main research question regarding the development of the ego-self relationship, the case presentation of each participant consists of a presentation of ego consciousness as well as a presentation of the unconscious personalities in the unconscious, which Jung named "the Shadow", "the Animus/Anima" and "the Self".

By using a combination of a narrative and paradigmatic approach to understanding different kinds of data, I attempted to combine ego-constructions with self-teleology in my data analysis. From a therapeutic point of view it means, that the personal constructions of reality always were compared to the reality of the archetypal self, because the process of self-discovery might guide the conscious ego towards unpredicted outcome in therapy, as any other creative intervention.

The dialogue between ego and self was therefore to a certain extent unpredictable to the ego, because the self is rooted in the archetypal realm.

My bricolage methodology is based on Jung's typology, which means that sensation, feeling, thinking and intuition are the structure for the analytical procedure as different layers and perspectives in the analysis. Part of the analysis is constructive/ interpretative and related to the

dialogues between participant and researcher/therapist, while another part is based on a theoretical understanding of the therapeutic process.

For this purpose I used a hermeneutic approach as a way to discover meaning underneath the descriptions of dialogues and images. This meaning-making process was based on the method of amplification as an alternative to the reductive method. Interpretative phenomenological analysis (IPA) became the overall approach to the understanding of data, combined with transformative research methodology related to psychotherapeutic change of inner mental structures in the participants and in the group.

Chapter 5. Methodology part 2

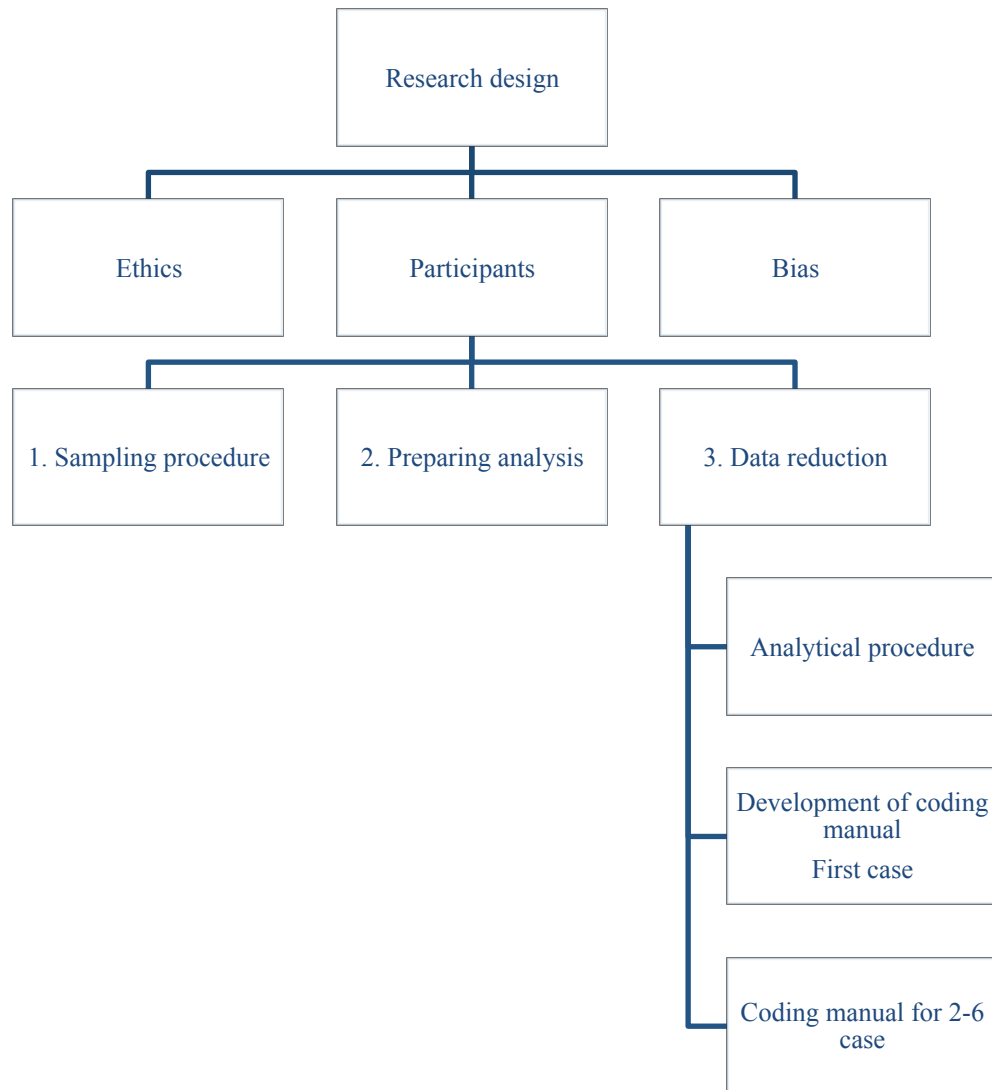


Fig 20. Flowchart: Methodology part 2

5.1 Research design

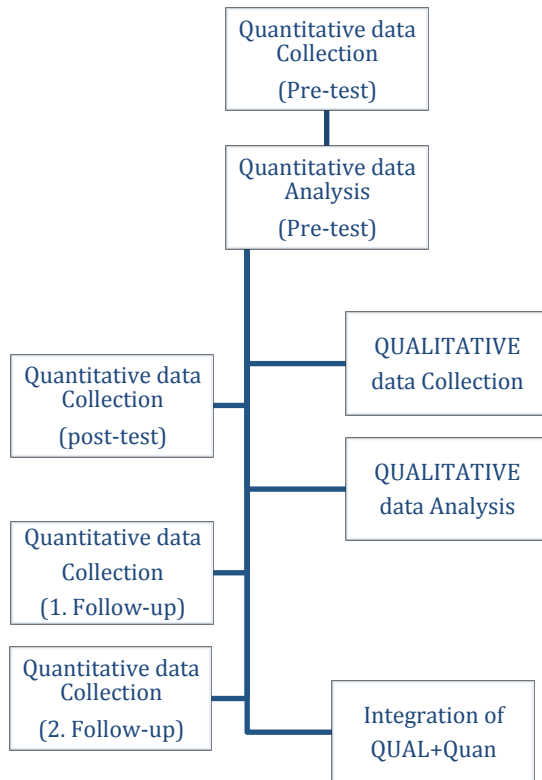


Fig 21. Flowchart: Mixed method design

I used a mixed-methods design with an emphasis on the qualitative part of the research. Part of the timing was sequential, and a triangulation of data was carried out on several levels (data, method, and theory). Triangulation of data was also used as a comparison of individual changes registered in the separate quantitative and qualitative parts.

The quantitative part of the data collection was related to the conscious experiential level of the research study based on questionnaires and on the participant's self-reported schemas after each workshop, whereas the qualitative part included data from unconscious levels of the psyche. The purpose of the quantitative part of the data analyses was to support and verify the results found in the qualitative part of the research study, and the results from the qualitative part of the data analyses was used to explain eventual changes registered in the results from the quantitative part. I expected to be able to explain some connection between art therapy

directives and changes in life quality experience. Using a quantitative approach to collect data on the experiential level, gave me systematic information regarding the processes of experienced change. The collection of data from multiple sources was expected to validate or contradict results related to the outcome and to support a generally applicable use of the research study as a whole.

The mixing process of data happened after the analyses of the data from the quantitative and qualitative part had finished. The analyses was then compared, and finally related to the results from the first questionnaires' regarding depression and QoL measurements.

5.2 Quantitative part of the research

The quantitative part of the research study consists of two different sampling strategies. The first test was used to select participants for the group who met the inclusion criteria. Together with a psychiatrist, I was looking for people with a rating scale within the range of mild to moderate depression to participate in the study. I was interested in 8 participants with an expectation of two dropouts.

In the MDI questionnaires I used the rating scale with a score between 20-29 indicating the *level* of depression between mild and moderate.

People with a rating scale below 20 and above 29 were excluded.

In the WHOQOL-Bref test we chose people with a score indicating a low QoL based on the QoL with people in general.

We then compared the two test results and selected people who met the criteria related to both mild depression and low QoL. There were 7 people who met the criteria, all women. There was no control group. Instead data was collected from several sources and compared in the final analysis.

Both tests were repeated after 6 month (end of therapy), again 4 month after the therapy (follow-up 1) and 11 month after the therapy (follow-up 2). Follow-up 2 tests were decided after having finished the clinical part of the work, and it were carried out because some of the participants were still in a process of change when we finished the group, and I wanted to follow changes over longer time to see whether the therapeutic progress that appeared in the analysis of the unconscious, would also appear in conscious daily life only at a later time. Test results were compared for each participant in order to find eventual changes in the scores.

At the end of each session the participants were asked to answer a short questionnaire (participant-reports using Likert scale from 1-5, see appendix10) in writing, related to their experience of the session.

This minor quantitative part of the whole investigation measured changes in the participant's experience of creative expression, imagination, and group interaction over time.

5.3 Qualitative part of the research

I used a multiple case study design comparison analysis from 6 of the participant's data and visual images. The qualitative data collection took place during the art therapy sessions in the form of art products, video recordings, and semi-structured therapeutic dialogues. I did not use an interview protocol or an observational protocol, as I wanted my attention to be focused on

the interactive field during the workshops. That was one of the reasons for using video recordings during all the workshops, as I was able to go through the workshop details after the group had finished.

The total analysis in the qualitative part contains six individual case analyses, one comparison analysis one group analysis and one self-reflective analysis related to the heuristic part.

Nvivo 9 was used for coding of transcripts related to the analysis of individual cases.

For the qualitative part, I used a systematic theoretical frame for organizing symbols, imaginations and experiences into categories, patterns and themes.

5.4 Mixed methods

The qualitative and quantitative analysis of data were separated and categorized and then integrated and compared in a mixed-methods comparison analysis.

A concurrent embedded strategy (Creswell, 2009) was used, where the quantitative part was embedded in the qualitative part and used as a comparing and informing partner to the results from the qualitative outcome.

5.5 Validity strategies

My strategy for validating the research went through comparing results from the quantitative part with results from the qualitative part using a mixed-methods design. I used triangulation from multiple sources, comparison of data, member-check and pre-post and two follow up tests.

- Triangulation from multiple sources

I wanted to collect data from multiple sources and triangulate the data from the different themes and categories in order to specify eventual changes. I moved from the particular case to a general perspective by doing a comparison case study triangulation (IPA).

And finally I wanted to do a theory triangulation by combining evolutionary psychology, analytical psychology, transformative learning and neuropsychology as a way of verifying the results.

- Member-checking

To validate the therapist's registration and analysis of data I used member-checking by inviting the 6 participants to read through their own case and to register the experience of their recognition of them selves in my description of their development.

- Pre-post and follow up 1 and 2

Post-test after 6 month and 2 follow-up tests was compared to the results from the pre-test to indicate changes in the participants experience of depression and life quality.

5.6 Ethics

As a clinical psychologist I am submitted to follow the ethical rules from the Danish Psychological union regarding the clinical part of the research study. In my description of bias I mention other considerations, such as having the role of a researcher as well as a therapist and personal bias issues, which could become an ethical issue when not consciously dealt with.

An application was sent to the Human Research Ethics Board (HREB), Aalborg University. The document of approval is attached to this document (see appendix 4)

The research study was approved by Data protection agency (see appendix 5).

5.6.1 Bias

5.6.1.1 Researcher and therapist

The most important bias to deal with during the clinical part of the research was my role as both a researcher and a therapist. In the therapist context, I felt it was important to be my self as a disciplined subjective human being, supportive of the needs of the participants using my creativity and clinical experience to facilitate growth related to the process of individuation. At the same time I wanted to work systematic using art therapeutic methods, in order to collect the data for my investigation. Being a therapist as well as a researcher meant, that I might follow my research plan and directives more than I would in a therapeutic setting. At the same time I felt it important to be open for responses from the participants, which could lead to new or different directives than I expected during my planning. These considerations or compromises became part of the discussion related to the use of directives in art therapy.

5.6.1.2 Transference and countertransference

Another bias was the transference and countertransference issue, which could develop during the many hours of therapeutic work together with the participants. I wanted to keep this bias transparent and when possible; discuss feelings connected to transference and countertransference experiences with the participants during the clinical part. I also had a meeting with my clinical supervisor after each therapy session as a space to discuss my own reactions, feelings and dreams during the clinical part of the study.

5.6.1.3 Pre-understanding and prejudices

Having worked as a Jungian oriented clinician for many years' means, that this way of working is part of who I am as an individual as well as a professional. My pre-understanding of the research topic was a reason for my choice of methodology and for the hermeneutic way of making inquiries during the clinical part of the research. My personal understanding of the topic was based on my experience of being in dialogue with my own unconscious since I was first introduced to this way of working back in 1978. My interest in understanding the unconscious, as an important and powerful part of human behavior has been a strong pre-understanding in this research study as a prejudice indicating that a positive quality of life is dependent on a connection to the self, and that a connection to the self involves a relationship to the unconscious, to memories and archetypical potentials. To confirm/disconfirm this prejudice became a central part of the investigation. Toukmanian (1992) has in her studies on therapeutic processes found, that automatization in mental structure and perceptual activity can hinder developmental change, because the "perceptual activity associated with the processing of information relevant to self and to internal arousal states that appears to be the main source of perceptual dysfunctions hampering people's adaptive functioning and, consequently, their personal growth and development" (Toukmanian, 1992, p.87). As automatization indicates a

lack of ability to control and thereby change such patterns, it seems natural to me, that a relationship towards the unconscious is needed in order to create change. On the other hand I am also aware, that not all people in the world share my interest in the unconscious. Some people want to live a good life without having to experience the pain of being different from their family, friends and colleagues, and hope somehow that life can become better by it self as time goes by.

Most of the research regarding vulnerability factors and treatment of depression is based on a cognitive approach, where changes related to the unconscious self is not part of treatment suggestions (Ingram, Atchley, & Segal, 2011).

5.6.1.4 Personal bias

My personal bias in the overall study was explored in the heuristic part.

5.7 Sampling procedure

5.7.1 Participants

Table 7. Sampling procedure

Process	Activity
Recruitment	To find 8 participants for the group I took the following initiative: <ul style="list-style-type: none"> • Press release in local newspapers • Newsletter from the Institute of Art Therapy to all subscribers • Letters to 17 medical clinics • Posters in local shops (Appendix 2)
Information	In the letter that I send out, there was an invitation to people who were interested in the project to come for an evening at the Institute to hear more details. I presented the overall idea, method and purpose as a power point presentation for the 12 people who came. Some asked further questions.
Tests	People who came for the informative evening wanted to take the 2 tests (Depression MDI and WHOQoL-Bref) while they were there. Some people who could not come for that evening came on the following day, where I gave them the power point introduction to the project and they took the tests after. 17 people took the tests and wanted to join the group.
Selection	Together with a psychiatrist we calculated the scorings and found that none of them had a diagnosis of mild depression. I consulted another psychiatrist (Jørgen Aagaard) who did research in the field and he suggested that I used the rating scale instead of the diagnostic scale, because of my interest in the registration of changes.

	<p>I found that 7 participants had a scoring in the depression test (MDI) within the range of (20 – 29). Two of the participants were rated to have a moderate depression (25-29), but they were both accepted in the project because one had no scores in core symptoms and the other had only one. In the WHOQoL-Bref test they all had a total scoring between 55-81 (raw scores), where the scores between the lower value and the upper value is 24-120.</p> <p>All people who were interested were notified by letter. The people who were excluded were invited to be on a waiting list to participate in the group, if there should be a dropout from the group within the first 3 meetings.</p> <p>There were no dropouts during the 6-month period.</p> <p>The selected participants took all suggested tests.</p> <p>The people who were not selected to the group were invited to a 3-hour art therapeutic workshop at the Institute. Three people came for that workshop.</p>
Ethical approval	Ethical approval (See appendix 4)
Data approval	Data approval (See appendix 5)
Informed consent	An informed consent was signed by the participant and by the researcher (See appendix 3)

5.8 Preparing Analysis

5.8.1 Introduction

In the following I present some of the background for doing the therapeutic part of the research, in order to give an overall view of the practical setting around the therapeutic process. Also I want to explain some of the reasons for using the directives I developed as a structure for the group process, before I start presenting the first case analysis.

5.8.2 Procedure for individual case analysis

The number of meetings with the group was 13, from which the last meeting was an evaluation of all artwork followed by the post-tests and evaluation schemas related to the art therapy group and process.

Two workshops (number 8 and 10), which were related to (a) roleplaying on drums, and (b) group processing, were not transcribed because of the non-verbal activities, and observational notes from watching the videos were used instead. Workshop number 10 was not used for individual case analysis but as part of the analysis of the group process.

I focused on one case and finished the analysis of that case before moving to the next case, as I used the first case to develop my final design and procedure for the other 5 cases. I found that the structure that developed in the first case analysis was applicable in the other 5 analyses as well.

5.8.3 Art therapy directives

Table 8. Art therapy directives

Workshop number	Description	Purpose
<p><u>1</u> 20.11.11 3-hour</p>	<p>a. Self presentation in clay</p> <p>b. Reverse method based on a feeling from the clay figure.</p> <p>First drawing: They were asked to get a feeling of any emotion hidden within the clay figure and to express that emotion in a drawing using crayons on an A-3 size paper.</p> <p>Reverse drawing: Then they put another paper on top of the drawing and transfer the lines they can see through the paper to the new piece of paper.</p> <p>By using their imagination they should project an image/ figure into the lines and finish the drawing by making the image stand out clearly. They are free to add new lines or take some away.</p> <p>They can make more than one reverse drawing if they feel “unfinished”.</p> <p>When finish with the drawings they give each drawing a name/ title.</p>	<p>a.</p> <ul style="list-style-type: none"> As a way of presentation where both conflicts and potentials can be contained in an artwork. To discover new parts of self. To activate imaginative thinking. To differentiate the past, present and future. As a not-too-personal way of self-presentation in a group. To use a media with 3-dimentional potential (as a connection to the next directive). <p>b.</p> <ul style="list-style-type: none"> To experience the <i>regulative</i> function of the self through the reverse drawings. To explore emotional <i>contents</i> inside the self-representational clay figure. To activate new images in the unconscious as “comments” to the first drawing (reverse drawings). To explore the potentials of the emotions through the making of the reverse drawings. To train participants to let go of one image in order to transform the image into another, by using imagination (and not rational thinking).
<p><u>2</u> 11.12.11 5-hour</p>	<p>a. Reverse method based on a dream</p> <p>b. Family portrait in painting</p>	<p>a.</p> <ul style="list-style-type: none"> To discover responses from the unconscious in between workshops. To register changes in the relationship between ego and self. To use the reverse method as a ritual and transformative method for change. See purpose description from first

		workshop.
		b.
		<ul style="list-style-type: none"> • To present the primary family as a system of interaction. • To find patterns from family relations to the development of identity (inner voices). • To recognize parallels between family relations and relations to others.
<u>3</u> 15.1.12 5-hour	<p>a. Reverse method based on a dream</p> <p>b. From the family portrait they were asked to find a part of themselves who were rejected in their family and to bring that part out in a full size body painting.</p>	<p>a.</p> <ul style="list-style-type: none"> • Same... <p>b.</p> <ul style="list-style-type: none"> • To discover shadow potentials as being different from the ego. • To reactivate consciousness of early object-relations which have importance for rejection of self-parts. • To discover the voice of the shadow.
<u>4</u> 29.1.12 5-hour	<p>a. Free painting using the qualities of the shadow from body painting made in the last workshop.</p> <p>b. Mirror exercise in pairs using movement</p>	<p>a. The shadow had not separated from the ego in the body painting (with all of them), so to get the shadow more clear, we continue working with shadow issues. Also to find the resources in the shadow, so it appears more attractive than negative.</p> <p>b. To experience shadow qualities in relation to another.</p>
<u>5</u> 4.2.12 5-hour	a. Reverse technique based on a dream	a. Same...
<u>6</u> 3.3.12 5-hour	<p>a. Making the masculine and feminine in two separate clay figures.</p> <p>b. Active imagination as a written dialogue between consciousness, the clay figure representing the feminine and the clay figure representing the masculine.</p>	<p>a. To experience the difference between the feminine and masculine part of the psyche as a preparation to the written dialogue between the two parts.</p> <p>b. To explore the relationship where the ego has the possibility to ask questions to one or the other.</p>
<u>7</u> 17.3.12 5-hour	a. Reverse technique based on a dream.	a. Same....

<u>8</u> 25.3.12 5-hour	<p>a. Choosing two animals representative of the feminine and masculine side.</p> <p>b. Role playing using the drums, where one from the group is chosen to play the masculine part, and the participant plays the feminine.</p> <p>c. Therapist stops the playing and change directive for one part (outside the door) and they play together again.</p>	<p>a. To reactivate the projection of Anima and Animus from the clay figures made in the last workshop.</p> <p>b. To explore the relationship between the masculine and feminine as part of one self.</p> <p>c. To experience a positive change in the connection by doing something else than usual.</p>
<u>9</u> 15.4.12 5-hour	<p>a. Reverse technique based on a dream.</p>	<p>a. Same...</p>
<u>10</u> 21.4.12 5-hour	<p>a. Choose an animal as a representation of how you feel now in your body and start an individual painting (20 minutes) based on that experience.</p> <p>b. Group-painting on the floor 15 minutes (non-verbal) based on the experience of the individual painting.</p> <p>c. Continue individual painting, adding your feelings you have in the body after group painting.</p> <p>d. Back to the group painting on the floor 15 minutes (non-verbal) based on the experience of the “new” individual painting.</p> <p>e. Continue individual painting, adding your feelings you have in the body after group painting.</p>	<p>a. To have a starting point/ center in the body prior to group painting experience.</p> <p>b. To experience group dynamics.</p> <p>c. To use an experience from the interaction in the group as an inspiration to individual painting.</p> <p>d. To explore the interrelationship between the individual and the group.</p> <p>e. To finish the process as a finishing of the individual painting.</p>
<u>11</u> 3.6.12 5-hour	<p>a. Reverse technique based on a dream.</p>	<p>a. Same...</p>
<u>12</u> 15.6.12 5-hour	<p>a. Walking exercise: Walk as you normally walk. Freeze. Take a step to the left and enter your feminine side. Walk as your</p>	<p>a. To explore the feminine and the masculine in the body and as ways of walking and meeting others.</p>

	<p>feminine side. Freeze. Take a step to the right to your center position, and another step to the right and move into your masculine side. Walk as your masculine side. Freeze. Decide which side you want to be in and meet others in the group. Explore differences.</p> <p>b. Free painting where both the masculine and feminine part can be used.</p>	<p>b. To bring a closure regarding the feminine and masculine and to create a SELF-representation.</p>
<p><u>13</u> 16.6.12 5-hour</p>	<p>a. Evaluation of the whole process. All work was exhibited</p> <p>b. Test X 2</p>	<p>To sum up the overall process for the participant, and see connections between the artwork.</p> <p>b. To see changes (quantitative part)</p>

5.9 Structure regarding the set up

5.9.1 Workshop place

All workshops were held at The Art Therapy Institute using the same room for the first 11 workshops, and a bigger room for the last workshop and the evaluation process, where space was needed for all their artwork to be exhibited. The Institute provided the participants with lunch when the cook was making lunch for the training groups, and if no other activities were going on, they would bring their own lunch. They received information on beforehand. After the last workshop (number 12) the cook made dinner, and we celebrated the finishing in the evening. They stayed at the school till next day for the last evaluation process (workshop number 13).

The set up worked very well, and I think it was important to have our own room for all sessions as a safe frame around the meetings. All artwork was locked up in a little room beside the workshop room, and they took their artwork home after the last meeting. We did not look at the artwork in between workshops. It was photographed at the end of each workshop as part of data collection.

5.9.2 Workshop dates

Dates for group meetings were planned on the first meeting and criteria for this was, that everyone was able to participate. A few times during the 6-month period, we moved a meeting if one were unable to participate on the day, and the time interval between workshops meetings, would vary from one to four weeks. From the 7 women who participated in the group, one was absent 3 times, and one was absent 1 time. The participant who was absent 3 times is not part of the case presentations, as I only wanted to make 6 cases. The reason for not using her data is based on her absence only and not on her data.

5.9.3 Workshop rituals

Every workshop started with 10 minutes of drumming a rhythm followed by 15 minutes of relaxation/meditation. I would play the same rhythm every time (a Gambian rhythm called Kakelembe) and they were invited to play the rhythm with me or to express whatever they wanted on the drum. They could always return to the basic rhythm, by looking at my hands or follow the sound.

After the drumming and meditation, there would be a short period of sharing whatever experiences they had during the activity.



Fig 22. Workshop room

Then we started the creative process according to the directives as is shown in schema p.100. Originally I wanted to work with dreams using the reverse method every time we met, but after 3 workshops this was changed, so for the rest of the meetings dreams and the reverse method were only used every other time without any other directives. The change was made, because some of the participants expressed, that they felt tired after the dream work and therefore it was difficult for them to be fully present for the rest of the workshop, when a different directive was introduced. I also felt that doing two different things disturbed the flow of the process. After the creative process of art making, I had dialogues with each participant in the group related to their artwork. These dialogues were transcribed and used for coding in NVivo 9.

5.9.4 Video

All 13 meetings were video recorded with a focus on therapeutic dialogues. Most of the creative activities were not recorded, except the activities from workshop 8 and 10. The woman

in charge of video recording was a trained art therapist I had hired for the job. Not only did she understand the activities from her own training, but also her friendly presence created a good and safe atmosphere of the camera recording. When asked in the evaluation schema: “What did it mean for you that the meetings were video recorded” (see appendix 9) the responses were:

“I only thought about it a few times, but in the end, it did not bother me.”

“Nothing.”

“G. is good in discretion when she walks around with the camera and she is very friendly and helpful, so it is her personality, which makes it ok.”

“Nothing.”

“Nothing, as long as no one else sees it.”

“In the beginning it was difficult. Later I did not think about it. But I would not like to watch it again”.

5.9.5 Language

As all workshops were held in Danish, the raw material as transcripts and videos are in Danish. The researcher made all translation of raw material in the analysis and presentation, such as quotes and references. Some nuances in the meaning might have changed during the translation. The main priority in the translation was to stay as true to the participants own words and meanings as possible putting less emphasis on non-verbal communication such as body language, tone of voice, eye contact, etc.

5.9.6 Transcripts

Two individuals did the transcripts of 11 workshops. They each did half and it all came to be app. 1000 pages of transcript. They were both professionals in writing and one of the persons had done a Ph.D. transcript before. Criteria for transcripts were the spoken word more than body language, as I was interested in the dialogues and the content of consciousness related to the unconscious and to symbolism. Exceptions are video number 8 and 10, which were not transcribed because of the non-verbal interaction using roleplaying and group painting.

5.9.7 Therapeutic approach

In the dialogues I used open therapeutic interview as an approach to the participant and the artwork. When a theme appeared in the therapeutic dialogues, I sometimes moved into a more teaching approach introducing/explaining concepts and psychological reality as a way of creating trust in transformative experiences. Moving from therapy to teaching is also a way of moving from the personal to the archetypical as an attempt to create a connection between ego and self.

The participants were given a diary book at our second meeting, and they were invited to use it for writing their dreams and thoughts during the process. The book was personal, and my intension was, that it should function as a symbolic container for the unconscious. I felt it was important to use dreams repeatedly throughout the 6-month period, as a way to become familiar with the language of the unconscious and as a way of having a continuously attention towards the unconscious, which could continue after the group had finished. Part of my therapeutic approach was therefore symbolic in the sense, that some of the directives and activities had a

more indirect influence on the whole process. In order to understand the effect of therapeutic activities, these more indirect and self-related activities were important to bring into consideration together with the more clear directives as they all contributed to the participant's overall feeling of connectedness in the process. One aspect, which had not been included in the therapeutic process, was the in-between period between workshops. If something of a personal matter in their present existence was shared in the group, it was from their own initiative. The space and time to share personal matters was there, but I did not invite them to use that space directly for that purpose. Part of my reasons for staying with the directives was to open up to the more symbolic dialogues, which would also function as a protection of their personal lives.

The disadvantage in this approach was, that it was difficult for me as a researcher to know the effect of the therapy during the process except the information I got from their dreams, images and self-evaluation. From my clinical experience I think it is important to allow the symbols and imaginations to do their job until they are experienced as meaningful related to physical and social life. Symbols need time to be recognized in lived reality, which is a period of development I refer to as the Initiation stage in the analysis. The only criteria for allowing this process to unfold in general is, that the conscious ego to a certain extent has an understanding of the direction and the purpose of the symbolic activity. Part of my introduction to the group process was, that they could contact me, if they felt something became too emotional or difficult in between the workshops. This was especially because the intervals between our meetings were of different lengths (from one week to a month). I think it would have been better to have the same time space in-between the workshops, like 1 or 2 weeks, but then the group would not be complete each time.

One person in the group (#4) called me two times and came for individual meetings at the beginning of the group process. We did not work art therapeutically together, but discussed her marriage situation and her anxiety to live by her self. I think she called me at a very critical time in her process and before she had gained contact with the resources she needed (symbolized as an ass-kicking woman) in order to become more independent in her marriage.

From the self-evaluative reports other participants in the group expressed a need for individual therapy as well, but they did not ask for any meetings during the group process.

From my perspective participant #4 needed more trust in the process as a whole in order to continue in the group, and I do not think that meeting with her made any difference to the overall group process. The need to supplement the group process with individual therapy was present in the group, which could also be a consequence of the big time interval between meetings, especially in the beginning of the group process, where unconscious emotions and memories were activated. Further thoughts and suggestions related to the combination of individual therapy and group therapy are addressed in the discussion chapter (see p.314).

The data collection was linked to the directives given by the therapist during the workshops. An activity such as a family painting activated family memories and relationships to members in the family, and the therapist thereby gains some control of the direction in the developmental process. The advantage in this was, that new pathways and directions could be created as attempts to make changes in life. Using dreams as a response to these activities gave back the

control to the unconscious of the participant. Personally I like this combination of taking turns, because it creates a possibility of adjusting directives according to the response from the unconscious.

Apart from minor changes I followed the plan I made from the start. Changes were made regarding dream works every group meeting followed by another directive. From workshop number 4 we worked with dreams every other meeting, and art therapy directives were given in the other workshops. That change brought a better focus on the process and more energy to the work.

5.9.8 Participation

All participants came for every session except the one participant, who was not chosen for analysis because of three absences. One other participant did not come for one session because of snow.

5.10 Preparing Analysis

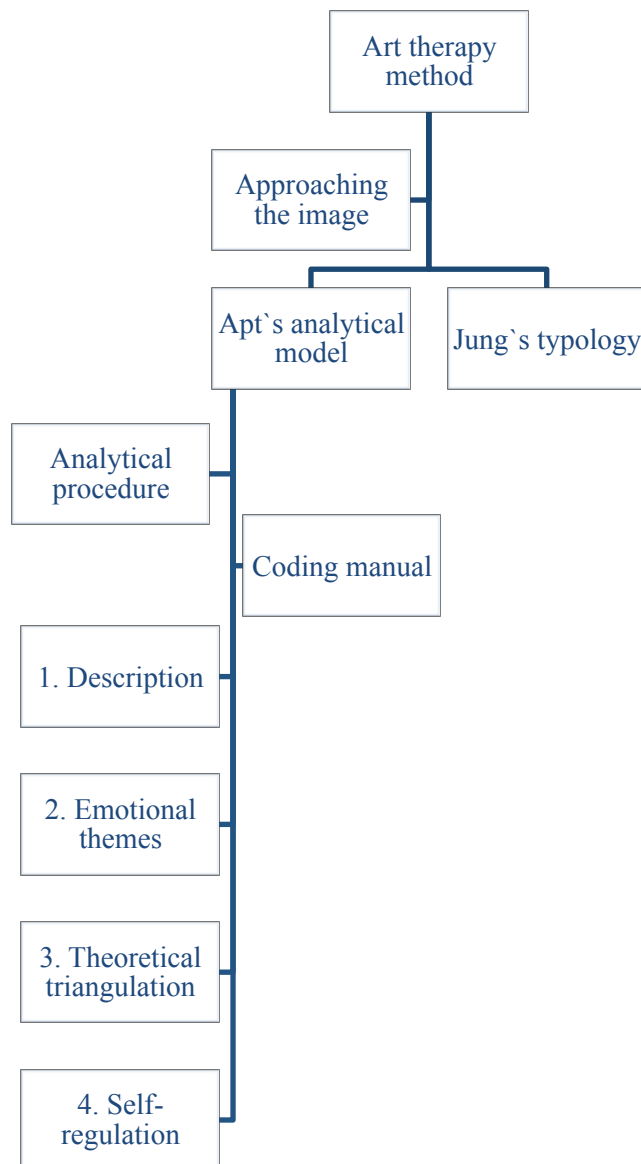


Fig 23. Flowchart: Preparing analysis

5.10.1 Art Therapy Method

My overall interest in data was connected to the art therapy method compared to the way these activities affected the participants and hopefully created positive changes in their quality of life experiences. I was looking for an outcome, which would create more knowledge in the field of how (what specific activities) and why (what kind of therapeutic processes) art therapy facilitated change for people living with a low quality of life.

My main research question unfolded into three different parts, as shown in the image below. The three different parts were separated during the analysis, as I wanted to be able to register the connection between method (art therapy), theory (the relationship between the conscious ego and the unconscious self) and change (for people who are vulnerable to depression).

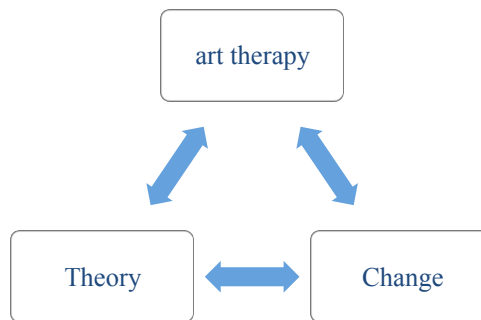


Fig 24. Separation of research question into 3 parts

5.10.2 Art therapy activities

In my focus on “how art therapy could be used as a method,” I used a systematic description of directives and activities as a way to register and specify the different activities I wanted to use in the clinical part of the research. The whole field of art therapy methods develops so fast, and there are so many different ways of practicing art therapy to day, which all have different effects on the body and mind. In my outcome I wanted to be able to identify which specific art therapeutic activities it was, that facilitated a possible change. Therefore I wanted to specify the methods of art therapy that I was using, so that more knowledge about the specific methods within the range of art therapy activities and the psychological effects of specific activities hopefully can become a part of this growing field of art therapy development.

The methods, I developed, were described before I had met the group participants, and therefore I was open for an eventual change of directives during the clinical part of the research if it turned up, that different activities would seem more relevant according to the participant’s subjective needs. The activities chosen were based on my clinical experience, but limitations were, that I had not before worked with a group of people who all live with a low life quality, and I had therefore no clinical knowledge regarding the participants individual needs for development, and whether the directives should be more individual than general.

5.10.3 Systematic procedure in art therapy process

The directives were designed to activate specific parts of the unconscious psyche, followed by using the dreams from the participants as a focus for the creative process and as a response to the pre-planned activation exercises. By using this systematic regularity in the activities I presupposed that it was possible to find some cause and effect between ego and self (as representations of the conscious and unconscious parts of the psyche) and the quality of life of the participant. This was the intention in the study with a specific focus on changes in this relationship.

The structure throughout the therapeutic process in each group meeting can be summed up as follows, and relates to the 7-step model by Raff (2006). I connected Raffe's model with brain related processes as described by Cozolino (2010), and Hass-Cohen & Carr (2008).

Table 9. Structure of the therapeutic process

Raffe's model	Activity	Biological level
Preparation	Drumming	Creating a safe space
Introvert attention	Listening to the unconscious	Left hemisphere invites right hemisphere
Activation	Creative expressive process	Stress reductive
Dialogue	Imaginative process	Creating a bridge between the two hemispheres
Reflection	Personal connection	Activation of meta-cognitive level
Resolution	Benefit from the process	Self reflective thoughts
Integration	Change in behavior	Physical activation

5.10.4 Drumming

At the beginning of every session we started with 10 minutes of drumming together on the African drum called Djembe. I introduced a traditional rhythm called Kakelembe, which I held for the group as a center point in the music every time we played. The instruction was, that they were free to play the rhythm together with me, or they could go out and play whatever they liked and come back to Kakelembe any time they wanted to, or they could make their own individual rhythm and tune it with the rhythm of Kakelembe, thereby creating a symphony of different rhythms. Having used the Djembe like this for more than 20 years it is my experience that there can be many different effects from the drumming:

- The Djembe is a rather big drum with a powerful sound coming out of it; so using the drum can have a strong effect on the body.
- The rhythm of Kakelembe is a rhythm where left and right hands are used equally, so that the right and the left side of the body are relating and cooperating with each other in a non-verbal way.
- The relationship between chaos and control are experienced and worked with during the attempt to repeat the rhythm.
- The instruction to express freely during the 10 minutes allows emotional release to take place in a holding environment.
- The experience of an inner judging voice can appear during the process of learning the rhythm, when the individual struggles to hold the rhythm.
- The experience of success can appear when the rhythm has settled in the body, so they do not need to think the rhythm when they play.

- Playing together in a group can create a feeling of belonging, which can support the therapeutic processes that follow.

5.10.5 Listening to the unconscious

After the drumming, the instruction was to sit together tuning the conscious awareness towards the inside while paying attention to the activity in body and mind.

5.10.6 Creative expressive process

As a way of starting the expressive process I wanted to work with a combination of directive and non-directive therapy, as it has shown to give the most effective outcome in psychotherapy (Cooper, 2008). Another reason for this was, that I have experienced that a non-directive method alone can hold a person caught in a negative and self-destructive psychological pattern of behavior, where possibilities for change are more difficult. Directives coming from someone else, can invite an individual to break a pattern of behavior, thereby creating new neurological patterns in the brain. On the other hand, when the connection to the self has been created as a felt relationship within the individual, the directives for further art activities can come from the participant's new self-connection, and do not need to come from the therapist. The reason for this is related to the concept of self-regulation in the psyche.

This change in directive contra non-directive approach in connection to the development of the ego-self relationship is part of my final discussion related to the creative expressive process, as a discussion about when to use directives and when it will be better to follow the client (see p.343).

5.10.7 Imaginative process

When the creative expressive process finished the process of active imaginative dialogue began. The dialogues took place between the participant and the therapist, or as imaginative written dialogues between the participant and the artwork. The participants in this research study were not expected to have any training in relating to the unconscious, and they might therefore experience the strangeness of doing imaginative work, since the ability to imagine is often not very active for people who are depressed. They were expected to have some motivation and willingness to try art therapy methods since they volunteered to participate in the group and had heard something about art therapy from the introduction meeting. The reverse method also made imagination more available through the lines that were transferred, as they often became responsible for the symbols that appeared in the drawings.

5.10.8 Personal connection

Each participant was invited to share their personal experience of the creative process and the imaginative dialogues with the artwork in the group. The activation of memory and experiences from the personal life history was shared and dealt with in the group. Often individuals recognized aspects of their own unconscious patterns of behavior from other individual's experiences and memories, and this became supportive for other members in the group as well.

5.10.9 Benefit from the process

As a way of creating boundary to each workshop, a final part of the workshop was focusing on the benefit of the process. This took place as self-reported questions, which the participants were asked to answer and give as a written self-evaluation of the workshop experience (see appendix 10), and as semi-structured dialogues in the group at the end of each workshop.

5.10.10 Change in behavior

As a purpose of the whole investigation I was looking for changes, which could create a more positive life quality experience for the individual. Changes in relation to the ego-self connection were triangulated with changes on the biological, psychological, social and spiritual level. Comparisons between changes on the different levels became an important part of the analytical process. There was a registration of changes in the way the individual interacted in the group dynamics, as a pattern of behavior based on the archetypical active-passive polarity.

5.11 Approaching the image

I did not want to impose a theoretical understanding of the artwork with no connection to the participant's subjective experience in my analysis, and on the other hand I did not want the participant's personal narratives and complexes to take away the possibility of discovering new potentials in the archetypical part of psyche. I then reflected on my clinical experience and what I did in art therapeutic processes and felt, that the two levels mostly came together but not at the same time. Usually I want first of all to know the elements in the painting. What is going on, what is the location and who/what is in the painting? This is a descriptive process where the surface level of the artwork is discovered. I find this first part of the analytical process to have an importance in relation to the interactive field being created between the client and myself.

While we have this initial focus on the artwork we are also creating a field of resonance between us, which will carry us into the next level of the analysis. Rose (2012) describes the use of psychoanalytical theory in relation to visual arts and says, "Psychoanalysis is not used to analyze the personality of the person producing a particular image..." (p.150). Analysis of artwork in a Freudian context would be based purely on a relationship between the artwork and theoretical concepts such as subjectivity, sexuality, the unconscious, visual pleasure, fantasy, desire, the real, and the symbolic (Rose, 2012). Rose does not mention Jungian methodology as a possible approach to art in spite of the fact, that Jung emphasized creative expressions to be much more important in a personal development than Freud did. Using a Freudian approach in this research would mean to stay within a subjective narrative imposing a theoretical understanding to the artwork. This procedure would also indicate that the artwork would have a reality of its own independent on the participant's subjective experience, which would maintain the projection of authority and power on the therapist, as the one who knows best/most. This in itself would be an argument for not using a Freudian approach as an analytical methodology and form another important difference in the Freud – Jung discussion. In Freudian psychoanalysis the transference from client to therapist is regarded as important content in the analytical process, but the counter projection/ transference from therapist to client is not used as an experience, which could bring insight and meaning in relation to the development of the client as it does in Jungian analysis.

In my work with clients I try to clear my consciousness from any pre-understanding of the artwork when we start an art therapeutic process. I prefer to know nothing in order to get to know the reality of my client before I settle with a feeling of my own. Since I am usually not going to interpret the artwork in relation to theory together with my client, I can relax in my not-knowing anything about the artwork and ask imaginative questions regarding the content of the artwork. When I have a sense of a resonance between us, I move to the next level of the analytical process and I would call this second level the subjective level. From the first level of getting to know the surface reality of the artwork, I bring with me some interest in getting to know more details about elements in the artwork. I might want to know how two figures in the painting are related, if they know each other or what the purpose is for their meeting. How old they are and where they are going. I might also want to move the painting in a progressive direction by asking what will happen next, and if they have a longing for something in the future. Do they stay together or move apart, and how do they feel inside. This conversation would be reflexive moving forth and back investigating the psychic reality of the artwork. This mutual experience of an artwork becomes part of the objective reality, as it is now a shared reality and not isolated inside the client. I do not question neither the objectivity of the reality or the narrative of the client during this process. We both pretend that our dialogue is based on objective facts connected to the artwork (which is true) and not from a projection of subjective truth (which is also true). Using Swarts-Salant's (2007) concept of the fusional complex, this is the level of fusion between my client and me and in my experience one of the most important places to be in an analytical psychotherapeutic process. On the one hand it is through this fusion that I can feel my client's reality as a bodily felt understanding of whatever is being presented in the therapy, and on the other hand, this is where I might react with a countertransference behavior imposing my own unconscious issues on to my client as a definition of objective truth. I have come to understand that a countertransference reaction also happens because of impatience in the therapist. When I can not hold the understanding inside my self but have to inform the client about my enlightenment, the natural flow in the interactive field is being abruptly broken as we are now two separate individuals and no longer fused in a sharing imaginative reality. To stay in the interactive flow of fusion, I need to hold my knowledge/ personal association about the content of the painting until I receive an invitation from the client. An invitation would be the client's association of knowing what the painting is about on a personal level. From this inner knowing and experience of truth the client's self is activated as a source of knowledge according to Jung's definition of self. The therapeutic process then moves into a subjective and concrete (as being different from symbolic) level of communication, where the artwork finds its connection to personal life. The focus on the artwork then changes to the interactive field, but can switch back and forth between the painting and the interactive field, until it settles in the body as a felt experience.

In my search for an analytical strategy in this research study, I was looking for a method, which would link to my clinical experience of working with images, and at the same time be systematic in the analytical procedure. One of the best models I found was Abt's description of picture interpretation (2005).

Abt (2005) has described the analytical process of understanding artwork from a Jungian perspective using Jung's typology as a theoretical reference. To my knowledge this model is the most detailed description of a Jungian approach to analyzing paintings (and dreams), and also an approach, which is not based on the main ego function of the therapist. In using all four functions instead of just one, the analytical process becomes more objectively connected, which was the very reason why Jung developed his typology.

5.12 Jung's Typology

In 1921 Jung published his theory of 4 different ego-functions or attitudes; sensation, feeling, thinking and intuition. He found that a scientist had a subjective attitude to the object observed, and that this attitude had an influence on the scientific outcome. His typology was an attempt to organize subjective experiences, in order for the scientist or therapist to avoid biases in the scientific observation. Included in his typology was the connection between certain psychological types related to an extravert or introvert nature. Jung found, that an individual during upbringing tend to identify with one main function leaving its opposite in the unconscious. Thinking and feeling would be opposite to each other representing the evaluative functions, and sensation and intuition would also be in opposition to each other representing the perceptive functions. An individual could for example develop thinking as a main function and then have an inferior unconscious feeling function. An individual with an extravert attitude would seek information from the outside world, opposite the introvert type, who would seek information from the inside. Reality would then be experienced through the filter of the main ego function within the individual using an extravert or introvert attitude. Using Jung's typology as an overall methodology I wanted to prevent paradigmatic bias in the analytical process during the analysis in this research study.

5.13 Abt's analytical method

Abt (2005) used the typology as a method to interpret and understand paintings in order to reach a more objective understanding of the art work, and to avoid projections from the analyst's own inferior function. He says: "In order to prevent a one-sided approach to a picture, it is helpful to be aware of our main function as well as our weak spot, our inferior function, and in the course of picture interpretation to systematically give energy to each function" (p.45). Practically he suggests looking at a painting as a circular process in the following order:

1. Sensation: Describe the painting as solid facts. What is in the painting?
2. Feeling: What is important in the painting? Where is the energy?
3. Thinking: How do things connect?
4. Intuition: From where does it come? To where does it go?

(Abt, 2005, p.47)

A first hypothesis develops from this investigation of the painting by finding the meeting point (quintessence) from all four functions as a beginning understanding of what might have been constellated in the unconscious when the painting was made.

Because of the self-regulative function of the self, it is not possible to know whether the painting is compensating for any one-sidedness in the ego position or actually mirroring the unconscious as it is. Abt (2005) therefore developed what he called a “counter-hypothesis”, as a way to keep a healthy doubt in the analytic process (p.49). When a painting is analyzed together with the client, questions regarding the opposition between the painting and the client’s ego consciousness would be explored in the dialogue between therapist and client, and in that way the hypothesis would be tested out in reality. When the client is not present, that investigation would come out as a counter-hypothesis and natural doubt regarding the analytical outcome. The content of the analysis would then have two opposite results until it is related to the person who made the artwork.

The self-regulative function of the archetype is activated through the interplay with surrounding factors (Abt, 2005). As he points out, the image can become alive when it is painted, and therefore resistance should be respected.

Abt (2005) is mentioning the danger of moving too fast between the image and real life not paying attention to the resistance of the ego. He says: “In general there is a danger of misusing the method of interpretation in a power-game, where one thinks one has to illuminate the other with the ‘wonderful insights’ that we received from the picture” (p.53). In this research study all interpretations are based on dialogues between the therapist and the participants and these dialogues are based on the methodology described by Abt (2005).

5.13.1 Analytical procedure in Abt’s method

According to Abt (2005) two kinds of information need to be gathered in order to gain meaning from a painting (or dream).

1. Personal associations from the painter regarding the contents of the painting, which would relate to any complexes or memory in the personal unconscious.
2. Objective (archetypical) facts about the images and associations (amplification) connected to the collective unconscious.

The investigation of the archetypical meaning of the painting is often conducted in supervision or after the meeting with the client and based on top of the subjective associations from the client, which will also be the procedure in this research study in most cases.

Sometimes I relate a topic to a myth or psychological model, as a way to open up the personal field of understanding, but my strategy in this matter will depend on the participant’s willingness to move away from the personal in the specific situation.

Summary

I have described the importance of using all four functions available when analyzing images, as an attempt to avoid too many biases in the analysis. In real life, analysis happens during the therapeutic process when images suddenly become meaningful to the client and therapist. In that sense analysis includes a process of interaction, where other senses than thinking are active.

Jung’s understanding of the regulative function of the self has a central importance in this research study. In not seeing the self as a center capable of regulating the psyche towards

wholeness, regulation of emotional unbalance such as depression, will need to come from an outside authority. For the self to function as a regulating (and individuating) principle the self archetype needs to be activated and to some extent connected to the ego, so that a mutual agreement between ego and self as two different kinds of reality can come together leading to a good life for the individual. For Jung, reality was always connected to experience, and for the ego to trust the reality of the self, the ego needs to experience the self as a psychic reality different from the physical reality (Nagy, 1991). This is an argument for the use of symbols in therapy, as representatives for the psychic reality.

5.14 Analytical procedure

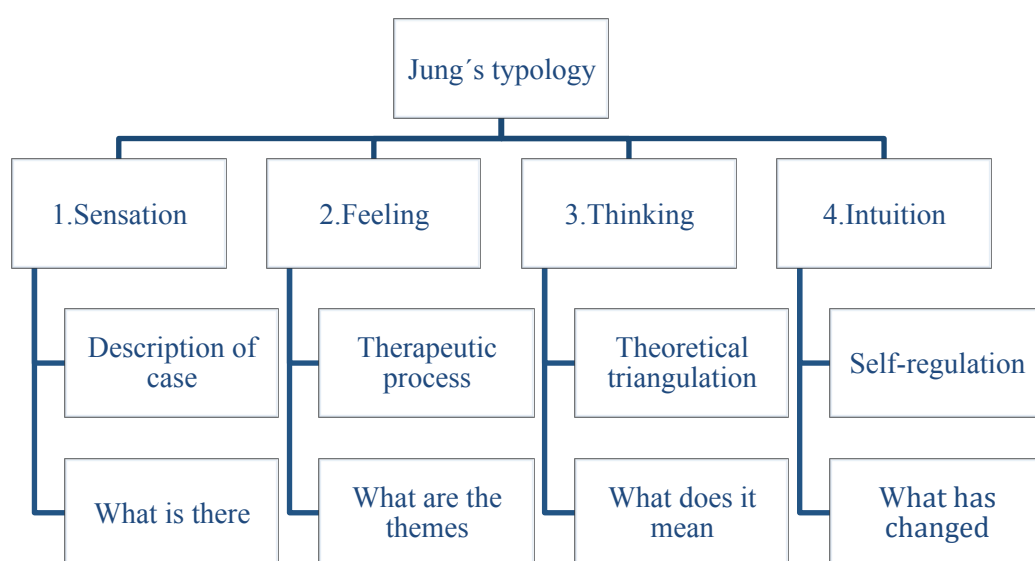


Fig 25. Flowchart: Analytical procedure

I have used Jung's typology in two ways based on Abt's model; (a) as a methodology for analyzing the data as shown in the flowchart above, and (b) as a method to reach an understanding of what the data means, in order to register change.

As a methodology for the analytical procedure, I used the four psychological functions (sensation, feeling, thinking and intuition) as different steps in the analysis of data. As a therapist/researcher these steps also made sure that I used all psychological functions of my own self during the process of analyzing the data, because the 4 steps are defined by different ways of relating to the data. In that way I wanted to avoid reducing the images to any specific meaning other than what came out of the therapeutic dialogue with the participant as a meaning-making process. I found, that using Jung's typology in this way and in this order, functioned as a data reductive method, which brought forward the essence of change as experienced by the participant without translating the symbols to theoretical single meaning units.

5.14.1 The four analytical levels

The first level in the analysis is based on a descriptive presentation of the dialogues during the 13 workshops. All dialogues with each participant were cut out from the transcripts and organized in individual case presentations over time. Each case was then exported to NVivo and coded. The interactions and comments between the members in the group during a therapeutic dialogue with one participant are therefore not included in the individual case presentations.

On the first level (description of the case) I used quotes from the transcripts together with the artwork made by the participant for the reader to get a visual impression of the participant's artwork.

Reductions of data from the transcript were made from a priority of wanting to present the participant and the issues, which became part of the dialogues as they developed from the artwork. What I did not take into consideration for the case presentation on the first level were:

- Repetition of meaning, when the participant repeated part of the history which was all ready said in an earlier dialogue
- Comments from other group members
- Teaching related to personal themes that came up in the dialogues
- Personal reflections on what was said

The second level of the analysis has an emphasis on the emotional content from the participant's life situation. I used quotes from the transcripts and nodes from the coding thereby allowing the participant's own voice to become part of the presentation.

The third level of analysis is a theoretical understanding of the participant's emotional life. Using a pluralistic approach to the data at hand, I related the first two levels of analysis to different theoretical frames. Having described the data from the participant's perspective on the first two levels of analysis, there is a change of perspective in using concepts and models to understand the meaning of the emotional content.

The fourth level of the analysis shows the direction in the participant's development. From where did the process start and to where did the process lead. What changes can be said to have taken place during the 6 month period for the participant compared to the starting point, and what would be a direction for the future? One important aspect was to see how the self as a regulative function was active during the process of change. Part of this level is a presentation of pre-post and follow-up tests results.

5.14.2 Data reduction strategy

As many choices are made from collecting the data to getting results, I present a more detailed overview of the total process.

Table 10. Data reduction strategy

Data	What I included	What I excluded
Raw data	Therapeutic sessions Drumming Art work Dreams Observations	Personal supervision after each therapy session
Video recording	Therapeutic dialogues Group process (W.10) Roleplaying (W.8) Drumming	Most of the creative activities were not recorded except sessions 8 and 10. I was interested in a) the therapeutic dialogues and b) the content from the participant's unconscious activity over time
Transcribing	Individual therapeutic dialogues	The two persons who did the transcription were instructed to keep a focus on the content of the dialogues and to exclude details of body language, ways of speaking, emotional expression, laughing etc. If I needed I would have the video recordings as back up. For W.8 and 10 observations of the video recordings were used for the first analysis
Preparing data for analysis	Organizing 6 individual cases from transcripts through 13 sessions, by "cutting" dialogues from group meetings out from transcripts and putting them together as individual cases	One case was excluded based on 3 absences. Group interactions and group comments were excluded
Using NVivo coding	All cases were imported to NVivo as text files and coded for themes and patterns	
First case analysis of one participant	Developing coding procedure. Finding new nodes and using nodes from theory. Developing a codebook with themes and patterns for the other 5 case analyses.	Excluded in the analysis was repetitions of content and group interactions
First case analysis of 5	Based on first case analysis of	

participants	one participant and the themes found there	
Case comparison	Using tables, artwork and themes	
Group analysis	Using video from W.10	Individual case descriptions

5.14.3 Coding procedure

I start by presenting the coding manual for one participant, which I have named #3. The full case for participant #3 is presented in the result section together with two reduced cases (the full case analysis of the other 5 participants can be found in appendix 14). The coding manual developed after having coded the transcript two times. Then I describe the procedure for the analytical process for all 6 participants.

5.14.4 Coding manual

I found 45 nodes and made 276 codings from the dialogues with participant #3 connected to images made during 11 workshops (excluded are workshops 8 and 10).

Coding procedure of the transcripts of 11 sessions was a mix of pre nodes and open coding.

A structure, which I found useful after two times reading and coding the transcripts was Rosen's (2002) description of the 3 stages in the individuation process (a) egocide (b) initiation and (c) return.

The egocide stage includes the participant's conscious awareness of what it is that is not good enough in life. What is the problem, and what do the person want/need to separate from as part of the identity connected to a low life quality. This realization became an important part of the process as a whole, because it logically is not possible to change something, which is not known to exist.

The dialogues related to images in the artwork became part of the initiation stage as the symbols opened new directions and emotions related to the unknown. During this period there was no sense in me of any solution or where we would end, or what would become a better life quality for the participant in her actual life. The stage of initiation was a period where the symbols worked from the inside and not from an outside authority regarding the actual understanding of the symbolism. My understanding of the meaning was therefore based on the participant's own words, as I was trying to understand where her own self would lead her. In the last stage of returning, meaning began to appear connecting the symbols with actual living and new understanding.

I organized the 45 nodes according to the 3 stages, and it lead to the following structure with the number of codings following the name of the node:

Table 11. Nodes related to stages in development

Egocide	Initiation	Returning
Separation from the past 2	Anima 6	Behavioral pattern 10
Letting go of control 1	Animus 6	Job related 1
Childhood 7	Body image 3	Future 5

Understanding of concepts 2	Travel in the artwork 1	New realization 16
Fear of death 4	Dream theme 6	New identity 3
Ego 13	Opposites unites 2	Recoding 7
Loss of energy 1	Ego and the unconscious 6	Self responsibility 3
Family moral 6	Ego-shadow relationship 2	Spontaneity 2
Parents 16	Confronting introject 10	Realization of symbol 12
Introject 12	Relationship between Anima and Animus 6	Emotion 3 (return) 6
Longing 9	Self 3	
The mask 4	Shadow 6	
Opposition 8	Symbol 24	
Negative expectation 2	Emotion 2 (initiation) 2	
The past 3		
Projections 4		
Self image 6		
Trust in the unconscious 3		
Insecurity 5		
Emotion 1(egocide) 18		
Shadow identification 2		

Following this process I was looking for main themes connected to each stage based on the node characteristic and the memos I made after watching the workshops again. I put all the nodes on small pieces of paper and moved them around on the table to see if they would fit into different main themes within the 3 main headings. From this moving around, I found that the nodes could be related to a total of 10 main themes divided into the 3 categories of egocide, initiation and return.

The main themes I found related to *egocide* were: (a) Family, (b) Self-understanding, (c) Longing for change, and (d) Resistance towards change.

Table 12. Themes related to egocide

Family	Self-understanding	Longing for change	Resistance towards change
Childhood 7	Ego 13	Longing 9	Fear of death 4
Parents 16	Self image 6	Negative expectation 2	Letting go of control 1
Introject 12	The mask 4	Opposition 8	Trust in the unconscious 3
Family moral 6	Insecurity 5		Separation from the past 2
The past 3	Emotion 18		Loss of energy 1
	Projections 4		
	Understanding of concepts 2		
	Shadow identification 2		

The main themes I found related to *initiation* were: (a) Inner voices, (b) Relationship to inner voices, and (c) Symbolism.

Table 13. Themes related to Initiation

Inner voices	Relationship to inner voices	Symbolism
Shadow 6	Ego and the unconscious 6	Dream theme 6
Anima 6	Rel. between Anima and Animus 6	Symbol 24
Animus 6	Ego-shadow relationship 2	Opposites unites 2
Body image 3	Confronting introjects 10	Travel in the artwork 1
Self 3	Emotion 2	

The main themes I found related to *return* were: (a) Symbolic consciousness (b) New self-understanding, and (c) Social identity.

Table 14. Themes related to Return

Symbolic consciousness	New self-understanding	Social identity
Realisation of symbol 12	New identity 3	Behavioural pattern 10
New realisation 16	Self responsibility 3	Job related 1
Recoding 7	Emotion 6	Spontaneity 2
	Future 5	

In the analyses of the last 5 cases, I used the 10 main themes as pre-codes in the coding process, and found that I did not need to add more nodes during the coding procedure of the 5 other cases.

5.14.5 Procedure for analysis of case 2 - 6

The coding manual for the analysis of the last five participants was based on the three stages (egocide, initiation and return), which was developed during the first throughout case analysis. The nodes were related to 10 main themes as shown in the following schema.

Table 15. Nodes for egocide, initiation and return

Egocide	Initiation	Return
Family	Inner voices	Symbolic consciousness
Self-understanding	Relationship to inner voices	New self-understanding
Longing for change	Symbolism	Social identity
Resistance towards change		

On the first level of first analysis the artwork and dialogues are described throughout the 13 sessions (excluded is session 10). This is the descriptive part based on sensation.

On the second level of analysis I present the content for the participant related to the stages of (a) egocide, (b) initiation, and (c) return. This is the emotional part based on feeling.

On the third level of analysis I relate the themes to theoretical concepts and meaning. This is the theoretical part based on thinking.

On the fourth level I was interested in findings related to self-regularity as an overall development for the participant. This part is based on intuition.

The individual analysis was compared to the test results from Depression MDI and WHOQOL-Bref (see appendix 6 and 7)

5.14.6 Questionnaire related to personal life

Having finished the last workshop I realized that I needed more information regarding the *personal* lives of the participants in order to present them as individuals for the reader. I therefore asked them to give me some details by answering 12 questions, which I made for the purpose (see appendix 15).

I used this information for the stanza presentation of each participant in the full case analysis.

Chapter 6. Case analysis and results

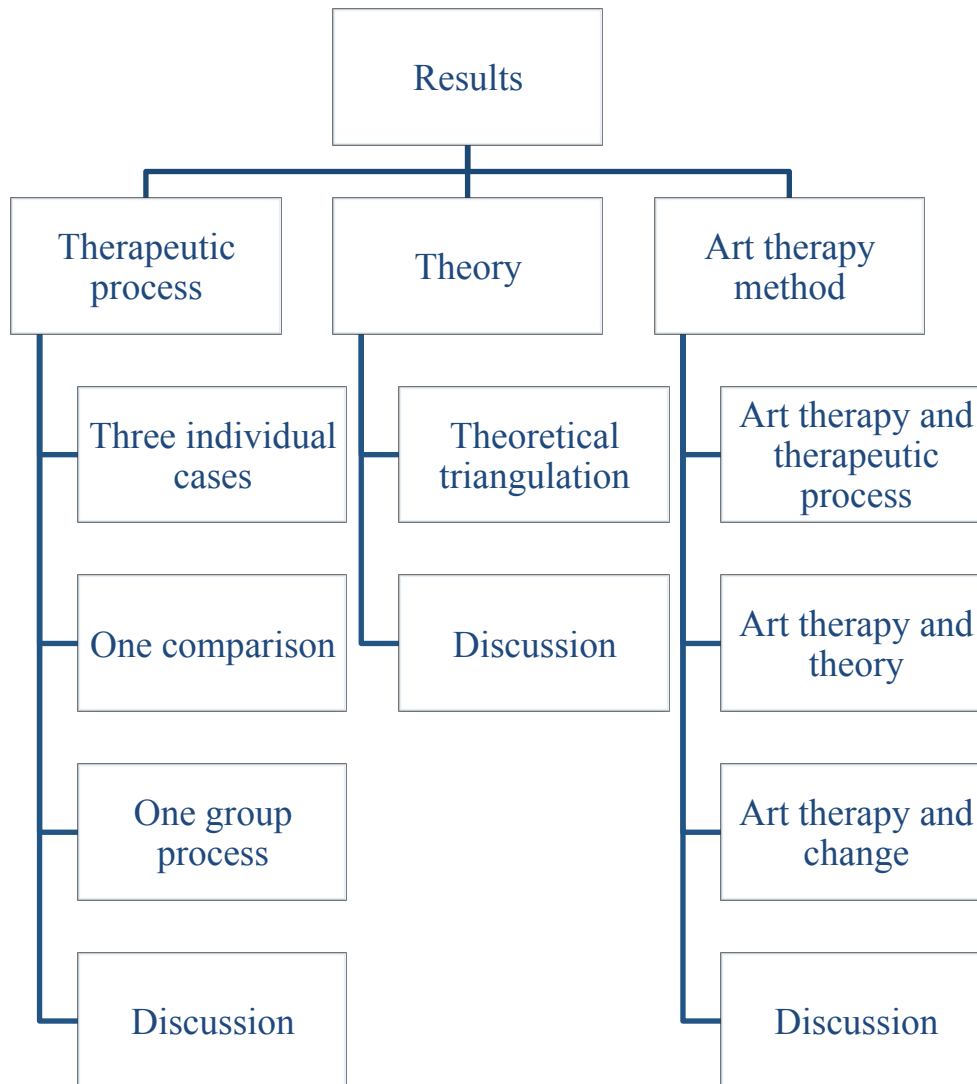


Fig 26. Flowchart: Case analysis and results

6.1 Introduction

Having decided to use a Bricolage approach in the study, I was interested in combining two things. How best to answer my research question *and* using the criteria of research. In my presentation of findings I want to separate (a) therapeutic process, (b) theory, and (c) art therapy methods, related to the first research question:

Does art therapy develop the relationship between the conscious ego and the unconscious self for people who are vulnerable to depression?

If so, how is the relationship developed?

The first part of the question relates to the *therapeutic process* and whether the ego-self relationship developed during the clinical part of the research process. This process is then combined with different *theories* as a way to bring meaning and understanding to the findings. The last part of the first research question relates to the *art therapeutic methods*, since it was the use of these methods that was expected to facilitate a change of the ego-self relationship. Theory is included in each case presentation, and a short summary of theory is part of the result section.

I include the test results in the qualitative analysis of the therapeutic process thereby linking the first and second main questions together with the intention to verify whether a development between the ego and self improves quality of life for people who are vulnerable to depression.

In relation to main question two, I focus on the identification of eventual changes in connection to the biological, psychological, social and spiritual level.

The therapeutic process is presented as three single case presentations of the development of the participant over time. The first case presentation is a full analysis of participant #3 as a way to illustrate the methodology used in all cases. The presentation is based on the themes that were found in the analysis of the first case, egocide, initiation and return.

I found it important that these stages stayed connected, as they were found useful in all 6 case analyses and therefore might indicate a general factor related to therapeutic change. I also found this connection relevant because it showed, that therapeutic change included a period of chaos and confusion, where time was needed to find new solutions to living.

I wanted to see if my data would show the “inside” of this confusion in ego consciousness mirrored in images from the unconscious. Would there be a direction in those images of a more spiritual nature pointing towards wholeness, or would they only compensate the chaos in consciousness and life as an act of balance.

Following the 3 case presentations, I discuss the therapeutic process through the different theoretical models as presented in the literature review and the pre-understanding parts. Considering my focus on theoretical concepts in the art directives such as the Ego, Shadow, Anima, Animus and Self, my intention with these directives was to activate layers in the unconscious, which would eventually guide the Ego towards the Self. The use of theoretical understanding and concepts therefore became important, as they would lead to the art therapy directives and the following therapeutic process.

I then present the comparison of 6 participants using concepts, themes and categories in order to validate the findings from the single case analyses.

Then follows a presentation of the group process based on (a) workshop number 10, and (b) drumming activity, which is then related to relevant theory.

I present the findings and results from the analysis at the beginning of each part and again in the summary.

6.2 Analysis and results related to research question 1

Research question 1

Does art therapy develop the relationship
between the conscious ego and the unconscious
self for people who are vulnerable to depression?

If so, how is the relationship developed?

Table 16. Results relevant for the therapeutic process

Results relevant for the therapeutic process

1. Therapeutic change as a pattern of egocide, initiation and return

2. Inner change as a preparation for outer change

3. Ego consciousness becomes stronger from working with shadow personality

4. A period of inner chaos and “not-knowing” can be necessary for outer change to happen

6.3 Case 1

6.3.1 Presentation of participant #3

I am a 58-year-old woman
And comedian actress
Living with my husband for 30 years
3 sons all moved from home

I am a very shy child
Fearful and scared
Afraid of going to school
Insecure inside but active and busy
Outside
Weakness is not allowed
Want to be admired
My father is the greatest

I am a cool teenager
With lots of boyfriends
And friends
I take what I can get
And have no right to choose
Because I am ugly and fat

I lost them all when we moved

To the country

I was in my 20-ties
When my mother died
I did not know her very well
But took good care
Of her and my father
Before the cancer took her
My brother betrayed me
Because he did not help
Rage and fear of being forgotten
Still

I am an adult full of inner worry
Heavy thoughts
“Overweight”
Stress and fear of doing wrong

I am very lonely
But never alone
Always looking for someone
To be close

I am an adult
With an unusual creative life
And much admiration
But cannot really appreciate it
Because my husband was drinking
Like my father

When he stopped
I became depressed
Because I could not blame him
Anymore

Then a bad knee stopped me
From doing anything
Am I a failure?

6.3.2 Analysis level 1: Descriptive

Workshop number 1 – first part

Directive: Self presentation in clay



Fig 27. Self presentation in clay

The participant's were asked to make sentences from looking at the figure related to (a) the past, (b) the present, and (c) the future.

Related to the past, she describes her figure: *"I am empty inside, because there is a big hole in here... and I am turning over."*

Related to the present she says: *"I am in a bad mood... but not seriously bad... like oh, my God, what is going to happen?"*

Related to the future she says: *"I am in front and behind... everything can be both in front and behind. Or from the inside and out or from the outside and in, more like.... all the way round. And I have big feet, and I am put together in pieces... just a little chaotic inside".*

She then describes the figure as two persons.

Workshop number 1 - second part

Directive: Imagine a feeling inside the figure and make a drawing of that feeling and then use the reverse method for one or two more drawings.

She describes how she was brought up in a home with much alcohol where feelings were never discussed.

"This thing about which feelings you have, I don't have a clue. And I haven't had for many years, and if anyone asks me what I feel now, I would not know".



Fig 28. Image: Covered

This drawing she connects to fire, and to her childhood, where she was *very wild*.

She says, that this picture shows an opening.



Fig 29. Reverse 1: Upwards

This drawing she connects to the freedom to feel whatever she wants to, and to move upwards and out instead of being held back in the chaos as in the first drawing.



Fig 30. Reverse 2: Free choice

Therapist asks if she has used her acting career to express feelings, and she then refers back to the clay figure saying, *“When you act, then it is always - you are only seen from the front – you are never seen from behind. And that is what I would like to be able to show once....”*.

Notice how her drawings become less and less complicated

Workshop number 2 – first part

Directive: Dreams and the reverse method



Fig 31. Dream image: A figure crying

Dream: I am in this group and I am going to tell that my son has died, and think I can do it without crying, but I cannot, so I start to cry.

She describes experiences from her life, where she thought she could be cool, but then could not, and she relates the dream to the last meeting in the group, where two other participants shared their loss of their sons, and how she identified with their emotions.



Fig 32. Reverse 1: Sadness

This drawing she connects to the sadness and to being inside, and to tears that cannot get out.



Fig 33. Reverse 2: Out

The last drawing she describes as:

“Sadness comes in, and there are some drops, which both runs out and some which runs in, and there is a canal I think. It is kind of in order... Actually I think it has become very beautiful”.

She describes her longing to be able to express herself in a more organized way. She would like to be able to express her feelings in the moment she has them, instead of later, when timing is wrong and then she gets angry because she was too late. *“For many years I have felt, that I have been walking around in a bubble, where I did not know the difference between the outside and the inside, but it is as one big sorrow, I believe. When I listen to other peoples sorrow, then it hits me in some way, and I almost become paralyzed.”*

Therapist asks what sorrow she remembers from her life when she goes inside and she says: *"I was always a little sad as a child, a small and very scared child afraid of everything... where my father was drinking and my mother was angry."*

Workshop number 2 – second part

Directive: Make a family portrait



Fig 34. Family portrait. # 3 is behind up to the right

"My father was an artist with a big A, and very occupied with everything artistic – and he drank. My mother was the pretty lady... I think she believed that he would be famous or something. He did not – so she was cheated... I am standing here, little and innocent hidden in that monstrous family. Actually I think they liked each other in a way, but they were always fighting. My mother was hysterical..."

Therapist asks whom she had the strongest attachment to and she says it was to her father.

She talks about her father's criticism and says, *"It sits in the back of my head... I could not stand all his comments. And when I had done some paintings myself and he was visiting... I simply put away my paintings, because I did not bother to hear his comments."*

She talks about her mother who died when she was 28 and how she took care of her for 5 years while she was ill. When she died she then felt she had to be there for her father who is also dead now. Her brother felt that she took their parents away from him, and they still do not get along. About her role in the family she says: *"But I always felt that I should be helpful in all that mess."*

Workshop number 3 – first part

Directive: Dream and the reverse method

(Pictures not available)

No dream content, more like a repeated theme from dreams.

"Something I cannot reach, and it is like a hand in the corner reaching out for something, but it never works... and every time you think you have made it, it goes into chaos."

Dream image: Cannot reach

Reverse 1: Mud

Reverse 2: Out and in and forward and backwards

Reverse 3: Quiet and calm

She explains, that the first drawing shows her reaching out, and the second shows the mud and chaos, which comes in the way and stops her from reaching whatever she is trying to reach. About the third drawing she explains, *"It starts by being a square... and then it became more a circle and some triangles which moves both one way and the other way"*.

About the fourth drawing she explains that it shows roads, which are easier to walk on. She says that she finds it difficult to just let things come inside without having done anything. *"I am the one who has to take care of everything".*

Workshop number 3 – second part

Directive: Shadow painting



Fig 35. Shadow painting

Active imagination with the shadow (S):

#3: *"Why are you yellow inside?"*

S: *"Because I like the yellow color, only there are a lot of dots and lines outside and what do I know".*

#3: *"Where do all these dots and lines come from?"*

S: *"A lot of information from different sides. Be happy, but not too happy, be fast to speak, but not contradictory to others and don't ask too many questions. Be critical, but not towards your father's behavior. Be active and entertaining, but don't take all the attention. Be beautiful but don't look like a whore. Take care of how you look, but not so much that it gets embarrassing. Be decent so that you don't get raped, take your work seriously, but make it look relaxed. Be smart, but not with unimportant things, but be true to the values of your*

mother and father. We are the right ones, the gifted ones, and the enlightened ones – better than the neighbor's, who cannot find their way. Who helps the neighbor? Mother does, she is a social helper. But does she help herself? No, no, she has others to help her. And daddy helps other people to feel below other humans."

Therapist asks how she feels inside, and she says, that all the dots and lines makes it difficult to reach the inside and it makes her feel confused.

She then recognizes her parent's confusion as her own:

"No but it was a little, but God, then I understand why everything is so difficult, because I have received so many different information. My mother and father could not even agree on my name, so I have two names... Actually I say that I was born stressful, because it feels like I have always been stressed or confused."

We then discuss how the yellow figure in the painting can become free from the confusion by separating the dots and lines from the figure.

Workshop number 4



Fig 36. Painting as the shadow

Directive given by the therapist inspired from the shadow painting from last time.

About the yellow figure from the last painting she says, that she is “*a person, who has – is herself, or stand for her self, without being entangled in everything, but as a pure, innocent – or joy, or something which is completely childish or new born.*”

She is then invited to paint as if she was the yellow figure.

Therapist suggest that there is an imaginative door somewhere in the painting and asks her where her eyes will go to discover the door.

She says that she will start in the bottom by the green/yellow line in the center and travel up towards the circle.

Therapist asks how it would feel to reach the circle, and what kind of place it is. She says: “*I think it is a place where everything comes together, and maybe it can fly out the window.*”

Workshop number 5

Directive: Dream and reverse method

Dream: I am in a high building in an apartment, looking down in the street. Lots of young people are having a party in the street. There are many footballs and fireworks. I am putting some washing clothes in order. Feel a little worried, if something will hit the windows.



Fig 37. Dream image: Party in the street

Looking out of the window watching the party in the street



Fig 38. Reverse 1: Looking back

She describes this drawing as a close up of the first drawing, where the energy goes more upwards.



Fig 39. Reverse 2: New way of looking

About reverse 2, she explains, *"This melancholic feeling when looking at young people, because you can not be part of it. Because you are not young any more- or so – they are rushing off having parties, and you just stand back waving... but I can get such longing for youth, or everything that goes with it, or so..."*

Therapist asks, if she can remember when she lost her spontaneity, and she refers to the time she had small children and had to stay at home.

She then discovers that in the reverse 2, she is part of the party herself, and no longer watching it from a distance. She goes on to describe a situation from last week, where she went dancing and felt happy about it.

Therapist asks what she feels like doing if she should follow her spontaneity more today, and she responds, *"I paint a lot, and – but I also want more music, which I did a lot in the past. I did theatre, but not so much any more... because it was my job for many years, and – singing and making theatre for others no matter whether you liked it or not. Then it was just work. In the beginning it was fun, but then it became something I had to do to earn money."*

Workshop number 6

Directive: To create the masculine and feminine as clay figures followed by an active imagination between the ego as the therapist, the female figure and the male figure.



Fig 40. Masculine and feminine in clay

Female figure stands in front of the picture and the masculine in the back.

The masculine figure has one big ball and a sword. The feminine figure has many different balls.

In the active imagination the dialogue between the man and the woman has to do with more sharing of balls.

The man does not want more balls, and the woman is afraid of letting go of any even though she feels they are too heavy for her and that she would like the man to be more responsible for her balls. The ego/therapist tries to

make compromises, but the pattern in the dialogue does not change.

Therapist asks what longings the woman has of her own; if she forgets about the man for a minute and just visions her own future. She says, that the woman would like not to carry so many balls.

She is invited to take out the amount of balls using the ego/therapist as a helper instead of waiting for the man to help her. Then it looks as in the picture, where some of the balls are lying beside her.

Therapist asks how this affects her relationship to the man, and she says, that it makes the relationship to him easier, because she would not demand the same from him as before.

Therapist asks how the man feels when he sees that she is carrying less balls, and says, that he does not really care, and that he feels superior because his ball is so big and that he feels he has ownership of all the balls, and that they are somehow related.

We talk about her actual life, and all the ideas (balls) she has, *"I feel, that sometimes I get a kind of mania, or...something is running. Thoughts spinning, then you could do this and that. I get completely heavy and has to lay on the couch looking at the television, because then there are no thoughts about things you could do"*.

She explains that all the good ideas come from the woman, and that the man does things on his own not interacting with her.

I then give the ego/therapist a new strategy in her future active imaginations with the man and woman. The task is to focus on the emotional aspect between them and nothing else. To support them in sharing their feelings for each other instead of trying to make compromises.

Workshop number 7

Directive: Dreams and reverse method



Fig 41. Dream image:
*Staircase, person
without a shoe, a ship
and the anchor-man*

Dream: I am running up and down a staircase, and something needs to be packed, and there is some garbage. And I cannot find out what I need and what to throw out. And I am running up and down. I have lost my one shoe, and I am trying all the time to make a telephone call, and we are trying to do all kinds of things at the same time.



**Fig 42. Reverse 1: Ship
and man with no shoe**

The reverse 1 she associates to a cartoon, where a big evil ferry comes to shore, and she doesn't know if she is going on board the ship or not.



Fig 43. Reverse 2:
Staircase, shoe ship

Reverse 2 she associates to a melting together of staircase, food without shoe, ship and to someone talking in a telephone.

Therapist asks what her feeling is when she is standing by the staircase. She describes her confusion related to what things to throw out and what to bring. Someone has put a mark on some things, which makes it easier for her. There is a feeling of confusion and stress.

Next scene in the dream is where she tries to reach some one on the telephone, but there is no connection. She cannot remember whom she is calling, but recognizes the feeling of not making contact in her life.

Therapist tries to make her take a decision using her imagination whether she is going with the ship or not, and she says that she cannot

take that decision, because she is too confused.

Therapist asks where the ship is coming from and she says, *"It comes from something disgusting. Yes because it is so big and invasive... it is the size of the ship, which is disgusting."*

Therapist asks if she can recognize that feeling from her life, and she says, *"I don't know. The future – I don't know. Not knowing about the future. Old age. No, I don't know... I find it so hard to answer something I don't know anything about. She (the therapist) asks and asks"*.

Therapist says: *"So my asking you questions gives you a feeling about something invasive demanding something from you? She says, "I think I ought to be able to answer. Yes I ought to have a good explanation, or – I think I keep saying, 'I don't know, I don't know'. I find that uninteresting. And I don't want to play that game"*.

Therapist asks, *"So the ship just comes, when something is not clear – and wants you to be clearer than you feel inside and then you are overwhelmed."* She says: *"I easily feel under pressure."*

Therapist asks what she thinks the unconscious is trying to tell her using the big ship as a symbol, and she says, that she thinks it wants her to make up her mind about things.

She then talks about her living situation, and not being able to decide where she wants to live, and goes on to talk about the stress she experienced in her family.



Fig 44. Reverse 3:
Symphony

Therapist suggests that she makes one more reverse drawing, where she tries to forget about the symbols in the dream, when she creates the imagination in the transferred lines.

She makes reverse 4.

Therapist asks how she would feel in her body if she brings the last drawing 4 (Symphony) into her body. She says, *"Something more simple, and something which is just present. Not a lot of activity, just an expression, or a symphony... Not supposed to be anything in particular... Relief."*

She says, that if she does make up her mind, then she might have to do something active as a consequence, and she can see her confusion as being also her defense or protection for being active.

Therapist makes a parallel to her inner relationship between the masculine and feminine by saying that the feminine protects the masculine from taking part in life and being active as long as she holds on to the confusion and family stress.

She also relates the lack of telephone connection to her parents who never asked her about her many travels abroad, but only talked about themselves.

Workshop number 8

No transcript. Using notes from watching the video



Fig 45. Chosen animals used in role playing

Directive: Roleplaying on drums, from animals representing the masculine and the feminine

She chooses the woman as the octopus and the man as the reindeer.

She explains, that the reindeer wants to look big and dangerous, but actually feels small inside.

The octopus is soft and self-sacrificing.

She chooses one from the group to be the reindeer,

and she plays the octopus herself.

They sit opposite each other with a drum each and start to improvise using the characteristics she has given from the chosen animal.

Description of improvisation

Woman starts with a soft touching the skin. She never makes any real beat, as the man does.

Woman sits in her own world and does not seem to pay any attention to the man.

This pattern seems to continue, and the therapist stops the playing and invites the woman (octopus) out for a recoding of identity. The man does not hear the recoding.

Outside the door she is asked to start the playing by mirroring the rhythm she hears from the man and then see if she can play together afterwards, when she feels some connection.

They continue the dialogue on the drums, and the woman is now more alive and unpredictable in her strokes. She takes more initiative and shows more power. They become equal in strength and find a rhythm together. Together they rise in tempo and loudness.

In the following dialogue, the woman says that she experienced more contact with the man after the recoding, and she also says, that she finds it more difficult to be in an exchanging relationship because she then needs to follow someone else's rhythm instead of just being in her own.

Therapist asks if the octopus has changed into a different animal, and the woman then says, that it has become a turtle (which is the third animal in the picture). Stronger, still slow, but with more power. She felt it was important to know who was in charge, without really knowing why.

We talk about the importance of mirroring, and she relates the experience to a relationship with a friend where she does not feel mirrored, which leads to some kind of power battle between them.

The turtle is then the potential to improve the relationship between the masculine and the feminine and to avoid being overwhelmed in power relationships.

Workshop number 9

Directive: Dream and reverse method



Fig 46. Dream image:
Stones getting out of shoe

Dream: I take a lot of stones out of my shoe, and it becomes a whole mountain of stones. I feel enormously relieved.



Fig 47. Reverse 1: Tunnel

About the reverse 1 she says, that the green in the drawing is something in flow, and that the movement starts from the top and moves down like in a time glass.



Fig 48. Reverse 2: Flying stones

In talking about the last 3 drawings she says: *“To make all the stones fly in the air... To be able to do different things, instead of it being some big pile of stones.”*

Therapist asks what the stones represent to her, and she says:

“All the problems you have, which are in the shoe, but then to give some air to each stone... Every stone get some space and some color or some quality, and suddenly I think it has to do with sorrow”.



Fig 49. Reverse 3: A bird, wing or butterfly

Therapist asks what sorrow it is that comes out of the shoe and she says:

“When you have negative thoughts... and actually think it is nice to have something negative to think about. You know the horror if something is positive and easy... what should I do if I did not have anything negative to think about... I am use to react in a negative way, so it would feel terrifying to react positively.”



Fig 50. Reverse 4: Caring

Therapist asks her to find a situation from her actual life, where she feels that negative thinking dominates her mind.

She then associates to the voice of her father in her head.

Therapist invites her to imagine the father in the room to look at her painting. She said that he would say, “*But that is such a lady-painting... that it is too colorful.*”

Therapist invites her to take off her father’s *hat*, and then to look at the painting with her own eyes. She then says, “*Yes, I like it and I like those places.*”(Pointing at different places in the painting).

We talk about *how* she knows that she likes it, and she realizes that she just know from feeling and not from the intellect. She is invited to confront the inner father voice letting him know how *she* feels, but she gets confused and uncertain moving in and out of *knowing*. She says she feels *irritated* with him for always dominating her and shaming her with his opinions about everything and at the same time she thinks he has a right to do so. If she could talk to him she would say, “*That he should leave me alone. That he could have his paintings, and that I have a right to have mine. And that he does not need to interfere unless I ask him. Then he could get permission...*”

One minute later she comes in doubt whether she would actually tell him, because she would be afraid that he would shame her as he always did.

Workshop number 10

No transcript

Directive: Group painting and individual painting ritual

This workshop was used in the chapter on group process development.

Workshop number 11

Directive: Dream and the reverse method

Dream: A man (W.) is dancing around a fire with an urn containing the ashes of his dead wife.



Fig 51. Dream image: W. dancing

She knows the couple from her life. The woman has been very ill for many years with cancer.

In the dream she is very surprised because she did not know that the woman had died.



Fig 52. Reverse 1: The ashes



Fig 53. Reverse 2: Life and death

To the reverse 2, she associates life with the light color and death with the black color and says, *“I am afraid of dying... I am worried about those who are ill and who is going to die. What if you suddenly are alone and....such?”*

She then talks about her fear of getting old, and losing friends who die.

From the last drawing 3 she associates a melting together of life and death and something about letting go of something from the past.



Fig 54. Reverse 3: Letting go

“I would like to let go of something from the past which is in the way for the present”.

She then describes a new job situation she is in, and the difficulty in saying goodbye to old habits.

She describes the woman and her relationship to the woman, *“So she is not afraid of dying, so therefore I think her husband throws around with her ashes like that. She seems very ready and balanced and she has worked on her death for many many years... but what the hell, she is still alive. But it is total...really strange, how she has managed to stay alive and to be so strong... I don't quite know what she has done... so I really admire her for being able to do that.”*

The therapist talks about the woman as a shadow aspect in herself, which is now available from the inside, since the projection to the woman outside has died in the dream.

She is then asked if she can feel the woman as a part of herself and says, *“Yes I can. I feel sad. I don’t know why, I just feel that it hits me.”*

Therapist asks how it would affect her fear of dying if she stay connected to the feeling she now has inside and she says, that it would make her feel more calm.

Workshop number 12

Directive: To do a free painting using both the masculine and the feminine in the painting process.



Fig 55. Spiral connecting inside and outside

When asked about the painting she says, *“But it is something about from the outside to the inside or from the inside to the outside... And something, which can go in and out through the spiral.”* In the center she says there is a beginning or an egg as a beginning that leads through the spiral.

Therapist asks if she has some association to a new beginning in her life, and she says, *“I have another job than I had before... another life without children... I meet a lot of new people now, because I work two different places... where I am only I as a person... God, suddenly it is only I... I feel really childish some times... It is like when it is my own person... then it feels very vulnerable.”*

She is referring to her past job as an actress, where she did not feel she was seen as an individual but more as the role she was playing. She talks about her new jobs, and how she feels appreciated by being her, but then she says, *“But it is like I do not really know who I am.”*

Workshop number 13: Evaluation

In looking at all her artwork the discussion is about her ability to trust her own intuition, which her father did not, so he became judgmental to her. To trust a good result when she is in the middle of the process and not to give up but to see it through. This is how she has experienced the painting process, where she doesn’t know why she has done what she did, but discovered that it became meaningful to her anyway. And this is now her experience in her new job situation, where she is working with a group of young people doing theatre. She says, *“If you go out into the world and say that we will solve this intuitively... then you are just confused, and people do not trust that you can make it... I did that all day yesterday... It will be exciting to see if everything collapses. I hope it will be really good, but I can not explain why.”*

6.3.2 Analysis level 2: Emotional

This part of the analysis relates to the feeling function and to the emotional life of the participant with a focus on the most important relationships in her life, which prevents her from establishing a strong ego-self connection. The developmental aspect to this goes back in time, to when the participant assimilated outer role models making them inner voices in her own personality.

I start by presenting the titles of her artwork as I refer to these in the text. Then I use the nodes as a frame for presenting the analysis going through the stages of egocide, initiation and return.

Table 17. Title of artworks and reverse drawings

Workshop Number	First image	Reverse image 1	Reverse image 2	Reverse image 3
W-1	Emptiness, Bad mood, Chaotic, Put together in pieces, Two personalities.			
W-1	(Feelings) covered	Upwards (opening)	Free choice (to feel)	
W-2	Figure crying	Sadness	(Feelings get) out	
W-2	Family painting "Monstrous" family			
W-3	Cannot reach	Mud	Out and in, forwards and backwards	Quiet and calm
W-3	Confused yellow person			
W-4	Flying circle			
W-5	Party in the street	Looking back	New way of looking back	
W-6	Woman with many balls. Man with one big ball			
W-7	Staircase, Person without shoe, A ship An anchor-man	Ship, Man with no shoe	Staircase, Shoe, Ship	Symphony
W-8	Roleplaying			
W-9	Stones getting out of shoe	Tunnel	A bird, Wing Butterfly	Caring
W-11	W. Dancing	The ashes	Life and death	Letting go
W-12	Self-image: Beginning, Egg, Spiral			

6.3.2.1 Egocide

The purpose on step 1 is to locate the essence of the conscious part of the participant's personality, which she is motivated to change during the therapy. What is causing her low quality of life situation on an emotional level, and what can be summarized as her conscious knowledge of this matter?

Family Childhood

As a child she felt caught in her parent's verbal fights and became "*a little very scared child, afraid of everything*". She also describes herself as being so active and wild, that she was not allowed to join the family picnics. This indicates a child who has two personalities as she showed in her clay presentation of herself in the first workshop.

The drawings she made in the second workshop, which she named (1) Figure crying, (2) Sadness, and (3) Feelings get out, would indicate the voice of an inner sad part related to feelings that were not accepted in her family.

Parents

She experienced her mother as furious and did not know her very well, and the mother "*thought she was ugly, and that everything had to be nicer than it really was. I don't think it was very easy for her, but I did not know her very well, because it was a façade – because nobody talked about anything, at least she didn't*".

Her father was an artist, very self-critical and with an alcohol problem, and "*he was completely hysterical, when he was going to exhibit*".

What seems to have had the greatest impact on her personality development is the relationship to her father being *the chosen one*. She said; "*I felt I was stuck with him because he was so alcoholic and lonely and pushed everyone away because he had a very sarcastic alcohol humor... So I felt very alone in taking care of my father*".

His communicative way of relating to her was filled with opposite messages where she had developed a confusion related to what he actually wanted from her. His drinking problem also made her decide not to communicate important things with him, as he did not remember anything the next day anyway. I get an impression of a very lonely child who had to protect herself from parents who were not able to meet her and to see her sensitive openness as a child. Also because "*they talked a lot and took a lot of space, and when my mother died, it was as if my father took over the talking space*".

The first artwork from workshop number 1 (self-presentation in clay): (1) Emptiness, (2) Bad mood, (3) Chaotic, (4) Put together in pieces, and (5) Two personalities, all seem to relate to the atmosphere she experienced in her childhood home, and which she is experiencing in her present life as well.

Her basic experience as a child was, that feelings were covered up in the family, as no one would relate to each other showing an interest in the other person's feelings.

This is similar to her first drawing from workshop number 1, second part, which she has called “Covered”, referring to feelings which are not expressed.

What she did *not* experience in her childhood home is represented in the reverse drawings to Covered, which she called “Upwards” referring to an opening, and then “Free choice” related to feelings. The last two drawings can therefore be visualizations of the resources or potentials, which were rejected by the parents in her childhood, as she did not feel free to express her feelings in the open, but had to hide them inside as a state of confusion and not knowing.

Another dream theme (from workshop number 3), which became relevant according to the family pattern, was the attempt to reach someone on the telephone. A theme she described has been repeating for many years. This theme can be interpreted as a theme for her development in the present and as an attempt to reach her own self.

Introject

The most powerful introject/ inner voice is the judging voice of her father. She says: “*The whole criticism, it sits in my neck whenever I draw something on a piece of paper.*” And, “*My father was very nervous if everything was good enough. And I have really inherited that... Now that he is dead too, then I can talk, if anyone cares to listen*”.

These quotes indicate that not only does her father dominate her as an inner critical voice making her self-critical and not good enough, but she also uses his talkative defense mechanism as a protection and isolation in relation to other people in her present life.

Thereby she repeats the pattern of behavior from her father, which she felt was overwhelming her as a child.

Family moral

The essence of the family moral can be said in the following quote: “*Don’t do things your own way, do it the right way*”.

“The right way” was full of contradictions. “*Be happy, but not too happy, be fast to speak, but not contradictory to others and don’t ask too many questions. Be critical, but not towards your fathers behavior. Be active and entertaining, but don’t take all the attention. Be beautiful but don’t look like a whore. Take care of how you look, but not so much that it gets embarrassing. Be decent so that you don’t get raped, take your work seriously, but make it look relaxed. Be smart, but not with unimportant things, but be true to the values of your mother and father. We are the right ones, the gifted ones, the enlightened ones – better than the neighbor’s, who cannot find their way.*”

She also feels “*totally brainwashed with father’s opinions*”, and unable to differentiate her own voice from her fathers. This identification with family values is the main reason for her confusion regarding her own feelings. In our dialogues she would often say “*I don’t know*”, when asked about something, or would contradict her own standpoint immediately after a comment.

In drawings from workshop number 7, she is working with the figure that needs a shoe, and the big ship, which she connected to her fathers overwhelming influence on her. Not to be able to

stand firmly within your own shoes is also used in daily speech as someone who cannot take a stand regarding their own opinions.

The past

In her working life she is in a transition from having been a freelance actor to being employed by others after a period of illness. She says, "*I think it is difficult to have said goodbye to a certain way of going in life... I am very tired*".

Self-understanding

Ego

As a center in consciousness, the ego plays a central role in the experience of life and of one self. The ego is also identical with that part of the psychological structure, which can change a way of living, because it is conscious, and thereby in charge of any initiatives towards change, that a person may take. Choosing to participate in the art therapy group thereby indicates, that the participant's ego is motivated towards change.

Participant #3 describes herself as in a bad, but not too bad, mood. She also says, that she easily identifies with other people's emotions finding it difficult to separate her self again. She experiences a special vulnerability when someone speaks about sorrow.

In her painting from workshop 3, she recognizes part of her self as confused in the dots and lines covering the yellow innocent figure behind. Through the active imagination with the figure she discovers an unknown or forgotten (yellow) part of herself, which is not identical with the confused ego. She also comes to realize that the confusion is caused by the father's critical voice, and that is an expansion of consciousness in the sense, that she now sees her self as differentiated from the identification with the father. Confusion, as a condition of not knowing, or doubting what you know or not being able to feel your own knowledge seems to be the main condition in the ego, which causes a low quality of life for this participant. She says: "*But actually I say that I was born with stress. Because it feels like I have been stressed or confused my whole life.*"

The dream and drawings from workshop 7 illustrates the stress and confusion. When asked what she thinks the unconscious tries to communicate to her, she says, "*I need to decide something*". To decide something means to bring the confusion to an end. So she knows what she needs, but she does not know how to get it. To decide on something she needs to have a feeling of having made the right choice. It is not a rational thing. It is a very personal and individual process of getting a feeling of what is right for one self. She was taught as a child, that she should decide what was best for the father, but not for her self. So as long as she has identified with her father we can assume that the confusion will be there, because she can never feel as her father, and must separate and find her own self first.

Self image

In her image of herself she contains a sadness, which she does not allow expression. In her artwork she uses different symbolizations to open her emotional life. Themes such as "In and out", "Tunnel", "Stones getting out of shoe, and most importantly the "spiral" in her last

painting, all show attempts to create a connection between the outside and the inside, so that emotions can flow more grounded and connected to her inner self.

Related to the image of holding back emotions, she finds it difficult to react when someone offends her. *"To be able to say, that I don't like what you are saying to me, instead of coming home and sit being angry."*

The mask

As an actor she has felt that other people only saw her front side and never the backside. A parallel to this can be found in her mother who only wanted to show the front side of their family, and never the backside and therefore she *"did not know her very well, because it was a facade"*. In relation to friends she says, *"Many friends and relatives they don't see how restless I am. They think I am calm and structured with lots of energy."* The mask she shows to the outside does not fit to the feelings she has inside, and this split between the inside and the outside seems to be similar to the personality of her mother. But because she identified more with the father when she was a child, the mother voice has become more unconscious to her, and therefore also more difficult to differentiate herself from, as she does not feel it really belongs to *her*.

Insecurity

The confusion she experiences comes out as insecurity about what she feels. She says, *"But I am not quite sure what I feel... feelings fly around on a plate without landing, or they can slip away. And then I can be in doubt."*

In workshop 4 she paints a flying circle in the upper part of the paper, which corresponds to her description of her thoughts and how they operate inside her. The image of something flying around can also explain her difficulty connecting her to the bodily felt awareness of who she is. She says, *"Even though I have sold the same performance for 20 years, I still doubt whether I am good enough, and that has worn me out."*

Emotion

When she starts in the art therapy group, her presentation of her emotional life is *emptiness, bad mood, chaotic, put together in pieces, and two personalities*. She also talks about a sadness, which she has kept inside for many years and which she describes as *unmanageable big*. She says, *"I have felt for many years that I have been walking in a bubble, where I have not been able to differentiate the outside from the inside... When I listen to other peoples sorrow, then it hits me some how, and I gets paralyzed"*.

When the therapist asks her to go inside and remember a sorrow from her life, she goes back in her life to the time when she was scared and experienced her parents as overwhelming. From this question, she could have chosen a different path. She could have associated to her present life situation, but she did not. I experience this reaction as an opening towards the inner parental voices from her past that she needs to work with in order to reconnect to her emotional life.

Her first discovery is related to her father, and appeared in the dialogue related to the shadow painting in workshop 3, where she recognizes the confusion as dots and lines connected to her father's voice and as something, which prevents her from getting close to the yellow not-confused part. In workshop 8 where she role-plays the inner masculine and feminine parts, I observe her confusion in the way she touches the drum as if she is in her own bubble. Emotionally she does not react to the partner's sound and rhythm, and seems not to notice him at all. Connected to the inner life is a negative judgmental voice, which she also experiences as the father's voice. She has never really confronted her father except *a little* as a teenager. She says, "*I think it was because I thought he was right... in his criticism*". In our dialogues around the father, this contradiction between her own feelings and the opinions of her father would be there at the same time, so inside she would still agree with her father's voice, in spite of her own experience. At a certain point I became the pushing father trying to make her decide on a feeling as a way out of the confused state. But there was no way out as long as the father's voice was there. Either the negative pushing father would appear inside herself making her feel confused, or he would be projected outside on me or anyone else who would push her as her father did, and she would then withdraw to her bubble criticizing her self. Therefore I had to let the subject go to see where she would go in her artwork.

Another emotion that came up in workshop 11 was her present fear of death and being left alone, which I feel has some connection to her father attachment and to her need to let go of the father voice. From her dream she describes a friend who is not afraid of dying and who can let go more easily than she can herself. Related to the drawings she says, "*I think I let go of the past, or I would like to let go of things from the past which is a disturbance for the future*".

Here she struggles to include in her self-experience the positive shadow part, which she needs in order to separate and let go of the voices from the past. Because this quality was missing in her experience of her self and projected on to the dying friend, she was not able to confront the father, as he would be too strong and overwhelming.

This is an example of how the unconscious through a dream image activates a potential in consciousness, which is unpredictable to both therapist and participant. Holding the image of her friend, representing qualities, which were not developed in her childhood, namely the ability to let go of the attachment. The reason for this can be, that her need for her father was too strong considering the lack of connection to her mother, and therefore it is not until now – at the age of 57 – that she feels an inner motivation to do so.

Projections

One of the projections that stand out is the projection of spontaneity on young people from the dream in workshop 5. In the reverse drawings called (a) Looking back and (b) new way of looking back, she connects the spontaneity to her view on the past and becomes visually more part of the fun in the drawings. Part of her ego consciousness had given up creativity and fun in life since she had her children, and she is here reminded of the possibility of still being able to do creative activities.

Another projection can be located in her dying friend, as representing someone who is not afraid of letting go of the past. A projection can also be found on a Danish artist – Per Kirkeby

– who paints from an intuitive expression that seems to be chaotic and without a plan and she has a positive experience of him as an artist, and doesn't understand how anyone can even think that he has a plan before starting to paint.

Per Kirkeby becomes a representative of someone who dares to trust his own intuition in spite of other people's reaction to it. This projection turns out to be assimilated in her own self understanding in our last meeting, as she describes this very quality in her new work as a drama teacher, and how the students feel it to be all chaos, but she has more confidence in the outcome trusting the creative process.

I think her projections all have something to do with creativity and with potentials related to an expansion of her creative life. Maybe this is connected to her training in theatre, but also to the father who was an artist as well.

Understanding of concepts

Reflections related to concepts and ways of thinking is part of the process where inner voices are discovered. Voices which the ego does not want to live by any more, as it prevents a deeper self-connection. I think this was happening for the participant in this case, when she confronted her father's ways of thinking and the concepts he was living, by realizing that she had identified with them more than she wanted.

Her use of the shoe as an image in workshops 7 and 9 can be seen as concepts used in relation to reality. In workshop 9, she succeeds in getting piles of stones out of her shoes. Stones do not belong in shoes, and emptying the shoe becomes a symbol of getting rid of something, which has prevented her to walk freely. We discuss this symbol in relation to the many balls the woman was carrying from workshop 6 and where she also put some of the balls away, so she becomes freer. In the last reverse drawing in workshop 9, which she calls "Caring", she explains how every stone is cared for in the drawing. In that image she creates a structure and an order to something, which was a mess before, and she feels comforted by it. We discuss the image as a process where she takes her father's standpoints one by one and reflects on them carefully in order to decide if she wants to keep one or not.

One of the ways this can be done in art therapy is by using the artwork as an anchor for the inner voices. In the artwork she recognizes the difference between the inner father voice and her own self, while in her mental activity she can not make that separation, which explains her confusion and stress. I think this process of separating inner voices, as a way to discover the self-related voice, is a very important aspect of using an art media. Following this discovery a process of self-expression through the art media can be a way to rebuild the inner self-related voice. In clinical work, I usually invite the client to be aware of the interference from the inner judge during the creative activity, and then to express the judging voice on another piece of paper, maybe as sentences, words, colors or forms. This can allow the voice of the inner self to become more visible in the artwork.

Shadow identification

The first identification with a shadow figure came in the first dream from workshop 2, where she identified with another woman in the group who has lost her son. In her dream she was the

one who had lost her son, which is not a reality in her life, and I think she identified with the woman in order to express some of the sadness that had piled up in her for many years. It illustrates to me how the unconscious uses images to mirror and specify emotions, which the ego has distanced itself from.

Another shadow identification can be found in the woman friend who is deadly ill, and when she felt her presence inside of her, she experienced being moved by *“the thought of it, or that the energy can be present”*. Following that identification, she experienced her self as being calmer.

Longing for change

Change

One of the most typical longings expressed by people who are motivated for a personal development is a longing to become more than what one all ready is. The longing then becomes part of the motivation to change and also indicate an intuitive understanding of the potential of the self.

Participant #3 expresses a longing for several aspects of living. In workshop 5 she expresses a longing for spontaneity, and she project this longing on to young people when she says, *“Because you are not young anymore... then you just stand and wave... I can get such longing after youth, or everything that goes with it”*. She also expresses a longing for becoming more creative when she says, *“But I also want more music around, which I had before. Then I did theatre, but I don’t play much theatre anymore, so I miss that”*.

In workshop 6 when she did the masculine and feminine figures in clay, she was asked by the therapist if the woman had any longings for her self, and she responded that she would like not to carry so many balls, so she relieved herself from some of them.

She also expresses a need to belong to somewhere when she says, *“But I long to be able to say nooo, here I belong... and 10 wild horses could not get me away from here. I don’t have that calmness in me”*.

Related to her dying friend, she expresses a longing to be able to let go of the past, as she has experienced her friend being able to let go of her attachment to life.

In her work as an actress, she wish she could work more together with people instead of performing and being watched, which is something new she has just started shortly after the beginning of the art therapy group.

Added together her longings are pointing towards a place to call home, more creativity and spontaneity, but also in a different form, where she becomes part of a group process related to a creative project.

Negative expectations

Negative expectations can prevent longings from being fulfilled. If you don’t really believe that a need can be fulfilled, there is a risk of letting go of a longing, and to give up the activity to get it. In her new job she feels that she is not wearing a mask, and she describes it as frightening and vulnerable because she shows a more authentic part of her self.

She has thoughts like, *"What if they (the employees) suddenly come and say, that it does not work at all. You laugh too much, or sing too much, or..."* These negative expectations could come from her father as well, *"Don't do it your own way, do it the right way"*. The right way according to her father was *his* way.

Opposition

An opposition in her conscious mind causes part of the confusion that she experiences, like when she says, *"Everything can be both from the front and from behind. Or from the inside and out or from the outside and in."* She identified the contradictory voices as the dots and lines from the Shadow painting in workshop 3 and in her dream from workshop 2. Related to the female figure she made in clay in workshop 6, she said about the woman, *"she likes to have several things and to considerate small things, but it can also turn out to be stressful with all those different things."* Therefore it becomes difficult for her to take a stand regarding many things in her life, which includes her living situation. She likes to live in the city, but she misses the sun and the open space, so should she move? There is one activity where she does not experience the inner opposition, and that is when she paints. Then she experiences a flow where thoughts do not disturb the process.

Resistance towards change

Fear of death

Her resistance towards change becomes the theme in workshop 11, where she talks about her fear of dying and of letting go of the past. This theme came up in the end of the group process, and I think it became a turning point related to a change of the inner father-voice, as she had begun to show more trust in using her own intuition in her new work. I also think, that her resistance towards change in reality connects to her father-voice as she herself is longing for a more creative life. As long as she is attached to the father-voice, there will be a resistance towards change, which in her conscious experience is the confusion.

Letting go of control

Letting go of control in a creative expression, can be supportive of letting go of patterns from the past, which is no longer useful in life. To express herself through painting was for her an activity, where she felt she was not invaded by her father-voice. She says, *"I decided to put away thinking, and just paint."* And *"all speculations regarding how it should look like are gone"*. These experiences can become part of the exploration of the person she is longing to become, and function as a bridge towards change.

Trust in the unconscious

Trusting the unconscious is based on intuition more than on rational thinking, because when chaos is present you can only trust the process by having some intuitive hunch regarding the direction you are moving towards, as it does not look like there will be an order. When I see students throwing out the paper they have just been painting because they do not like the painting, they also lose the possibility of experiencing chaos becoming meaningful. I usually

suggest that they stay with the frustration and just keep painting until they are satisfied. As I see it, the frustration and searching for the good or meaningful artwork, are all emotions that connect to the process of self-discovery, and as such belongs to the painting process. Imagine the alchemist putting all his chemicals into one vessel, and then watching another vessel to see how it transforms!

Regarding #3's new theatre job, she says in the last workshop, *"It will be exciting to see if everything falls apart. I hope it will be really good, but I cannot explain why"*. She cannot explain *why* because it is not a rational thought but an intuitive trust in what will come out of chaos. Related to the past, she says: *"That is properly why I get very stressed, always working more than I need, just to be sure that it is good enough."*

Separation from the past

As a separation from the past the most important theme in the process became the separation from her father. Her identification with his voice and his moral values made it difficult for her to explore her own inner self. She used different images, such as her dying friend, a member from the art therapy group and a famous artist, as representations of people who were able to do what she was heading towards in her separation from the past.

Loss of energy

In order to make a change an individual needs the energy to do so. Her experience of losing energy was connected with her having too many ideas. *"It is a problem I have... to quickly get all kinds of thoughts to do all kinds of things, without having the energy to do it. So I get drained from energy. Because there are so many things. If only you could do that and that"*.

What appears to be her behavioral pattern is, that *because* of all her ideas, she loses her energy instead of her lack of energy being the reason for not doing anything. Since passivity is a core issue in depression, I find this information interesting and related to a problem concerning the masculine and dynamic part of her, and not to her creative inspiration coming from the feminine. Related to her two figures in clay representing her inner feminine and masculine sides, she described the masculine as doing his own things ignoring the woman. The imaginative dialogue illustrates the inner situation, which prevents her from being more active in her life. It is to me a good example of the necessity also to work with the inner life, here the relation between the feminine and the masculine, in order to change a pattern of behavior in living.

Summary

As a summary of the egocide stage her biggest sacrifice was the loss of her father identification, as the self-critical voice, which prevents her from connecting to the core self.

The preparation for the egocide can be found in:

- Themes from dreams culminating with the death symbolism
- Experiences of being able to let go in the creative process
- Reflections about her father's influence

In the following I present the initiation stage as a process, which has its focus on the unknown part of the inner development.

6.3.2.2 *Initiation*

During the stage of initiation the meeting with the unconscious is explored in both a personal and an archetypical way. Forgotten memories together with repressed emotions can re-enter consciousness and create access to the archetypical core from where they first originated. Therefore the personal and the archetypical often blend with each other as an indication of an interaction between ego and self. In the following I present this part of the process for participant #3 using the themes and nodes as headlines.

Inner voices

Shadow

As a layer in the unconscious closest to consciousness, the shadow appears as a voice opposite to ego consciousness. As she learned that *“in our family, it was a death sin to be boring”*, part of her unconscious identity is boring, but rejected by her ego consciousness. In workshop 3, she named her last reverse drawing “quiet and calm”, and the yellow figure from the shadow painting in the same workshop, she also described as calm but difficult to reach because of all the dots and lines covering her. The potential in the shadow is therefore also the potential of boredom, which can be quietness and calmness. To reconnect to the potential of being quiet and calm can therefore be the first task in the initiation stage. To be boring (for others/ the father) can also mean to stand still, to relax, to be passive, to be less entertaining and to go inside leaving the outside world for a while. Moving to the next stage of development, she confronts the forgotten part of her self, which her father regarded as boring. Remembering her choice of career as a comedian actress, she continued her father's approach to life by becoming an entertainer, thereby maintaining a distance to the *boring* shadow. When she finally experienced a stress reaction keeping her from work, she was confronted with the shadow personality, as she was unable to perform as usual, becoming a more boring person to others. The rejecting inner voice from her father therefore became stronger because she no longer fulfilled his demands. Her confused consciousness became a central part of her self-image, and also her motivation to participate in the art therapy group.

Another shadow part can be found in her dialogue with a girlfriend who said: *“But, I feel like I am waiting for life to begin”*, which she realized as a truth for her self as well. This shadow-friend was more active and took initiative to a dancing evening, which gave her a good experience of energy and body. In workshop number 5, where she dreamt about the young people who had a party in the street, she projected spontaneity on to young people and said that because she was old she did not have access to her spontaneity anymore. In the reverse drawings to this dream, she did however participate in the party, and the image compensated for her conscious attitude related to spontaneity.

A third shadow part, which appeared in a dream, is an old friend who is deadly ill from cancer. *“She is so vulnerable and still so strong... so she is not afraid of dying... she seems so incredible resolved and balanced... But has all the time worked on appreciating life, no matter how dreadful it was... so I really admire her for being able to do that”*.

In her dream her friend dies, which she has not done in reality. This could indicate, that the projection no longer can be projected on the outside friend, but now appears available from the inside, which supports the process of initiation.

When the therapist asks, if she could feel that part inside herself, she said: " *Yes I can, I feel sad. I don't know why, I can just feel that it hits me... If I could do like her, life would be more calm... something I need, right?* ". The sadness she describes here is not connected to the past and the loss of her friend, but to her own shadow potential of calmness.

Anima

By using the Anima concept as the feminine aspect of the self related to Eros (in both men and women) I have found it practical to separate the masculine and feminine before reaching the archetype of the self. The Anima in a woman is therefore very close to the self but not yet transformed into self, which would include union with the masculine.

The feminine part of #3 is first of all characterized as a figure with many balls, being a woman who " *takes care of a lot of different small things. Big, middle big and small* ". When she is asked about her future longing, she says that it would be a relief not to carry so many small balls in her basket. The information here shows, that the woman in her is burdened and unsatisfied with carrying so much. The behavioral pattern in her life, which mirrors this image, is described in her experience of being caught up in many different thoughts and ideas of things to do. Then she says, " *I get so heavy, and then I need to lay down on the couch watching TV, because then all the thoughts about what I could do go away.* " When asked, she says that all the thoughts come from the woman part of her. The Anima inside her is full of ideas, but there are so many and they all need to be manifested, so she gives up. This information indicates that the Anima has a creative potential, but somehow her ability to manifest the ideas does not connect with the actual ideas, which lead us into the aspect of her inner masculine part, her Animus.

Animus

In her clay presentation of the inner man and woman, the man is presented as being squarer with one big bowl and a sword. He says that he uses the sword to defend himself and his family and that he feels they all belong together. He has a good trust in himself and feels ownership of the woman and the small balls, but is living in his own world, doing his own things. She describes him as strong because he has this one big ball. He cannot deal with many small things he can only do one thing at a time but does not do anything except just being there. In the dream from workshop 7 the big ship would compensate for the absent Animus by being overwhelming instead of distant and passive, and her association to the ship was, that she felt it wanted her to make a decision. The Animus inside her is not able to help her make any decisions in her life, as he does not relate to her.

Body image

As a way to activate emotional reactions in the body, we used the reverse drawing called "Symphony" from workshop 7, as an image she was invited to recognize in her body. She

described the experience as a relief. By connecting image with body experience she does make a decision holding on to one feeling in this moment in time. Later in the dialogue we would go back to this bodily felt experience as an experience of knowing.

Another bodily felt experience of knowing is described in her experience of yellow. *“I remember the three yellow lines, I almost cried because of these lines... they just touched me. The fact that they could just lie there being yellow lines, being free to go somewhere.”*

Self

As self-related images, she describes the yellow figure from workshop 3 as *“a person who can stand by her self, who is not covered up in anything, but as some pure, innocent or joy, or something which somehow is completely as a child and newly born.”*

In the last workshop 12, she created the spiral as a movement, which would connect the inside to the outside. When asked how it felt to be in the center of the spiral, she said: *“It is some kind of beginning or an egg... to a new journey”*. The yellow figure and the spiral became the most important symbols of the self, as they both activated feelings of depth in the archetypical layer beyond the personal history.

Relationship to inner voices

Ego and the unconscious

As a way to open up her emotional connection to herself, she used one of the other participants from the group, as she identified with her sadness in her own dream. Her reflections to the dream was related to her experience of the difference between the outside and the inside, as she was talking about in the first workshop's self-presentation in clay.

I think this is one example of the benefits in group therapy as compared to individual therapy, that participants can project what they need on to each other as a means to regulate them selves.

Another relation between the ego and the unconscious is mentioned in workshop 7, using the symbol of the big ship. When the therapist asks where the ship is coming from she says, *“It comes from something disgusting, because it is so big and overwhelming”*. When the therapist asks if she has any idea why the ship is coming to shore, she answers, *“because I need to make a decision”*. Later she said, that if she *did* make a decision she would expect from herself also to act upon it and do something, which she felt uncomfortable about.

Relationship between Anima and Animus

From workshop 6 the relationship between the masculine and the feminine showed that there was little connection. He was living in his own passive world, and she was full of creative ideas without being able to carry them out in life. When the woman figure was invited to let go of some of her many small balls, #3 said, that *“at least he can feel more strong, more powerful, but I am not sure if he just doesn't care.”* Because the woman was so burdened she also did not have much energy to care for the man, so they were each living in their own world.

The same relationship between the masculine and feminine is described in workshop 8, where she chose the woman as the octopus (self-sacrificing) and the man as the reindeer (big and dangerous but small inside). The relationship played on the drums also showed a clear

distance between the two, but it was not difficult for the woman to regain contact with the man when she was recoded to mirror him in the beginning and then to start playing together. A new connection between the two does not come automatically. She will need to make a conscious effort if she needs more interaction with the man.

Ego-shadow relationship

Her relationship to the unconscious part of her ego personality can best be found in her relation to her dying friend. The friend's attitude towards change (dying) becomes a positive and admirable part for her and it is through this inner relationship, that she can find the courage to separate from her inner father voice. One shadow aspect, which did not show up during the whole process, was her emotional reaction towards the father in her attempt to be free from his influence. At some point she felt irritated with him, but never fully took her own side. I think this was because her process became centered on the theme of integrating different shadow aspects, which her (inner) father disliked. The process as a whole therefore first of all became an inner process of change related to the shadow and the self-image, which is not as visible to others as when the animus is the core theme in a development.

In workshop 5 she creates a relationship to the partying people in the street, realizing that it is not too late to be spontaneous. Spontaneity has not been allowed in her personal life since she gave birth and became a mother, and her professional performances have been based on her outside personality and not on her inside. Part of shadow integration therefore relates to accepting her self as a spontaneous individual as well as being a mother (of two grown up children).

Confronting introjects

Confronting introjects/ inner voices is an important step towards being able to replace them with a more self-related voice. The strongest introject is her father's voice, and especially when it comes to looking at artwork (he was an artist himself), he would be very critical. The therapist suggests an active imagination where the father would look at one of her paintings. When she gave him a voice in the dialogue, she imagined him saying, "*But that is a 'lady-painting' ... too many colors ... not real art*".

The therapist suggests that she takes off her father's hat, and then looks at the painting with her own eyes. She then describes places in the artwork, which she likes. She is asked what it does to her, that her father is judging her painting as *lady-like*, and she says, "*It irritates me ... because I think he has a rigid opinion about it*". When the therapist asks her how she would react towards the father, she says, "*I don't think I would go up against him*". Therapist asks how old she feels in this moment, and she says, "*Maybe I am a teenager ... In my teenage years I confronted him a little, but not otherwise ... because I thought he was right ... I am afraid of his contempt*".

Emotion

Part of her main difficulty is to feel connected to her emotional life. Most of the time her consciousness is confused and not knowing how she feels. The emotional connections she

experienced during the initiation stage were sadness, calmness and irritation towards her father. There is however another important part of the emotional awakening, which is more related to feeling than to emotion. These are experiences/ feelings related to symbols, such as the yellow lines, the flying stones, the spiral and the egg. These feelings are related to the archetypal part of the psyche and not to the personal. Experiences of reality and truth are therefore not emotional in the sense, that the person has any memory to earlier experiences that they can compare the new experience with. I think this is the reason why this participant was less confused when she was asked to describe what was going on in a painting. The images did not activate memories where her father's opinions dominated her own.

Symbolism

Using dreams as a working theme in 6 workshops means that dreams together with the reverse images form a major part of the data collection in this research study. I wanted to look at the dream themes without the reverse drawings to see, if there would be a correspondence between the conscious development (as described through egocide, initiation and return), and themes from the unconscious (dreams). Therefore I isolated the dreams from the images and found the following dream themes:

Table 18. Dream themes for #3

Dream	Theme
W.2: Sharing the death of my son and cries	Emotional release
W.3: Something I can't reach, and every time I try to do something it goes wrong	Nothing I do succeeds
W.5: Party in the street, and I am not part of it	Longing and worry
W.7: Up and down a staircase, packing things. Cannot decide what to bring and what to throw	Confusion in making decisions
W.9: A lot of stones get out of my shoe	Relief
W.11: A man I know dancing around a fire, looking wild while he throws the ashes from his dead wife around	Ritual related to loss

In narrowing the dream themes down to a basic pattern I found the following progression:

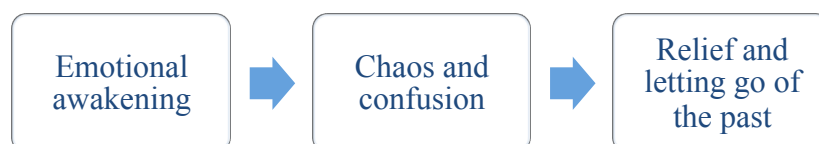


Fig 56. Progression through dream themes

From the summary of dream themes over time, the process in the unconscious seemed to follow or interact with the themes of egocide, initiation and return discovered in the therapeutic dialogues.

Dreams related to egocide appeared in W.2 and W.3

Dreams related to initiation appeared in W.5 and W.7

Dreams related to return appeared in W.9 and W.11

This indicates that changes in the unconscious based on dream themes, interact with the process that goes on in consciousness.

Some dreams offer new directions, such as the dream from W.2 suggesting more emotional expression and the dream from W.9 suggesting to take out stones from the shoe. While other dreams point to the present situation like not being able to decide what to bring on the journey from W.7.

The inclusion of dreams in a therapeutic process of change seems to interact with consciousness in a mirroring and guiding way. It is my experience, that this process of finding a voice within, which is not related to outer individuals such as parents, therapists or teachers, is an important part of the process of building up the relationship to the self. Getting familiar with the inner life through remembering, writing and painting dreams can function as a ritual related to therapeutic change, and support a continuous relationship between ego and self.

I find this to be an interesting topic for the overall discussion of therapeutic change, and *whether a dialogue with the unconscious is a condition for therapeutic change or not?* What about therapeutic methods that does not include activation and dialogues with the unconscious? Can they not facilitate real change? Or is the change going on in the unconscious just not known to consciousness?

Symbol

The symbols from both the dreams and drawings interacted with each other as a blend between the past, present and future. I found the same themes occurring in symbols and associated thoughts, than those found in the dream themes only with more focus on the progressive and spiritual aspect in the symbolization than in the dreams, which were more regressive in the symbolical language. The question here would be whether active symbolization/ imagination brings forward the spiritual aspect more strongly as a pull towards compensation or change?

Table 19. Associations to symbols

Symbol	Association
Figure with a front side and a back side with big feet	As a performer I am only seen from the front side. Long to be seen from the back as well
Walking inside a big bubble where there is no difference between the inside and the outside	Chaos
Dots and lines	Confusion
Yellow figure	Clarity, innocence

Circle	Everything comes together
Firework	Energy and explosion
Shoe	Own opinions
Stones	Obstacles, problems, sad feelings, negative thoughts
Flying stones	Taking care of problems
Ship	Overwhelming
Fire	Ritual
Dead friend	Accepting change
The spiral	Connection between inside and outside
The egg	A new beginning

Opposites unites

What came to be the most surprising symbolization was the spiral, which was created in the last session. The spiral seems to connect an opposition, which has been a polarity that could not be resolved by logic throughout the 6-month process between the inside and the outside, front side and back side and between the ego and the self. The self is symbolized in the center of the painting as an egg indicating a new beginning. To me the most unpredictable part of her therapeutic process was how to solve the inner tension between opposites. This is a point in therapy where only her own self can come up with a transformative solution, and for this participant the spiral became the solution to the problem she mentions in her first workshop, which was to bring together the inside and the outside.

Travel in the artwork

As a way to explore the painting from workshop 4, the therapist asks where the door into the imaginative reality would be located in the artwork. She found the door in the bottom of the image and would move upwards in the artwork to reach the big circle in top of the painting. She says, *“what I tried was, to melt together all the different elements into a whole... and that it was ok if it was easy – not so sharp and heavy... if I had continued to paint I would have made the painting more yellow”*. When she is invited to describe how it feels to reach the circle, she says: *“This is a place where everything comes together and maybe flies out of the window in the end”*.

Summary

As a summary of the initiation stage her first meeting with the unconscious was experienced as sadness and confusion and then followed a process of confrontation with her inner father voice realizing what was causing the confusion inside her. This was the personal part of the process. During the same period a more archetypical process was interacting with the personal through her expression of symbols. Symbols such as the circle, spiral, egg, yellow lines and yellow figure, were pointing towards wholeness and a more creative life compensating for the inner

split which was creating a depressive cycle in her life. The feelings she explored through the symbols were related to the archetypical part of the psyche and therefore the meaning-making process became connected to new discoveries and resources which were not related to her father's voice. I think this was the reason why this participant was less confused when she was invited to describe what was going on in her artwork. The symbolic images did not activate memories where her father's voice dominated.

6.3.2.3 Return

In the returning stage the symbols began to connect to the lived reality as an outgoing movement. Focus in the therapy especially in the last workshop 12, was her work situation and how she experienced more trust in chaos and intuition when she was using her creativity. In the return stage the development becomes more visible, which means that a confrontation between the new self experience and the outside world, begins to blend. This is a vulnerable confrontation for the individual, because the outside world may not have changed in the same way. Therefore it depends on the strength and consciousness of the ego to stay connected to the self in spite of what other people expect. Some relationships will not last during this stage, and new relationships might develop.

Symbolic consciousness

Realization of symbols

Through our dialogues with symbols her associations became the link to the lived reality. She was often very clear in how she would read the symbols to mean something in her life, sometimes related to the past and sometimes to the future. In our dialogues, my approach to her associations was to move forth and back between the two realities trying not to interpret what she was expressing, but more to explore the wider meaning of her words.

Table 20. Relation between symbols and reality

Symbol	Reality
Figure with a front side and a back side	"When you perform you are only seen from the front side"
To walk inside a big bubble	"Where I did not know the difference between the outside and the inside"
The overwhelming ship	"I think I need to have such a good explanation... I keep saying "I don't know, I don't know", which I find uninteresting."
The overwhelming ship	"I need to decide something"
Stones	"They represent difficulties or problems you have, which are in your shoe"
Flying stones	"To care for problems"
Stones coming out of shoe	Caring and Sadness
Fathers hat	Inner critical voice

Egg	“Something I haven’t done before” “A different kind of work” “A different life without children” “New meetings with new people” “To meet people in a bigger group working together”
Telephone that doesn’t work	“My father talks all the time”
Spiral	“God, it just solved itself”

I think the symbols supported new discoveries because they opened up to different kinds of reflections than she was familiar with, and also, these reflections activated new symbols, so the dynamic interchange between the ego reality and the self-reality became supportive for the overall development.

New realizations

During the process there were times when new realizations were experienced as a bodily felt knowledge. I believe such experiences are important bridges between ego and self as they are opening up new pathways in the neurological structure of the brain. In the following are some of the most important realizations presented.

Table 21. New realizations

New realizations
The longing to be seen from the backside as well as from the front side
The inner parental voice creating confusion in her consciousness
A longing for more spontaneity in living
The family would think something was wrong with #3 if she imagine herself more calm
The dominance from the father related to her fear of performance
The fathers patronizing voice related to her creativity
Her dying friend (shadow) as part of her inner self
A new beginning has started
Positive aspects in her new job situation
A painting can be meaningful without her using the intellect
Yellow lines
The spiral

Recoding

In several situations I would ask questions which were related to a reality, which did not yet exist as an attempt to create new bodily felt experiences. This direction in therapy is more progressive than regressive and can support experiences of bodily felt knowledge and new longing but also activate sadness of unlived potentials in life. It is a cognitive method where left hemisphere activity is needed in order to keep the focus on new developing patterns in the brain and in living.

When the participant's did the masculine and feminine figures in clay, the ego part in themselves was invited to be the therapist in the active imaginations they wrote after making the figures. To me it has an important learning value related to self-regulation and inner authority that the conscious attitude of the client begins to take charge in the therapy. It can support the ego from fusing with the unconscious by creating the distance where dialogue is possible.

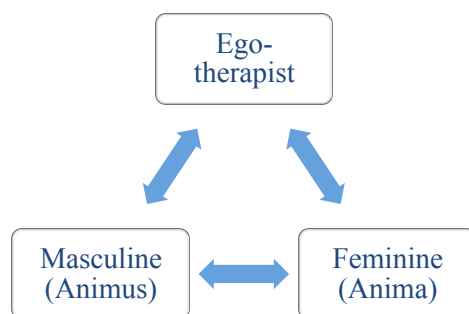


Fig 57. Relationship between ego, Anima and Animus

Since there was very little contact between the masculine and feminine parts in #3's case, she was invited to ask them more questions in the next active imagination regarding how they feel for each other. This directive was not addressed later, and it is uncertain whether she followed it.

Another coding directive was given to her in relation to her stress situation as she remembered it in her early family life. She was invited to imagine how it would be in the family, if she would sit and be quiet in the middle of the confusion around her, and her experience was, that the family would think that something was wrong with her, because she was a very active child. We could then bring that experience into her present life, asking the same question. Who would now react if she became more calm and quiet?

Another invitation was given when we were talking about her father's hat. How did she experience her painting with and without her father's hat on her head? This experience would support her in her separation from her inner father voice in the attempt to discover her own. In workshop 8, I gave her - as an octopus-woman - a new coding-directive by inviting her to mirror her partner more in the drumming, as a way to initiate contact between them. After the experience she changed her octopus into a turtle indicating that her female part had changed.

New self-understanding

New identity

Shortly after the group had started she had two new jobs, where she was given the opportunity to try out new parts of her self in a way, which supported the development she went through in the art therapy group. She never discussed any issues related to her job situation during the workshops, until the last session. This turned out to be an important part of her experience of a new identity being real and all ready a part of her life.

In workshop 1 she was expressing a longing to be seen also from the back, meaning to use more of her self in relation to others, and this was what she experienced in her new job, as she became part of a group helping young people to perform a theater play. She was aware of the vulnerability by showing more of her self, but also of the longing to be part of a community/group. In workshop 12, she expressed more trust in her intuition to a creative outcome with the young people she was directing to perform, in spite of the chaos the young people in the project experienced being in the middle of the journey.

Self-responsibility

In workshop 6 she was invited to help the woman figure to take some of the many balls off from her basket, so she did not feel so burdened. Clearly the woman was not able to do that her self, and expected the man to help her, but he was busy doing his own things, so she was left in her own bubble as well. This was the main reason why this relationship was stuck in a pattern of behavior with each other.

One of the themes in #3's development was her felt necessity to be able to make choices so that her creative ideas could be acted out. As part of the unconscious relationship between the masculine and the feminine she is in reality protecting the masculine side from being active by not confronting him in his isolated life. Instead she gets more and more heavy taking care of all the small things in life thereby developing a low quality of living. To take responsibility means that the conscious ego interacts in relation to a pattern, which is not reflected upon, thereby creating new choices for activity.

When her father's voice was externalized through the hat representation, she was able to take more responsibility for listening to her own voice.

Emotion

Some of the emotional experiences during the process are related to the return stage. The flying stones from the reverse drawing in workshop 9 she called *caring*, which she felt related to the past. She also felt a sadness related to the thought of life being easy instead of difficult as she was not familiar with this approach to living. In the process of being in dialogue with the inner father voice she experienced an irritation towards the father because of his judgmental approach towards her. This separation to her father's voice became also the possibility for her to hear her own voice.

When she made contact with the shadow inside (her dying friend) she felt sadness as a reaction to the imagined process of letting go of the past.

Her experience of the three yellow lines almost *made her cry* as they reminded her of the freedom to just be.

Future

In workshop 1, she expressed a longing to become more whole in the future when she was together with other people. Longings for future change are often not available in deeper depression, because there may not be any hope in consciousness, which is a reason why I think that (art) therapy can become most helpful at the beginning stage of depression while there is still a hope for change. In workshop 12 she made the spiral and the egg in her painting and related these symbols to a future and present identity and a change in living.

Social identity

Behavioral pattern

One pattern that was discussed and which she recognized from her parents was her need to talk. She said: *"I felt they talked a lot and took much space. And when my mother died, it was like my father could have all the talking-space... and now he is dead too, then I can talk, that is if anyone cares to listen. Yes, it is a bloody strange family"*.

Some of her reverse drawings took up the theme of calmness, quietness and making choices, which could be seen as compensatory to talking and as an invitation towards a more calm identity related to feeling.

Another pattern of behavior can be found in the communicative pattern between the masculine and the feminine figures in clay. The lack of interaction between the two was related to her difficulty in bringing her creative ideas out in life thereby reinforcing the pattern of depression. Part of this pattern was her difficulty in making decisions, which could lead into action, because she was afraid of the consequences, which in bottom line was the judgmental voice of her father. She said, *"What should I do, if I didn't have anything negative to think about... So I usually act in a negative way, and it is scaring to act positively."* This way of longing for a change and at the same time expecting a more negative outcome is of course a contradiction that can create a low quality of life.

Job related

She is educated as an actor but said, *"when I was young, I wanted to study social counselling and art, and I hadn't thought about the fact, that it was my mother and fathers education. Not until later I thought, 'Well, could I really not find anything else to do than what they had become'. And then I was not accepted on any of those educations, and then I went my own way. That was probably a good thing."* Part of her low quality of life experience was centered on her work situation as an actor, where she experienced not to be able to use her whole self. In the return stage of the process, she became less critical of her own contribution as she began working with groups instead of individual performance.

Spontaneity

In workshop number 5 the theme in her dream and reverse drawings was about her longing for more spontaneity in her life. She explains her lack of spontaneity with a bad knee, illness and depression, but had just been out for a dancing evening with a friend, and said: *“just to be able to do it, made me happy”*.

Summary

Most of the issues we worked with during this period were related to the external world and ways to communicate with others.

Summary of the return stage

In the return stage the development becomes more visible, which means that a confrontation between the new self and the outside world, begins to blend. This is a vulnerable confrontation for the individual, as this participant also describes, because the outside world and the expectations to the individual may not have changed. Participant #3 had the opportunity to try out a more intuitive side of her self in the new job with young people, which supported her development of a new ego-self relationship.

6.3.3 Analysis level 3: Theoretical

Developmental psychology

A developmental approach to change can bring an understanding of the personality as it develops during the first years of life through object-relations. Often the therapeutic process is an exploration of memories from these early relations.

When an individual doesn't get the love needed for a stabile ego-self relationship to develop, the person often doesn't know what is missing, because it was never there. A negative parenting can then become “normal” as any other way is unfamiliar. For #3 self-criticism was made normal through her identification with her father. I wonder why her mother did not protect her from the judgmental father. Did she not notice what was going on? As #3 told from her family story, she experienced her mother as an angry cold woman, always in a fight with her husband. When #3 identifies with her father and not the mother, it must be because she preferred to be more like the father than like the mother. These choices in early development are not rational or conscious, but based on right hemisphere activity and the emotional connectedness between parent and child (Shore, 2009). In Freud's developmental phases, the girl identifies with the mother and the boy with the father in a normal development of gender identity. When this process does not happen, the girl becomes father's daughter (Reis, 2006). To get re-connected to the feminine a woman needs to dis-identify with the father identification, and I think this became the central theme for #3.

The ego-self connection for #3

From a Jungian perspective, development of ego identity is an important aspect of getting to know the self. Without the ego, there would be no one to know, and the individual would not be able to make different choices in life. Considering the difficulty #3 had in making choices and to know what the right feeling was in any given matter, her ego became unable to create a

dialogue with the self. Instead of approaching the self to find inspiration to different solutions in life, she avoided persistent contact with developmental goals. Grawe (2007) points out how important it is, that the client activates important approach goals, which will function as the motivational factor for change (p.41). For me it was difficult to get a clear sense of what #3 wanted to get out of the therapeutic process. She just wanted to feel better in life, but did not have any explicit needs for behavioral changes she wanted to get out of the art therapy process.

In reality, the process turned out to be more a preparation for her, as her husband left her just after the group process finished, creating an emotional crises and an explicit need for change. Her avoiding behavioral pattern included avoiding confronting her husband with her true feelings about their relationship, and her need for more connection. The developmental approach can point towards the problem of how the avoiding behavior developed in her early relationships and help her to re-experience the origins of the inner voices as voices she once knew from the outside. The most important other in her ego development became her alcoholic father.

I agree with Grawe (2007) when he says “that the emphasis of therapy should not be too much, or for too long, on the identification and activation of problems. Identifying and analyzing problems is only productive to the degree that this enables later change-oriented interventions... This activation of new neural activation patterns must be repeated as often as possible, otherwise the neural connections will not be ingrained sufficiently strongly” (p.41). Combined to the process of building up the ego to be strong enough to relate to the self, the new ego does not develop from the already known patterns in the brain but from new neurological activities. In art therapy it is not a difficult task to visualize future goals. Often they are projected into the artwork as future longings or stories related to un-lived potentials. The visualization of a good mother and father, of a child surrounded by caring support, of allowing the child to finally express true feelings all belong to new neurological activities necessary for change. In most of the artwork made by #3 she was creating something new. Images, which compensated for her not-knowing-what-to-feel-ego, reminded her of a potential more strong and decisive ego (as the yellow figure). We were moving forth and back between past memory and imaginative reality, thereby creating a connection between the past and the future.

Summary

The reverse method we used in relation to dreams has the potential of activating new neurological patterns because of the projection of symbols in the reverse drawing. As the first drawing usually expresses something from memory, dream or personal narrative, the attempt made in the reverse painting would be to transcend the personal. Especially when dealing with people who are avoiding life, instead of approaching life, as in depression, a blend of personal and imaginative activities seem to fit well with neuropsychological findings (Grawe, 2007).

Transformative learning

In Heron's basic cycle of individuation moving from emotion to action, only the experience of emotion is on a conscious level in the psyche, where as the imagery, discrimination and practical mode are unconscious functions based on perception and memory of past experiences. This means, that in the learning experience, there was more consciousness of the process of interaction with important others, which were then forgotten and internalized as part of ones own self. In order to change a pattern of living, consciousness needs to include the old pattern together with the longing for something else. The early object-relations, which were part of the learning experience then becomes the key to the egocide stage in Rosen's model. In order to change the cycle, an individual needs to let go of the attachment to that person who taught the individual how to behave in order to stay connected to the family as a collective system. As described in Rosen's model, egocide is a precondition to the stage of initiation where the missing link to the self is re-created.

In the following, I use Heron's model (1992) in relation to the case analysis of #3, by combining aspects of the emotional analysis with the basic cycle model, followed by a reversed cycle model illustrating the changes that took place during the art therapy process.

Heron's model as an analytical tool

The basic cycle:

1. Emotion (affective mode): Confusion
2. Imagery (imaginal mode): If I talk a lot then I don't feel my confusion
3. Discrimination (conceptual mode): Because that was what my father did and he was always right
4. Action (practical mode): Seeking people who will listen

The reversal cycle

1. Emotion: Confusion
3. Discrimination: Because that was what my father did and he was always right

Changes into:

3. My father was not always right and I can trust my self as well
2. Imagery: If I know what *I* feel, I experience clarity about who I am
4. Action: Painting

Rehearsal of the reversed pattern leads to its becoming a basic cycle as an indication of a new pattern that functions without conscious effort.

In order to change a basic cycle, consciousness is needed as a discriminative factor, which can separate the inner voice of a parent from the inner voice of the self, and then choosing to let the voice of the self become the dominant voice, which has another intention and therefore can lead into a different action.

In the case of #3 the process became focused on the difference between her fathers voice and her own, and Heron's model would explain why her quality of life experience improved:

- First of all, she experienced the state of clarity, which was part of her conscious longing, when she was involved in a painting process, as her father's voice did not seem to interfere in the actual painting process. These experiences were added to her personal memory system and gave her another imagery, which she could begin to trust, as it became more and more a part of her bodily felt reality.
- Secondly, her visual images moved from mix of colors and confused forms towards simplicity and separateness as figures, forms and colors developed in her artwork. This points to an inner attempt to regulate her confusion towards more clarity as a function of the self, since she was not consciously aware of this regulation or meaning.
- Thirdly, the dialogues related to the artwork supported her conscious awareness of her father's influence on her daily mood and work situation, and she was then able to choose another direction, based on more trust and less rigidity.

Summary

A transformative learning model can be a practical tool in dealing with the inner voices in a practical way. It is also a way to include left hemisphere in a psychotherapy practice, which otherwise can be a very intuitive field based on the therapists personal perceptions of both client and artwork in therapeutic settings. In this research study the transformative learning model was not part of the therapeutic strategy and the directives used in the group, but included after the therapeutic process had finished in connection to the analysis. Following this process I have used Heron's model in one of my art therapy training groups with the purpose of changing a pattern in life which were experienced as self-destructive by the student. The outcome from one week of practice is first of all, that it takes a lot of focused awareness for the individual to find the actual voice and to get a bodily felt knowing of the object relatedness to that specific voice. New voices kept coming up as being interesting as well, and for them to decide which one was most present at this time was not an easy task. I think this is one of the main distractions when getting involved with the unconscious, as if the inner voices are standing in a line all wanting to be heard. It may be felt as being too complicated just to choose one. In the training group we used the artwork as a container and memory of the chosen one and made a ritual saying good-bye to the influence of the voice. This became a very touching moment and felt experience for many of the students and prepared the next day's work discovering a new voice connecting them to their own selves through the painting process. Discussions that followed were related to the absence of left hemisphere functioning in therapy in general. Most of the students thought that a good therapist would do more following and mirroring the client in therapy staying in the right to right hemisphere connection, and less holding and focusing bringing in the left hemisphere in the therapy session. From only using a right-to-right hemisphere approach in psychotherapy follows, that integrative processes and therapeutic change can be difficult to accomplish within a therapeutic frame. I suggest, that a transformative learning approach can activate the left hemisphere in psychotherapy by adding a teaching dimension to the process of change.

Jungian Psychology

Most important in this research study is the relation between the ego and the self, and whether art therapy can improve the connection between the two levels in the psyche. In my art directives I have attempted to activate the shadow, the inner feminine and masculine, their relationship and the self, in order to create a link between the personal and the archetypal part of the psyche. I think the differentiation between the different parts of the psyche became clear in the analysis on level 2, and I summarize these here according to the Jungian concepts. Again the structure must not be regarded as rigid positions in the psyche, but used as a flexible and dynamic model, which has a practical function in clinical work.

Ego and shadow as a relationship

As a center in consciousness, the ego has a central function in all developmental processes. Both as a motivational factor for change, but also as a function of taking initiative to facilitate change. The ego identity relates to the way we reflect upon our self, and how we define our self as being different from others. Opposite to the ego stands the shadow as the rejected self-image. Because of the shadow, there are ways of living and being, which are not allowed by the ego, being the superior and conscious part.

In #3's life the opposition between ego and shadow looks as follows:

Table 22. Ego and shadow as opposites

Ego (consciousness)	Shadow (personal unconscious)
Stressful	Calm
Confused	Clear
Doubting	Knowing
Indecisive	Decisive
Sad	Happy
Holding back emotions	Letting go of emotions
Not good enough	Self-confident
Self-critical	Self-supportive
Rootless	Grounded
Negative expectations	Positive expectation

The ego consciousness relates to the low quality of life experience and what the participant knows about her self. The longing for change is very important, because it is a motivational factor for creating actual change. But even though the shadow qualities have a more positive value than the low quality of life experience in ego-consciousness, shadow is still rejected by the ego preventing change to happen.

The negative expectation from #3 came from her inner critical father voice, which is a masculine part of the psyche, related to her Animus. This part of the unconscious in her psyche

seems to be in control of her development, and therefore needs attention. The interplay between the Animus and the shadow is also significant in the sense, that the animus voice keeps the shadow parts away from consciousness (calm, clear, knowing, decisive, happy, letting go of emotions, self-confident, self-supportive, grounded and with positive expectations), thereby preventing a better quality of life for her. This is one of the reasons why psychological change might not happen when working with the shadow potentials alone, because Animus still does not allow the shadow to be integrated in consciousness. This is also why I find it important to separate shadow voices from Animus voices, because shadow parts connect to self-images, and Animus to self-dynamics.

In the artwork from participant #3 the shadow potentials became visible, as qualities coming from inside her own self. Especially through the reverse drawings, where she was free to express whatever she would project out into the lines, and where there were no directives to do anything in specific, she would create qualities related to shadow. This means that when given the freedom she does not repeat known images but opens up to new and compensatory images as a counterbalance to ego consciousness.

Part of the reason why shadow qualities manifested in the artwork, was due to the fact, that the inner critical father voice did not interfere when she was painting, which then gave her the freedom to express and discover new parts of herself through the process of creation. In the following I present the characteristics of Anima, Animus and their relationship as it was discovered for participant #3.

Anima and Animus as a relationship

Jung's concepts of Anima and Animus are a little more complicated, because both gender, sexuality and principles are involved, as well as cultural complexes connected to the time we are living in.

Jung did not use the concepts of Anima and Animus as a relationship inside both men and women, but saw Animus as the unknown part of a woman's psyche, and Anima as the unknown part of a man's (Jung, 1959). On a symbolical level Animus would be related to logos and Anima to Eros in both men and women and without interference from gender and historical complexes. In my analysis I use the symbolical definition of the concept of Anima and Animus simply representing unconscious dynamics between opposing energies in the unconscious. From the workshops where the participants did the inner man and woman in clay figures, they all identified with the female figure as the most known part of the couple, regarding the masculine figure as more unknown and mysterious. This could mean, that for a woman, the masculine part - Animus - would represent a more archetypical aspect of the unconscious than the feminine part - Anima - because she is a woman. In this way gender *is* involved in the actual experience of the symbolic reality of the concepts.

On a personal level the inner relationship between the masculine and the feminine are based on the experience of the dynamics between the mother and father. Partly from how they expressed themselves as woman and man, but what I find more interesting in relation to creativity and change, is the influence of the communicative pattern between the parents on the child's creative development and interaction with self. Transferred to neuropsychology this

could become the pattern between the left and right hemisphere in the child related to the integrative function of the middle brain. Participant #3 seemed to have an access to both the left and the right hemisphere, only not at the same time. When she was imagining all the things she would like to do (right hemisphere activation), she felt overwhelmed, confused and critical of her ability to do so (left hemisphere activation). Something disturbed her from taking action, and she would spend her time watching TV instead. This something was recognized in the communicative patterns between her mother and father. They did not listen to each other and #3 took in this model for how man and woman communicate. Not just on a physical level, but also on a psychological level. Based on the collection of data, the inner relationship for #3 look as follows:

Table 23. Anima and Animus

Anima	Animus
Caring	Does not care
Burdened	Distant
Unsatisfied	Defensive
Heavy	Trust in him self
Imaginative	Strong
Unable to manifest	Passive
Living in her own world	Living in his own world

When speaking about the process of individuation, the ego will tend to become more neutral during the process of integrating the shadow, because the polarity between ego and shadow will no longer be like black and white, and the ego will more and more become a function in the psyche instead of identifying with specific contents rejecting the opposites.

Especially when it comes to the ego-self relationship this is an important point to be made in order to get past the shadow domain in the psyche approaching the self (Skov, 1997). The ideal relationship between the masculine and the feminine in the psyche is similar to the ideal interaction between the left (masculine) and right (feminine) side of the brain (Cozolino 2010). In #3 there is no emotional and caring relationship between the two parts, which is often the case in a depressed personality, where right hemisphere dominates. The clay figures and the imaginative dialogue from workshop number 6 together with the roleplaying of the relationship on drums in workshop number 8, both indicate a pattern of communication with little interaction.

We did not discuss the inner relationship in relation to her actual marriage through 30 years, but when her husband found another woman in his life and moved to the other part of the country, it came as a shock to her, as she had always felt very secure together with him, and had not noticed any signs of problems. First she compensated by taking on too much work until she finally developed a back pain, and had to stop working. When she came for the first post-test, she could hardly walk. She now sees a therapist, who helps her work through the divorce. In

many ways, the inner and outer relationship showed the same pattern of communication, and what we found was needed for the inner relationship to heal, was the same as was needed for the outer. Obviously it was too late to heal the actual marriage, and the question now remains as to how the process of healing the inner marriage develops.

Thinking about her development in the group she talked a lot about sadness but showed very little emotional expression. In the 2nd workshop where she had a dream about losing a son, she cried in the dream, but not in the group. Now, after the group has finished, she has lost her husband and the sadness is released emotionally, and she says that she cries all the time and also feels angry. To me it seems as if she had a more intuitive understanding of her inner sadness through out the therapy, and when her husband left, she could also feel sadness in her body and allow release.

I cannot help thinking whether the art therapy process prepared her for the development she came to experience in real life? And whether the imaginative process continues to manifest on a physical level? It does confirm the neuropsychological findings, that new neurological patterns in the brain (as explored through imagination) are a condition for making a change in life (Grawe, 2007). If change were manifested in the imaginal realm before it becomes physical and measurable in the social and conscious life of an individual, it would be very important to use imagination in therapy as a preparation for change.

In my clinical work I have often experienced imaginative dialogues with clients using their artwork, where finally the images in the artwork became a living reality between us through imagination. I find these realizations between the imaginative and the physical to be the most healing experiences in therapeutic work, because of the coming together of psychological and physical reality.

I now present the potentials related to the self, which were explored through the artwork for #3.

Ego and self as a relationship

Images of the self often appear in artwork as figures of wholeness and wisdom. Not only does this potential in the psyche come from inside the client, but it also becomes possible to have dialogues and to interact with the images, which can be very supportive for the strengthening of the ego-self relationship.

Table 24. Self images

Self (the yellow figure)
Can stand for herself
Pure
Joyful
Childish
Innocent
Creative
Imaginative

The experience of self in the art therapy process was connected to the qualities of the yellow figure behind the dots and lines from workshop 3. One of the main themes related to her conscious experience of her self, was her lack of contact with emotions and her confusion. The main theme in her unconscious life mirrored through artwork and dreams was related to emotions, especially sadness connected to loss and to making decisions and getting out of a confused state of mind by simplifying forms and colors. To me this indicates that the self was activated in the attempt to regulate the ego state of mind. Sadness had not been emotionally dealt with/ taken seriously for many years, and the unconscious seemed to be pushing the ego towards confrontation with a lost connection to emotion. Sadness can also be an experience of not having lived ones potentials to the fullest and as such express a more self-conscious position than the confused state of mind. The potentials of the self as mentioned above, did not have much influence in #3's life, which affected her quality of life. The artwork became a reminder of a lost self-connection and in spite of the positive values related to spiritual images, painful emotions like sadness and the experience of loss were activated as well and lived out through the following personal crises.

A mythological perspective

In looking at the personal issues related to #3's development which was centered mainly on the confused state of mind, and her difficulty in making decisions, a similar situation is described in the story of Amor and Psyche by Apuleius (Skov, 1991).

Amor and Psyche fall in love, but Amor is invisible, because he is divine and she is human, so she sees him only in the night. Her jealous sisters convince her, that he is a monster, and that she should kill him one night when he sleeps. When she is about to kill him, she sees him for the first time where after he leaves her as a punishment. Psyche realizes that she has to confront his mother Aphrodite in order to heal their relationship, and Aphrodite then gives her four tasks to solve. In the first task she needs to sort a stack of seeds before midnight. This is the task I find is similar to #3's problem of not being able to make a decision and the feeling of being overwhelmed. How can she know what to choose and which feeling to hold on to in order to act in life instead of being paralyzed? In the story Psyche also gets paralyzed and she just gives up overwhelmed by the task. She cannot solve the problem by using her rational mind. Then the ants take over and do the work for her and solve the task before midnight. In the story depression appear as the egocide condition (Rosen, 2002), prior to the initiation stage, where the ants appear as helpers. Making a decision by using the ants, we need to understand the symbolism of the ants. The ants are instincts, which work together in order to accomplish a task. They are related to the body and not the mind, which connects them to sensation more than to thinking. For #3 to activate the ants, she will need to get more into the body and away from the rational mind. When she was painting she experienced a flow where negative expectations and thinking did not interfere with her making a choice of color and form. The flow experience in the art making process could very well be the key to solving this first test of making a decision without using the rational mind as a tool. The decisions being made showed in the final artwork. The first task of listening to the body in order to make a decision also opens the door to the unconscious, because she can now know how she feels by listening to the

body. In the next task she has to get some golden fleece from aggressive sheep and she must wait till it gets dark, in order not to be killed by their aggression. She can then pick the fleece from the bushes where the sheep were walking during the day.

This test is about patience and the ability to hold back emotions in order to get the right timing. The emotional release of sadness #3 is experiencing after her husband left, might eventually lead to anger towards him, which she also mentions when we met. To be able to hold the anger means not to kill him even when her instincts would like to, but for example to paint the emotion instead. This is where psychotherapy can be of help, because the therapist and the artwork can hold some of the emotions for her. In the third test, Psyche must get a bowl of water from the underworld river, which has an out spring in the mountains. Two big dragons are making sure that no one passes, but then the eagle comes to her rescue and brings her the water. The eagle is connected to Zeus and is a symbol of the highest spiritual masculine, the king of the birds, and to pass this test, Psyche needs to see her connection to her core self from a different perspective than the personal. She needs to fly high in order to avoid the negative voices from her personal past (the dragons in the mountain), and to stay true to her own spiritual voice. This test illustrates that the relationship between ego and self has been established, as the eagle is the connecting and dynamic symbol between the two parts in the psyche. Translated into #3's life situation, eventually she will have to leave the inner voices, which came most strongly from her father, in order to connect to her own true self.

In the last test, she needs to go to the underworld to meet with Persephone, who gives her a box with beauty crème for Aphrodite, and under no circumstances must she open the box. She then immediately opens the box, because she is now following her own inner voice and not the outer authority, and then she falls into a death sleep. Suddenly Amor is healed from the wound of being seen, and comes to her rescue, and they are finally married on the Olympus with all the gods present, and Psyche gives birth to a daughter named Joy. The last test is about devotion to the feminine self. Following the inner authority leads to union with the masculine where they become equal partners. Participant #3 was avoiding confrontation with her husband and therefore she did not consciously choose to change their relationship, which made her feel more like a victim than a heroine.

Summary of Jungian theory

In spite of the introvert nature of Jungian theory and method, many of the dialogues between the participants and me included the outer reality as well. The dialogues moved between these two realities following the participant's personal associations to the images that were discussed. Using Jungian theory in therapy makes it possible to follow changes that take place in the unconscious as symbols transforms leading to new understandings, because Jung developed the language that could describe it. Looking at the therapeutic changes that took place during the process, I find that changes are clearer, when analyzed over time. The process of egocide, initiation and return is a transformative process, which takes time, and when we analyze only moments of therapeutic processing we may not see the whole picture. The fact that the developmental model from Rosen (2002) was adaptable for all 6 participants may indicate a more general pattern of psychotherapeutic change.

I think the therapy group for participant #3 supported her in making an initial connection to the emotional part of her self similar to Psyche's first test. To stop the therapy at this point can be vulnerable because the risk of choosing the path of depression is still at risk. This would be an argument for a longer therapeutic process for people with depression.

Anthropology

According to Dissanayake's (2000) research on biopsychological needs, the need for (a) mutuality, (b) belonging, (c) finding and making meaning, and (d) developing competencies, participant #3 did not experience mutuality in her marriage and had lost her belonging to her work when she started in the group. Though she had just started in a new job, which felt satisfying to her, she was in a process of developing a new social identity related to her work. She expressed a need to use more of her self in her work, and to find ways of working together with other people instead of alone on the stage performing. During the group process she did not speak much of her actual marriage, but symbolized her relationship to the masculine through her artwork. In these representations there was isolation as opposite to mutuality in her interaction, and this became emotionally manifest, when her husband took the initiative to leave her. Below I have used Dissanayake's model (2000) in relation to #3's life situation.

Table 25. Dissanayake's model related to #3

Life situation /Need	Mutuality	Belonging	Finding and making meaning	Developing competencies
Confusion/ Need for clarity	No close relation to her husband. They were both living in their own world	Having lost her belonging to her usual work situation, she was exploring a new way of working together with others	Meaning is experienced when the other 3 needs are fulfilled. Lack of mutuality and a vulnerable work situation creates a lack of fulfillment	Through her new work she can develop new competencies, where she uses more of her self in working process

From the table we might be able to explain the low quality of life as a lack of fulfillment of the need for mutuality and belonging, which then affect the experience of meaning making in life. A resource was her new work situation, which supported her need to develop competencies. A question is, why she did not take the initiative to confront her husband with her need for more intimacy? According to Dissanayake individuals will react instinctively when these basic needs are not satisfied, but before any attempt can be made, individuals need to know of the need. If the need is unconscious and not realized on an emotional level, no action is made to fulfill it, as it does not really exist.

In perspective, many people work to keep economy together for themselves and their families, and this could be one of the vulnerable aspects related to depression in general, because people do not have the time or energy to solve problems and challenges in their intimate relationships. If this were a general factor in the development of depression the real issue related to a prevention against depression would be more social than personal, as it would reflect a cultural attitude and expectation to the way individuals spend their time.

Neuropsychology

As findings within neuropsychology becomes more and more evident within the field of psychotherapy representing a more objective stance related to change, I find many of these results inspirational to art therapy practice and compatible with a Jungian orientation (Haule, 2011). What seems to be a general knowledge related to psychotherapeutic change within neuroscience is the necessity of activating new neural patterns in the brain as an integrative activity stimulating well-being. Siegel (2010) has developed a method called Mindsight, where he describes emotional well-being as an interaction of mind, brain and relationships. “When our mind works well, when our brain functions as an integrated whole, our relationships thrive” (Siegel, 2010, p.23). He emphasizes the middle prefrontal region as having a special integrative and regulative function “which connect us to the social world of other brains” (Siegel, 2010, p. 22). Siegel’s concept of integration as an important prefrontal activity necessary for change, corresponds to Jung’s theory of integration of opposites, and in both systems conscious and unconscious activities are included.

The prefrontal part of the brain is important not only for psychotherapeutic processing, but also for the development of knowing that we know. The point is, that when we identify with our reactions, we lack the openness, observation skill and objectivity to create a change in the brain, mind and relationships, which eventually could lead to a more satisfying life. “There is a place deep within us that is observant, objective, and open” (Siegel, 2010, p. 93). Siegel’s concept of “the deep place within” related to an objective reality, seems quite similar to Jung’s concept of the self.

Siegel’s 8 domains of integration

As a psychotherapist Siegel base his methods on the function of the brain and works primarily with methods related to contemplative science and mindfulness, which he describes as “a form of mental activity that trains the mind to become aware of awareness itself and to pay attention to one’s own intention” (Siegel 2010, p.86).

Siegel (2010) has developed a model of 8 domains, which each plays a part in the integrative process of change, and I would like to use them in relation to participant #3.

Table 26. Integrative process related to #3

Domains of prefrontal brain functions	Process of participant #3
Integration of consciousness	For participant #3 the focus was on her thoughts and experience of confusion and emptiness. Most of our dialogues were related to where these thoughts came from, and her father became the dominating inner voice. Allowing consciousness to reach behind the identification with an emotion stimulates the neuroplasticity of the brain and is also a way to balance the extraverted and introverted function in the psyche as Jung describes in his typology. Siegel

	<p>(2010) says that “neuroplasticity is activated by attention itself” or “when we participate in an activity that is important or meaningful to us” (p.85). In the process of painting, where attention can be very intensive in the search for novelty and meaning, I would think, that this process in particular would have the potential to activate new neurological pathways.</p> <p>According to Siegel (2010), this is the foundation for all the other domains in the integrative model thereby pointing towards the concept of consciousness as the human foundation for change.</p>
Horizontal integration	<p>The balance and interaction between the left and the right hemisphere is necessary for creativity and change. As the right hemisphere relates to the nonverbal and imaginative part of the brain, the left hemisphere stands for verbal and rational functions. When emotional control is not working, some connection between the two parts of the brain is not working. For people living with a low quality of life, emotions do not change or disappear because they want them to. Especially the middle prefrontal region is connected to the ability to regulate emotions. Participant #3 felt overwhelmed by emotions. Her left hemisphere was not able to put words to these emotions, or decide which emotion/ words to choose. The art making process helped her to do that. It was never difficult for her to start painting and she enjoyed the process, maybe because her father voice did not interfere with judgments during the process. For this participant the artwork became the bridge between the two parts of the brain. From the artwork she was able to put words and meaning to symbols and forms, without doubting whether they were right or not, because she was feeling the reality of the symbol.</p> <p>Another activity, which had the intention of stimulating the connection between left and right hemisphere, was the drumming ritual. For #3 it was easy to play the traditional rhythm and she was often the first one in the group to explore new rhythms. She was playing in a non-dominant way, but quietly she would go into her own rhythms as we played. Little like the woman octopus in the roleplaying, who would enjoy being creative in her own world, without interacting with the man/ the group.</p> <p>For #3 it was more the connection and the interplay between right and left hemisphere and between her and the external world, which was not strong, than it was any one of the two hemispheres. Though it looked as if her left hemispheric activity was less stimulated than the right, it seems to me, that a stimulation of left hemisphere without including the right hemisphere would become meaningless in the sense that emotions would still not be organized, and her inner state of confusion would not change.</p> <p>Related to the physical brain it means, that the function of the middle prefrontal area of the cortex, which connects everything (Siegel, 2010, p.22) would need to be stimulated in order to integrate left and right hemisphere.</p>

	<p>A question is, whether the ability to integrate new parts from the unconscious depends on this middle-brain function, and how it would be possible to increase this activity through art therapy? Does the activity of interaction between right and left hemisphere improve the function of the middle-brain? And should this interaction include other people as a social interaction, which would emphasize group therapy intervention, instead of individual therapy. Or does the middle brain activity increase from internal dialogues between for example the masculine and feminine? The importance of dialogue and interaction between different parts of the psyche seem to be central and it could be what Jung meant, when he emphasized the dialogue between the ego and the self as the healing agent in the psyche.</p>
Vertical integration	<p>Some people live in their heads, while others are more centered in their bodies with little connection to their heads. The integration of body and head includes the connection between the brainstem (the reptile brain), the limbic area and the cortex. Participant #3 was mostly centered in her head with little access to sensation and body. She would describe her confusion as thoughts repeating themselves and with an empty connection to body. During the art therapy her connection to the body was activated through her experience of her artwork, where she would feel moved by a color. I think our dialogues, where I would ask her questions, which helped her to put words to the imaginative figures in the artwork, were important processes connected to the vertical integration, as her mind was searching to find answers in the body.</p> <p>I think that body is always part of the creative process in art therapy, which is the reason why I find, that the act of creation is such an important part of the process of change. Especially for people like #3 who find it difficult to explore emotions using the head only.</p> <p>Also the drumming ritual is important here, as a way of relating to rhythm as a bodily felt movement.</p>
Memory integration	<p>Part of the personal unconscious contains memories which we do not want to remember because these memory hurts. Other parts are more easily remembered but not important enough to stay in memory. Experiences which are rejected by the ego as being too painful or traumatic, connects to the emotional life and to the body, and can create a blockage in the ego-self relationship and behavioral patterns which are self-destructive for the individual. For #3 it was mostly memories related to her father's rejection of her as a woman in her own right, which she had rejected and instead identified with. In order to dis-identify with his voice and finding her own, memory of experiences from past rejections are necessary, because she can then make other choices for her self to live by. In her present life, where her husband left her to her surprise, her repressed memory of her father's rejections can very well be part of the reason why she had closed her eyes in relation to her</p>

	<p>husband. In her early life she learned from her parents, that man dominates women, and that child inside her had given up any other way. The departure of her husband activated all the repressed emotions from her marriage, but also from the father relationship. She could therefore not control the emotions and was crying all the time. The question is, whether this is an indication of the self trying to regulate the psyche as a whole, by releasing the tension after all these years of not being able to feel anything. Even though she cannot seem to control when and where to cry, it might still be a healthy and healing reaction to a critical life situation. Can she accept her tears (and anger), as a comfort of herself in this process trying to deal with memories?</p> <p>In an art therapy process memories from life often appear in the artwork without any conscious decision of wanting to paint a special memory. In the middle of an imaginative dialogue, the client suddenly knows what memory the artwork is related to. Projected into the artwork the relation to a memory can be created, - not as a conscious choice but as a self-regulation.</p>
Narrative integration	<p>By opening up to the personal story of our lives, we can discover the periods in life, where things or memory were not connected. For #3 her personal narrative was more or less taken for granted or made fun of. She would describe her family as a strange family as if she was watching her family from another planet and without any sign of emotional connectedness to them. To tell her family-story to someone who would take her seriously and not laugh when she used irony would support her narrative integration. Artwork often contains experiences from the past, which were forgotten but brought to memory through the use of symbols and signs. Dialogues related to such images can stimulate narrative integration in a more self-relational way, because such images often appear in the artwork after the expressive process has ended as discoveries made during the therapeutic dialogue.</p>
State integration	<p>State integration is a mindful and non-judgmental observation of any present emotion. From a Jungian point of view it means to trust the emotional state of mind as a self-regulative state without judging it right or wrong. For #3 the inner father-judge was very powerful and always critical of her, which prevented her from trusting her own self. According to Siegel the power of state integration can “release us from the patterns of shame and terror that can paralyze us” (Siegel, 2010, p.74). During the 6-month therapy group, #3 was in a paralyzed state of mind, where she said that she could not feel anything, except for the glimpses of art experiences and dream-emotions, where she said she felt moved. When her husband left, emotions became alive, and it then becomes important to accept these emotions avoiding the father-judgmental voice. On the final test-meeting she said, that one of her friends had said, that all her crying was to get attention, which indicated, that the father-judge was also projected on to persons close to her, who rejected her emotional reaction</p>

	<p>to the loss. The group-reaction from sharing this information was very warm and supportive defending her right to react to the loss.</p> <p>Siegel is using mindfulness training as a method to balance the mind into state integration, and I have found, that the creative process itself can be used to develop state integration. In the beginning when individuals start to paint, they often have experiences of forgetting themselves during the process of creation. This of course is the opposite to mind integration being a state of losing one's mind into body awareness. For people who live mostly in their heads this can be a healing experience of getting reconnected to body as a vertical integrative process. The body-mind connection is important to establish before state integration, as there would be no emotions to be mindful of if the body was not included in awareness.</p>
Interpersonal integration	<p>When Siegel is talking about interpersonal integration he refers to the experience of not getting lost in others, but to stay integrated in one self. In Jungian terms, this means to keep a balance between the introvert and extravert functions in the psyche in order not to lose one self to the outside or to be locked up inside. Related to art therapy, this refers to the mindful experience of the creative process of not losing consciousness of one self during the creative activity, but to stay interpersonally integrated during the expressive process. Usually in an art therapy process, the interpersonal integration comes <i>after</i> the expressive process through the therapeutic dialogues and self-reflection. For #3 the creative process was compensative throughout the 6 months. When asked about her state of mind when she was painting, she would often insist on not having done anything on purpose. As if she was afraid, that it would be less true if she had a conscious awareness of her creative experience. Therefore our dialogues were important, because their meaning was connected to the artwork <i>and</i> to the body.</p>
Temporal integration	<p>This is a process of accepting mortality, and the fact that relationships do not last forever, which became the central theme in her crisis when her husband left. During the art therapy she was dealing with the issue of letting go of the past, using her dying friend as a person who showed temporal integration in her acceptance of her illness and of death. At this time she was not aware that her husband was having an affair (while she was in the art therapy group), but her dreams and artwork picked up the theme preparing her for the emotions and for change.</p>

Summary

I find Siegel's Mindsight model useful in relation to art therapy within a Jungian context. With Siegel's knowledge of how the mind-brain-relationship works, together with Jung's imaginative and self-oriented approach, art therapy can be used in relation to many important functions in the brain. As an integrative art therapeutic approach to human change, much more attunement

to individuality can be made by the therapist and facilitate more effective therapy. For #3 the blockage in the ego-self axis seemed to be related to the middle brain's integrative function more than to the activity of left or right hemisphere. In art therapeutic processes that would indicate a need for more relational therapy intervention for example using active imagination and therapeutic dialogues as important methods.

6.3.4 Analysis level 4: Self-regulative

To describe self-regularity and changes in relation to quality of life I find Gray's model (1996) of primary responses in the instinctive layer of the psyche useful. As self-regularity is beyond the control of the ego it must be related to more archetypical and instinctive patterns in the human psyche connected to the reptile part of the brain.

The basic principle of the model is, that all development and change is based on polarities and the tension that is contained in an opposition. When we as humans are not able to act constructively even when we want to, something is blocking our connection to instincts, giving the instincts (and the unconscious) the control of our lives.

Participant #3 had a longing to be more assertive and creative in her life, but in spite of her conscious will to change, she could not.

Biological self-regulation is needed for survival. When needs are frustrated, a primary response in the instinctive system will try to compensate in order to regain balance.

Looking at changes related to self-regulation, I use Gray's model (1996).

Primary response model

According to Gray (1996) behavioral patterns comes down to three basic polarities, (a) approach and avoid, (b) dominance and submission, and (c) focused and unfocused.

Depressive behavior is characterized by avoiding, submissive and unfocused behavior, lacking initiative approaching life. I use this model as a schema to register differences in behavior from when the group started and when they finished. Basically I use their own evaluative reports at the post-test meeting together with my clinical observations.

The point is that an individual may live more close to one end of the polarity than to the other, which not only takes a lot of energy, as it is naturally more relaxed to be centered, but it also prevents a person from being able to react to circumstances when needed. It is assumed, that a registration of change in one or more of these polarities may indicate a change in relation to quality of life experiences.

Using the model in relation to participant #3 her starting point in therapy was based on her experience of moving backwards avoiding life, feeling down and submissive and being more introvert and unfocused in living.

After the end of the art therapy group, this had changed in several ways.

Table 27. Behavioral change (Gray, 1996)

Direction	Before therapy	After therapy
<i>Forwards and backwards</i> Approach and avoid	Avoiding confrontation with others	She began to approach people more. When she felt that something was left in a communication, she was able to say it, instead of keeping it inside. That would indicate a change in her ability to regulate her relationships as well as balancing her introvert and extravert nature. This was not the case in relation to her husband, but to friends and colleagues
<i>Up and down</i> Dominance and submission	She felt down and submissive unable to make any decisions related to her life	Her more approaching behavior affected the dominant part of the up-down response, also confirmed by her new job situation
<i>Left and right</i> Focused and unfocused	She had a lack of focus in relation to her own needs and felt unable to care for her needs in relation to her intimate relationships	She became more focused on her own needs, and developed a better timing related to her response reaction. Her ability to keep a focus was experienced during the expressive process of painting, which for her was a very positive and free experience of flow without the influence from the inner father voice. Repeating this experience would support a shift in moving from the right hemisphere towards the left, which would facilitate more integration between the two hemispheres.

Test results

As part of the self-regulative level of the analysis, I was interested in development from a more overall approach to change. Since quality of life is based on subjective experiences of life, I wanted to use the test-results from Depression MDI and WHOQoL as a different indication of change.

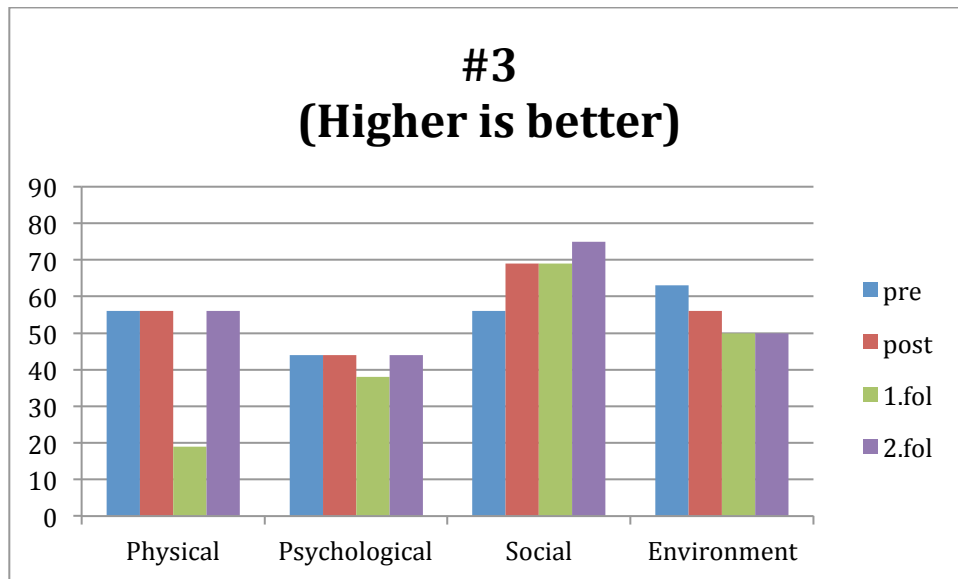


Fig 58. QoL test result for #3

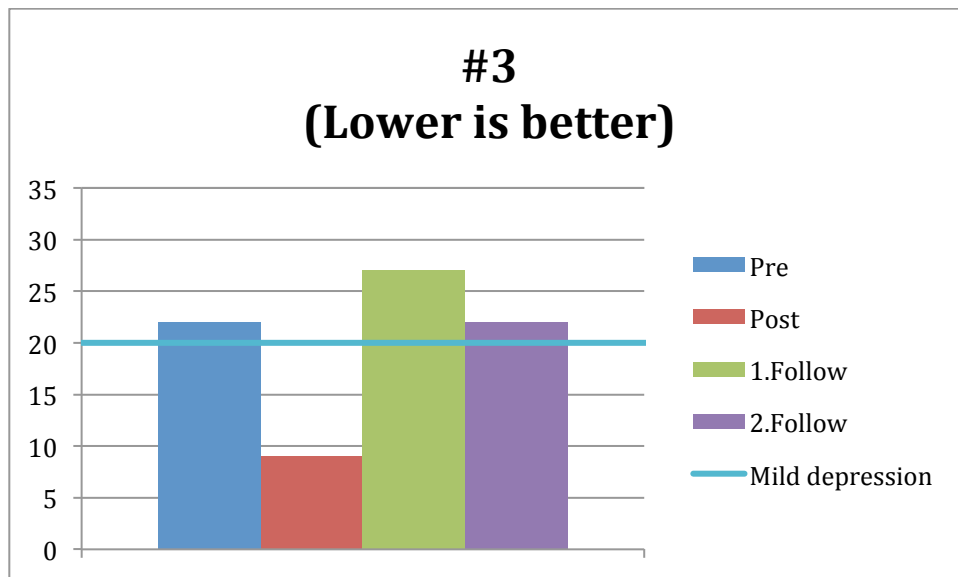


Fig 59. Depression MDI test result for #3

Comparing pre- and posttest in the MDI, her rating scale had dropped with 13 points to a sum of 9, which is below rating scale for mild depression (20-24). The only item, which increased in the post-test, is to question number 3; “have you felt that you needed energy and strength”, which can connect to her two new jobs she started at the time the art therapy group began. However this improvement in psychological health was supported by a similar change only in social quality of life and not in psychological quality of life as measured by the WHOQoL, which showed no pre-post change.

The difference from post- to follow-up-1, shows a change from 9 to 27, which is a difference of 19 scores moving her rating score into a moderate depression (25-29). This was clearly an indication of the crises she was now in, because her husband left.

Looking at the test results, it is important to discuss the concept of what a good life feels like. Because of the crises with her husband, her connection to emotions increased and her quality of life dropped according to the test. Part of this connection must be seen in relation to the culture we live in and the priorities we make regarding emotions and crises. From a spiritual approach she becomes more connected to her self through the emotions, as she then knows what she feels, which was a consciousness not available to her before and basically during the group process. From having a focus in the head, with lots of thoughts going in circles, her focus shifted to be more in the body, as compensation to the prior state of mind. The polarity between head and body, control and chaos, became more conscious, and therefore more tension was experienced which can explain the lowering in the tests results.

According to Jung the experience of a polarity is a transformative opportunity to make a lasting change, and from that perspective, #3 is closer to a change and to her self than she was before the crises. In a sense she experienced a second emotional awakening through the marital crises and at the first follow-up she was going through the egocide of losing her husband. The crises did not have any meaning for her at this point as she felt both sad and angry without knowing which way to go in the future.

When she came for the second follow-up 17 months after pre-test, she seemed to be much better and was still in personal therapy. It needs to be taken into consideration, that she started in medical treatment for depression after her husband left (and after the first follow-up), and that she was now in a process of letting go of the medicine.

Summary

In order to maintain the outcome of art therapeutic process, it is important to repeat the activities so that the neurological and emotional effect can become a grounded pattern in the archetypical response pattern system. This is something yet to be investigated. How much time would be enough for this new pattern to become what Heron categorizes as a basic pattern, where the risk for dominance by the old pattern would minimize. Hopefully future research in the primary response system behavior might be able to answer this question. What seems to be important is, that any change in the primary response system includes an activation of instinctive basic patterns of human behavior connected to the reptile brain, and this is where I find working with symbols to be important. Symbols are manifestations of archetypical content connected to the instincts and can therefore become an important tool in the attempt to change the human mind, brain and behavior.

6.4 Case 2

6.4.1 Presentation of participant #6

Participant #6 is a 59-year-old woman. She was an occupational therapist and when she started in the group she had just got a 1-year job doing administrative work. She was divorced from her husband after 26 years of marriage, and has 2 grown up sons. She had an abortion with her first child because her husband did not want the baby, and she never felt loved by him. She then developed breast cancer and lost her job. When she began in the group, she had just started in the new job, and her cancer treatment had finished.

Table 28. Title of artwork


Workshop Number	First image	Reverse image 1	Reverse image 2
W-1	Clay figure: Open sea shell with a pearl		
W-1	Fire wheel	The happy clown	
W-2	Ex-husband sitting on bed	Un-clear	Snail on its way
W-2	Family painting		
W-3	The challenge	The parrot	
W-3	The mermaid-girl		
W-4	Freedom		
W-5	Powerless fish	Dream house in the country side	The trial
W-6	Masculine and fem. clay figures: Ugly duckling and hurt man		
W-7	Need fulfillment	Mother and child	Beginning
W-8	Animals roleplaying		
W-9	Human sacrifice	After the rain	Ice age
W-11	Meeting in the middle age room	Longing out	The ambiguous water snake
W-12	Self-image: Mud and peace		

6.4.2 Therapeutic process

Egocide

Table 29. Egocide stage #6

Theme/ therapist's comments	Egocide
Self-understanding Comment: In her self-understanding she is more masculine than feminine, but to me she appear feminine, soft and motherly based on her interaction in the group and her care for the others in several situations	<p>Her understanding of her self became most clear through the use of the parrot image. She felt that she was not allowed to express her own voice based on early experiences in her family, where nobody listened and respected her, and also from work experiences where she lost her job because she said what she meant. She says, <i>"I have trained myself not to express my opinion...nothing good comes out of that"</i>. She also decided early in her life, that she gained more contact when she was angry than when she was sad. She knows the angry part better than the sad part inside and sees herself as an amazon. She also realizes, that <i>"what I need, is to connect with the feminine"</i>.</p>
Longing for change Comment: In the beginning of the process she was focused on the outer man as someone who would love her, and towards the end she would have more focus on her care for the child within herself	<div data-bbox="491 1081 809 1317" data-label="Image"> </div> <p>Fig 60. Self-presentation in clay</p> <p>In the self-presentation from the first workshop she introduced her self as an open shell with a pearl inside. She said, <i>"I have a shell... I am bended, I am beautiful, I am a container....I am vulnerable, I am alone and I need the top...I shine"</i></p> <p>The process starts with a longing to <i>"put a lid on something of what I have been through and then move on exploring life"</i>. For many years she wanted to be a hospital clown, but then she had a regular (office) job, <i>"but the thought is still there"</i>. She also has a romantic longing to get a man, and considers getting back with her ex-husband, but she thinks he cannot decide what he feels for her. This leaves her in an unclear position, where she feels powerless and caught in a pattern of loneliness. <i>"The relationships I have been involved in... I have felt rejected or not loved enough... "I would love to be in a love relationship... and a man who thinks I am lovely"</i>. This appears to be the main paradox in her motivation for change expressed in her longing and her expectations of not being loved.</p> <p>Her longing also relates to her inner life when she expresses her thoughts about <i>"taking better care of myself, or try to be more in</i></p>

	<p><i>myself, instead of losing my balance when she (her boss) walks by without greeting”.</i></p>
<p>Family</p> <p>Comment:</p> <p>The experience of losing her father’s love when she was 5 years old, became an important discovery for her in relation to her husband and other men in her life as she had always longed for their love but never felt she received it.</p>	<p>Family</p>  <p><i>Fig 61. Family portrait</i></p> <p>In the painting, she is the light green figure coming out of the picture. The blue figure behind is her father. The red figure represents her mother; the little figure her younger sister and the light blue is her older brother.</p> <p>Most important memory was the experience of a lost connection to her father, when she was 5 years old. She experienced that her younger sister “<i>took my father away</i>”. From that time she recalls a father who did not love her and a mother who was constantly looking for something that was wrong in order to maintain the image to the outside that “<i>nothing is wrong in our family</i>”.</p> <p>Her father had a high position in society. A nice man, “<i>a ladies friend</i>” and musically gifted. At home he was in control of the family, and #6 felt “<i>powerless from not being listened to and respected</i>”.</p> <p>She reacted with “<i>yelling and screaming</i>”, and “<i>did not feel as part of the family</i>”. She left home when she was 17 years old with the inner experience of “<i>not being seen</i>”.</p>
<p>Resistance towards change</p> <p>Negative expectations were based on early experiences of not being loved by her father</p>	<p>Part of her resistance comes from her negative expectations of not being loved together with her laziness towards actually doing anything. “<i>As long as I don’t do anything nothing happens, and then I think, that it should not be right now...because I am too lazy to do anything about it.</i>”</p>

Summary of the egocide stage

As a summary of the egocide stage her psychological loss was that of a deprecatory father voice telling her that she is not lovely as she is. To maintain this negative father inside, she has created the fantasy of the ideal future preventing her from a confrontation with the inner father as a self-ignoring part.

The therapeutic process on the emotional level was centered on her awareness of the inner sad child, and the empathy she felt towards the child.

Initiation

Table 30. Initiation stage #6

Theme/ therapist's comment	Initiation
<p>Inner voices Comment: She says, that she talks ugly when she is sad, and then she is slapped in the face by her mother. This pattern might explain the self-understanding as an amazon who pretends to be strong by talking ugly, but who is really sad inside. She reaches behind the surface identifying the shadow as the sad inner girl.</p>	<p>Shadow: The inner process of initiation starts with the confrontation with the shadow part, which dares to speak up, opposite to the conscious ego, which is holding back true opinions. She knows this honest part of herself from her childhood, and decided not to use it when she got older, as it had <i>"consequences, which were beyond imagination"</i>. She was confronted with the inner sad child hidden behind the angry Amazon, and the most important inner voice became that of the sad and lonely child.</p> <p>The dialogue with the mermaid girl goes: #6: <i>"Who are you?"</i> M: <i>"I have run away from home".</i> #6: <i>"Are you sad?"</i> M: <i>"No, but I can be".</i> #6: <i>"Why did you leave home?"</i> M: <i>"My mother says, that I don't behave well, talking ugly."</i> #6: <i>"Do you?"</i> M: <i>"Little, some times."</i> #6: <i>"Why do you talk ugly?"</i> M: <i>"Because I get sad"</i> #6: <i>"What happens when you talk ugly?"</i> M: <i>"I am slapped in my face."</i> #6: <i>"Who is comforting you when you are sad?"</i> M: <i>"No one."</i></p> <p>In the following dialogue, she says, that the girl dares to speak up and say what she really feels, but that it has consequences. She says that she <i>"feels sorry for her"</i> and would like to take care of her.</p>
<p>Comment: The inner woman feels ugly and rejected by the man. This corresponds with her relationship to her father, whom she also felt rejected her when her little sister</p>	

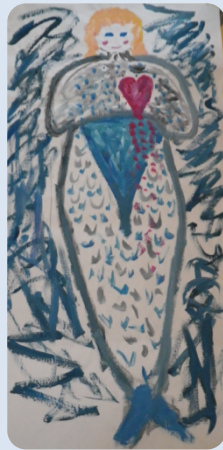


Fig 62. Shadow painting

was born. I wonder whether her father's withdrawal was understood by her as if she was not loveable enough to keep his attention and adoration. This conclusion and self-blame in not being beautiful enough would also maintain her good relationship with her sister by not blaming her for taking her father from her



Fig 63. Anima and Animus in clay

Anima and Animus:

She describes the (smallest) female figure as “very very ugly”, and the man as “very rejective and unapproachable.” In the active imagination the dialogue goes as follows:

#6: “Why are you here today.”

Woman: “We both find life

difficult.”

#6 asks the man: “Do you see it in the same way?”

Man: “I am here because she wants me to be.”

#6: “You sound rejective?”

Man: “That is because I have to defend myself.”

#6: “Towards what?”

Man: “Towards injustice.”

#6: “How do you think it affects your wife?”

Man: “I don’t know.”

Woman: “It scares me and we drift apart.”

#6: “What does it take for you to come closer to each other?”

Woman: “We can accept and appreciate each others values and needs.”

Man: “That is difficult when we are so different from the start.”

#6 to the man: “Are there advantages being you?”

Woman: “That is difficult to see.”

Man: “It hurts less to be wounded.”

Comment:

Exploring this painting gives her a sense of what it feels like to be centered in her self.

Self:

This painting from workshop 12 had the directive:

To do a free painting using both the masculine and feminine in the painting process.

#6 says, “I started with the yellow, which I find very feminine... the black is the masculine... I like it very much (the painting), but I prefer the bottom part ... the top part is too muddy”.

Therapist asks: “If the painting is representing you, which part of your self do you know best, the muddy part in the top, or the less muddy part in the bottom?”

#6: “Well then I think I am mostly in the top part.”

She then relates the bottom part to the peaceful place within herself, where there is no stress.

Therapist asks her if she knows about this place inside and she says:

“But that is feeling satisfied about who I am and finding peace

Comment:

This experience is very different from her longing for someone else to fulfill her and expresses her feeling of ego-self connection.

within instead of trying to be all possible places.”

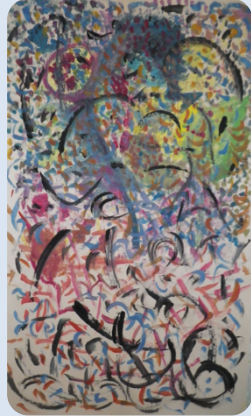


Fig 64. Painting of self

Therapist asks her to image stepping into this space creating the peace inside, and she says, *“It is actual a great necessity... Yes, I actually think it is awesome now and then”.*

Relationship to inner voices

Comment: In the dream she needs permission to keep her child which I think related to her trauma of not getting the “permission” from her husband when she got pregnant the first time and had an abortion. The dream can be a compensation and a healing of this experience 26 years ago. The reverse drawing points towards the joy of this integration.



Fig 65. Dream image: Mother and child

As her connection to the sad girl developed, her positive inner mother also developed and wanted to take care of the mermaid-girl. Therefore the strongest relationship to an inner voice became the relationship between the inner mother and daughter, which opened in workshop

7.



Fig 66. Reverse 1: Mother and daughter in joy

She dreamt; “I was going to have a child. A girl. But first I had to fill out some papers explaining why I wanted to have the child. Then I get the child, but I forget when and how she will eat, and the child is app. 6 month old. I put her to my breast to feed her and she sucks”.

This relationship made it possible for her to change her focus from the romantic dream of an external man, to a nourishment of the inner child.

Symbolism

Comment: In this dream the girl is sacrificed as a ritual connected to the two dead Indians. The egocide becomes the sacrifice of the girlish



dream about getting the father's love one day in the future. She needs to let go of the phantasy as a ritual connected to change.

From the Demeter myth, Persephone is abducted by Hades and taken to the underworld as his bride. The abduction happened on a day, when her mother Demeter was absent, and Persephone fell in love with the beautiful flower. This myth is about initiation of the feminine.

Fig 67. Dream image: Girl being sacrificed

One of the most archetypical dreams was from workshop 9. "I was in the movie and saw a film about two Inca Indians who had died and were going to be buried. And suddenly I see two men carrying a girl 4-5 years of age, whom they throw into a very deep hole. In the dream I wonder what memory you have before reaching the bottom."

She says that the Inca Indians had a high intelligence, and that they were destroyed by Spain.



Fig 68. Reverse 1: Beautiful flower

him in the family who was unable to create a family".

The reverse drawing she has named "After the rain". She describes the flower as beautiful, but *"it does not have the right colors"*.

Her association to the girl recalls her memory of having lost her father when her sister was born and her experience of being sacrificed for her sister. She also says, that instead of thinking that it was her sister who took her father; *"being stupid and spoiled"* she now feels *"that it was*

Summary of the initiation stage

During the initiation stage she was confronted with (1) the inner child who felt sad and lonely, but also with (2) the inner archetypical mother who was able to nourish the child. The process of letting go of the romantic fantasy, that an external partner would fulfill her need for a close relationship, was a process of emotional chaos reinforced by her job situation, where she felt manipulated by her boss.

Return stage

Table 31. Return stage #6

Theme/ therapist's comment	Return
Symbolic consciousness Comment: For #6 it was easy to relate symbols to her personal life. It was as if the symbols gave her the opportunity to express thoughts and feelings, which she might have held back or not discovered, if the dialogue had been based on words alone.	<p>Some examples of how she associated symbols with existential life:</p> <ol style="list-style-type: none"> 1. Sea shell: "I am beautiful", "I am a container", "I am vulnerable", "I am alone", "I need the top", "I shine". 2. Happy clown: "I like children" 3. Ugly duckling: "I don't love myself", "I am not loveable" 4. Giving birth to a child: "To take care of my own needs" 5. Sacrificed child: "Part of me that was rejected by my father when I was 5 years old" 6. Powerless fish: "I feel lonely and isolated" 7. The water snake: "I hold back my true opinions"
New self-understanding Comment: This might be the result of the new relationship between the inner mother and child.	<p>In her self-evaluation scheme she says, that one of the outcomes from the therapy is, that she has become better letting other people know her needs. What seems to have changed, is her "old" decision to hold back her true feelings not letting other people know what is going on inside her.</p> <p>During the art therapy process several images indicate a new self-understanding related to her ability to give the inner child nourishment. The image from workshop 1, of the hospital clown being the good mother for children in pain, was the first good mother symbol that appeared. Then followed the memory of being abandoned by the father and the connection with the sad girl using the inner mother to feel sorry for the girl. From the dream of giving birth and breastfeeding the child in workshop 7, to finally supporting children who need foster care in workshop 11. As I see it, more understanding of the inner good mother replaced some of the child's longing for a man (father) to give her the nourishment she did not get as a child. In the self-evaluation schema after the therapy she says that it has been an important outcome, that she understands her father's role in relation to her self-confidence and self-worth related to partners.</p>

	<p>In the transition from symbol to personal understanding #6 often started with a projection of the qualities related to the symbol on to someone else, and only later in the dialogue was she able to see those aspects as something within her own psyche. For example the ambiguous water snake she spontaneously related to her boss, because she experienced her talking with two tongues meaning that she did not trust what she said. Only this theme was also her own problem holding back her true feelings because she feared the consequences. The same was the case with her projections on men, whom she felt did not love her, only to realize, that she did not love her self.</p>
<p>Social identity Comment: She makes a parallel between her ability to take care of her own needs, and to be with people who are good for her. This shows a connection between the psychological development and a change in social identity.</p>	<p>In the first workshop she made the hospital clown in a reverse drawing and said that she had always dreamt of becoming a clown who would help children in hospitals. She was afraid to leave her job because of economy and did not take initiative to make her dream come true during her participation in the group.</p> <p>To the question of what has been most important for her during the process, she says, <i>"It has to do with living according to what I want, and to meet people who are good for me, and not trying to adapt, where there is no potential."</i></p>

Summary of the return stage

Through the expressive process of painting and drumming she experienced different aspects of the feminine which was new to her and which were connected to a more mature (motherly) quality in the feminine archetype. This development changed her approach to the inner sad girl and gave her the ability to reconnect to another part of her deeper self, which she recognized as the inner peaceful place.

Looking at the dream themes during the overall process, they have the following themes:

Table 32. Dream themes #6

Dream	Dream theme
W.2: Ex-husband in bedroom. Vomit all around	Relationship to ex-husband
W.3: Something has happened. Birthday. Ballet dancing. No high jumping	To say NO to authority
W.5: Rejected by woman in treatment	Loneliness
W.7: Gives birth to a girl. Need	To allow self-nourishment

permission	
W.9: 2 Dead Inca Indians. Child is sacrificed	Change of pattern through ritual
W.11: Meeting to arrange foster care for children	Good mother identity

From workshop 2, the emotional awakening was related to the ex-husband vomiting in the bedroom. Memories related to the ex-husband and the rejection she had experienced during their 26-years of marriage came up several times in the process, together with her father's rejection of her when she was 5 years old. The emotional awakening was activated by her memory of the abortion at the beginning of her marriage, because her husband did not want the child.

From workshop 3-5 a period with loneliness and confusion followed ending with the dream of giving birth to a girl.

In workshop 9 there was a ritual of something that had died (two Indians) and the sacrifice of the child. Connected to the ending of the overall process, her sacrifice was that of the childish attitude towards men replaced by more responsibility for mothering her own inner child. The return phase became identical with a strengthening of her inner mother. This can also be seen in her last dream from workshop 11, where she helps children in need, to find new homes.

6.4.3 Self-regulation and therapeutic change

An important factor is, that self-regularity indicates an instinctive attempt to balance the psyche towards more wholeness. Such regularity is beyond the control of both participant and therapist as the data as a whole only makes sense after the termination of the therapy process related to self-regulation. It also means, that directives given during art therapy intervention must be suggestive and open for the client's free interpretation of the task in order for the self to be able to regulate an unbalanced state of mind for the individual.

Based on Gray's model (1996) regulations in #6's primary response system can be described as follows:

Table 33. Primary response system #6

Direction	Before therapy	After therapy
<i>Forwards and backwards</i> Approach and avoid	Avoids confrontations in relationships in fear of being rejected and of "consequences beyond imagination"	"I say what I want according to my needs" "I take the positive experiences and tries to overcome the negative ones with as little guilt as possible"
<i>Up and down</i> Dominance and submission	Has felt dominated by her partner and is still (after 26 years) waiting for <i>him</i> to decide the quality of their	"I have become more satisfied with how things are" "I say what I want according to my needs"

	relationship. Feel dominated and manipulated by her boss.	
<i>Left and right</i> Focused and unfocused	Unaware of the inner voices from her background, which influences her emotional situation.	“I have become more conscious on the role my father had in relation to my self- confidence and self worth and what it has meant in relation to partners”

The tendency towards self-regularity has become more approaching, more dominant (less submissive) and more focused on her inner needs.

Test results

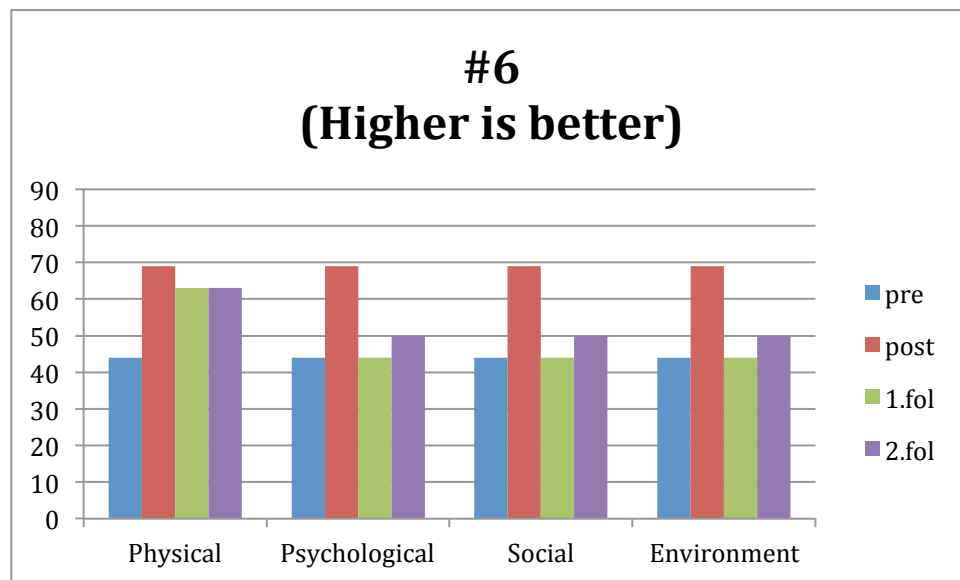


Fig 69. QoL test result for #6

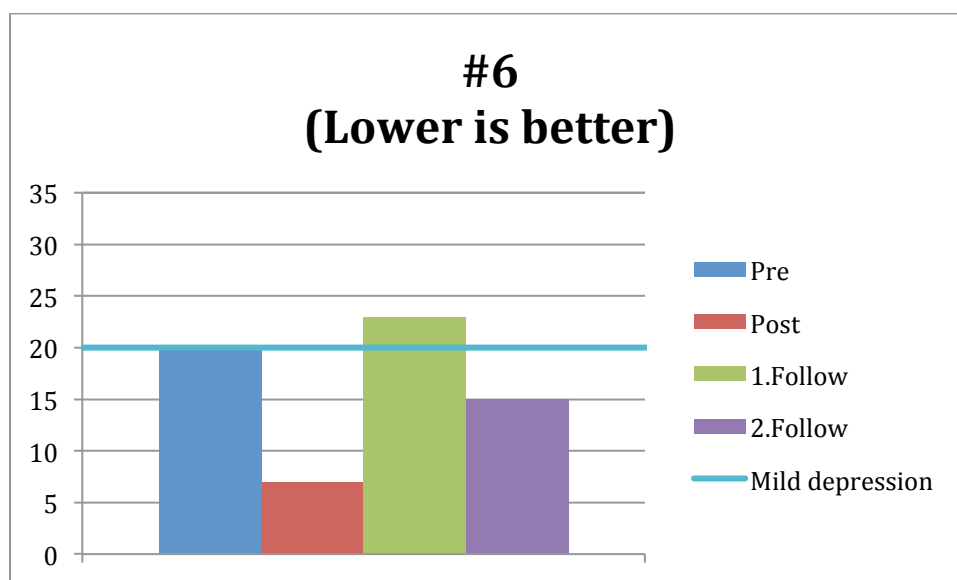


Fig 70. Depression MDI test result.

The improvements from pre to post-test in both test results validate the results from the qualitative analysis. The biggest improvement is in the social relationship domain with a variance from 31 to 69. Also the physical and psychological domain increased both from 44 to 69, while the environment domain increased from 56 to 63.

The pre-post decrease in self-reported depression was not sustained at the time of follow-up.

The drop from post- to follow-up-1, was biggest in the domain of social relationships, from 69 in post-test to 31 in follow-up-1. This can be explained by her comments in the first follow-up evaluation, where she says that she finds it difficult to retire from work *and* become 60 years old. She would have liked to stay one more year in her job, but was told that she could not.

In the psychological domain, she dropped from 69 and back to 44, which was the same as in the pre-test. In the physical domain she dropped from 69 to 63 in the first follow-up.

Overall there was a big improvement in the pre-post-test, but a return to baseline levels by the time of the first follow-up.

The only change from pre-test to follow-up 1 was the physical domain. The other three domains did not change from pre to follow-up 1.

This can be due to several things:

- The major drop in the social relationship domain from post to follow-up 1 influence the other domains. She had mentioned how her relationship to her boss at work had moved in the wrong direction leaving her in an avoiding and submissive behavior. The group finished, before she knew that she could not stay in her job as she was promised. Compared to her evaluative remark from the post-test, *“I struggle with the thought of being 60 and finish working at the same time”*, it would seem that her work situation had a certain impact on her overall experience of life quality.

- Part of her low quality of life might be related to the cancer and her experience of her body after treatment. Especially related to her passivity regarding looking for a new partner, which seemed to be a core issue at the beginning of therapy. Though we did not discuss her illness (except in workshop 5 with the image of the breast), and how the treatment has affected her life, it would be natural to assume some impact from this life changing experience. The drop in the physical domain as the only drop from pre to first follow-up could indicate some concern regarding her cancer situation. In her evaluation she mentions that she is going to start in a group with healing for cancer patients in recovery.

An important part of the process became the shift in focus from a longing for an outer man to a longing for the inner child and the development of the lost feminine. This was also facilitating a connection to the myth and potential of initiation from the archetypical psyche. This process was not completed in the group, but was more in a beginning stage. Her drop in the test results from post to first follow-up, compared with the increase from pre to post-test, indicates that she would have benefitted from a longer group process where new discoveries gained could have become basic patterns of behavior.

From first to second follow-up there was an improvement in both tests. She was getting closer to her 60th birthday, and seemed less worried about the future.

6.4.4 Summary

Her experiences related to the family background with a critical mother and a father, who abandoned her when she was 5, disturbed her natural unfolding of self. To survive she developed a defense mechanism where she lost contact with the inner sadness related to her loss and developed a pattern of behavior based on a “false” self, which she described as an Amazon indicating its masculine quality. Somehow the development of her feminine side was left behind, and therefore she associated femininity with softness and vulnerability and not power and assertiveness. Her conscious longing towards the feminine was also a longing towards the self and a wish to dis-identify with the masculine, which had protected her from the loss of her fathers love. The developmental issue was related to the importance around the age of 5, which is a time where a girl stabilizes her gender identity and through her fathers love comes to love and appreciate her self as a woman. During this important period she experienced a double loss, because she did not wish to use her mother as a role model for her feminine identity, reinforced by her experience of father not loving mother (but little sister). This means, that the exploration of femininity and the process of finding new role models for developing the feminine becomes an important developmental issue for her. Through the expressive process of painting and drumming she experienced different new aspects of the feminine, which were connected to a more mature (motherly) quality in the feminine archetype. This development changed her approach to the inner sad girl and gave her the ability to reconnect to her self.

In the case of #6 the function of projection became an important psychological function as a changing factor during the therapy. Due to the fact, that she had a longing for someone from the outside (a man) to solve her problem of isolation and loneliness, she felt stuck in a pattern

leading towards depression. When she experienced a bodily felt sympathy with the inner child this responsibility factor was redrawn and she was capable of nourishing her own inner child.

To sum up the therapy process for participant #6, the following can be said:

- The ego-self connection became stronger as the images from both dreams and artwork were guiding her throughout the therapy. Her ability to connect personally with the symbols that appeared in the artwork, created the link to ego-consciousness, and a better balance between left and right hemisphere was then established.
- Her early experience of being sacrificed by her father activated an archetypical theme, which also connects to a potential of initiation. Her self-caring new consciousness can bring this process further in future development.
- Changing a negative self-worth into a more positive one is not an intellectual process alone. And for #6 the painting experience activated new and more positive images especially of the feminine part of her self.

Some of her comments in the evaluation were:

- *I have become more conscious about the role my father has had in relation to my self-confidence and self-worth and what that has meant in relation to partnership*
- *I have come to accept things more, as they are*
- *I say yes and no in relation to my needs*
- *I take the positive experiences and try to overcome the negative with as little guilt as possible*
- *I struggle with the thought of being 60 and finish working at the same time*

6.5 Case 3

6.5.1 Presentation of participant #4

Participant #4 is a 63-year-old woman. She is educated as a pedagogue, but has been a housewife since her two daughters were born. They have both moved from home. She is a number 3 out of 4 children, and her little sister was ill from birth and needed a lot of attention from her mother. She grew up to be polite and easy as a child in a very religious home. She did not know her father very well, and felt that her mother did the best she could. When she started in the group her husband for 36 years had just left her for a young Muslim woman with a child. He had bought a new house and had moved out. After a few months he changed his mind and moved back home again. She feels confused and doesn't know what to do.

Table 34. Titles of artwork and reverse drawings

Workshop Number	First image	Reverse image 1	Reverse image 2	Reverse image 3
W-1	Clay figure: Angry and afraid person who needs help			
W-1	Stomach feeling	Also stomach feeling		
W-2	Canon queue	Moving beds		
W-2	Family painting			
W-3	Invasion of many people	Me and my daughter with her Corona chair	Chicken dancing with a node holder feeling happy	
W-3	Shadow painting: Figure feeling guilty, angry, sad, indecisive and on guard			
W-4	Shadow painting: Figure with emotional stand-by parts. Dancing happy figures			
W-5	Drunk woman Red dress	Something in between the masculine and feminine	A church and a child	
W-6	The woman as a knot and the man as a standing turtle			
W-7	Princess Mary and her children	Figure	Kicking ass	
W-8	Roleplaying			
W-9	Standing by the ocean beside the	Masculine and feminine	Thoughts going in circles	

	woman with a pram			
W-11	Trauma room	Dependency/ symbioses	a) Feelings in flow inside b) Feelings in flow, worry, jealousy	Forwards, power
W-12	Self-image: Masculine (champagne) and feminine (going in circles)			

6.5.2 Therapeutic process

Egocide stage

Table 35. Egocide stage for #4

Theme/ therapist's comments	Egocide
<p>Self-understanding Comment: Her motivation to start in the therapy group is caused by a life crisis when her husband leaves. First she is afraid of being alone as she feels, that she has lost her personality in her husband's needs during their 36 years of being together. Secondly she is very hurt and angry by his moving and cannot make any choices that feels right to her from this emotional situation</p>	<div data-bbox="507 981 810 1205" data-label="Image"> </div> <p>Fig 71. Self-representation in clay</p> <p>In the first workshop she presented herself as <i>afraid</i> and <i>really angry</i>. Her ego position at the beginning of the therapy is that of chaos, anger and anxiety. She says, that the clay figure expresses hope, as she sees the raised arm saying, "Yes".</p> <p>For 36 years she has been focused on her husband, his career and needs, and she is very unfamiliar with caring for herself. She gets anxious living alone as she is not used to see herself as one. As she says, "<i>I need to find my own personality... To be in myself, be strong in myself and permit myself to be me.</i>" What she needs to sacrifice, as her egocide is the experience of herself as dependent and as someone who is afraid of being alone.</p> <p>In workshop 9 she is confronted with the inner masculine criminals and recognizes the fear in the dream as her fear of living alone. "<i>I have no job... I am now outside my own bubble, which held me before when I was just functioning inside the bubble.</i>" Her husband's leaving and coming back has broken her feeling of safety. She also mentions a pain she feels about leaving something behind. "<i>Something, which used to be there</i>" and not knowing where to go.</p>
<p>Longing for change Comment:</p>	<p>Her longing for change has been present through out the therapy meetings from the first self-representation and the arm saying,</p>

Notice the way she becomes surer of the meaning gained from the image during the process of putting words to what she sees in the drawing.

Comment:

An important part of her longing has been to be able to use her masculine side more in order to create a new life for herself. The masculine part has been projected on to her husband, and she is left with *“thoughts going in circles”* in her head.

“Yes”.

The anger she expresses also contains a longing for change when



Fig 72. Reverse 1: Circle of life

in. Yes, that is what I think it is.”

for example she says, *“Now is enough”*. The circle from the reverse drawing in workshop 1 she associates to *“There are some sadness and anger... a sharp feeling... maybe it is also a new rhythm of life... A new way of living – new life... It is a new circle to be*

Family

Comment:

However she does break with some of the family moral in her reaction to her husband, by expressing her anger towards him, which was not allowed during childhood.

Comment:

Because of the marital crises, emotions are activated inside her together with the guilt of expressing them, and she feels angry, scared and helpless when she starts in the group.



Fig 73. Family painting

In the family drawing she is represented as the small figure in the bottom part of the painting. Her ill sister lying in the red bed next to her. God’s eye is watching them all.

A strong religious upbringing has given her a set of moral values,

which she has not consciously confronted in her adult life. She learnt early in her life, that attention was limited partly because of a sister who was brain damaged from when she herself was born. She did not break away from her family because it *“is a good family”*. She hardly knew her father and speaks only positive about her family. During the therapeutic process her anger towards her husband’s betrayal takes most attention.

The inner religious voice has been telling her through out her life, that she should hold back her emotions.

Resistance towards change

Part of her resistance towards change is based on the fact, that she did not experience a need to change from the inside, but as a

<p>Comment:</p> <p>This is an example of motivation to change coming from life crises caused by others.</p>	<p>reaction to her husband`s leave. Her dependency on her husband and her fear of being alone was her reason not to leave him after he moved back home.</p>
---	---

Summary of egocide stage

As a summary of the egocide stage her sacrifice of the well-adapted child/woman in her, had already happened a few months before the group started, when her husband told her about his affair. The activation coming from an existential crises, forced her to change parts of herself if she should be able to live alone. She would have to let go of her dependency pattern and the inner voices telling her to behave and adapt, and instead develop her shadow part, which was more independent.

Initiation stage

Table 36. Initiation stage for #4

Theme	Initiation
<p>Inner voices</p> <p>Comment:</p> <p>When she says that she does not like the painting, she is also saying that she does not like the part of her who is sweet on the outside and angry inside.</p>	<p>The most dominant inner voice is telling her, not to trust her self as much as an outer authority, and to adapt and be nice. This is how she has lived with her husband for 36 years, until he suddenly declares, that he wants a different life and leaves. She mentions her stomach feeling, as some inner voice she has not been listening to for many years connected to herself and not to someone else. She also talks about an absent voice that forgot to tell her that she is ok.</p> <p>Shadow:</p> <p>#4 says, that she does not like the painting.</p> <p>The dialogue with the shadow (S) figure goes as follows:</p> <p>#4: <i>“Why do you always feel guilty?”</i></p> <p>S: <i>”That is because I never do anything good enough. It is difficult”</i></p> <p>#4: <i>“Why are you so angry?”</i></p>



Fig 74. Shadow painting

permission to be who she is.

She recognizes the Shadow as the part of her which adapted to the outside by becoming sweet and kind, and who feels angry inside because she was not praised.

Comment:

This dialogue became an important turning point in her understanding of how to deal with her emotions by putting them on a stand by, while she focuses on developing her resources.

It also became an important discovery related to a more progressive approach in therapy instead of a regressive. This is not the same as emotional repression, but merely a question of where to go first. The guiding figures in the back relate to her inner self and she does not have access to that part at this time in therapy and relates them to the “stand by parts”.

S: “That is because I am never praised.”

#4: “Why are you so sad?”

S: “That is because it can be so difficult to be happy.”

#4: “Why can you never make up your mind?”

S: “That is because I never trust my decisions.”

#4: “Why are you always on your guard?”

S: “Then I don’t need to take responsibility to do dangerous things.”

Therapist asks how the shadow feels, and #4 says, *“She is kicking the earth to get*

The next time she is invited to *paint* as the shadow and she then makes the following painting.

About the painting she describes the figure in front as a woman who *“makes her hair high”*, meaning that she is active and up early to get things done. Behind the front figure all her emotions *“which drives her crazy”* is placed.



Fig 75. Painting as the shadow: Anger

Therapist asks if the front woman knows about all the emotions behind her. And #4 says, *“Yes she is aware of them. Completely aware...she needs to be in herself to get her strength... because that is what matters”*.

Participant #4 is surprised about the message from the painting, and understands that her emotions needs to be on a stand-by while she gets her power back. The white figures in top of the

painting are dancing figures that can help the front person to decide how to act. They belong to the “stand-by” part.

Another important shadow figure appeared in a dream:

Comment:

Princess Mary appears as a cultural image of self-worth and dignity, and her experience of her good relation to her in the dream is compensatory to her present low self-esteem.

Comment:

The ass-kicking figure is also compensatory to the conscious ego, which is afraid of being alone. She came to represent the part of her who has the resources to deal actively with life.

Comment:

The feminine part is submissive to the masculine part keeping her emotions inside.



Fig 76. Princess Mary and me

Crown Princess Mary, her children and me are in a waiting room. I help her to take care of the children. There is a good and cozy atmosphere. She describes Princess Mary as “a person with a high rank”.



Fig 77. Reverse 1: Kicking ass

The reverse drawing she named “Kicking ass”, associating to Princess Mary, who is “not afraid of anything.”

Anima and Animus:

The clay figure to the right represents the feminine part and is an image of a knot, where the masculine part is a standing turtle.



Fig 78. Anima and Animus in clay

Therapist asks what emotion she (the knot) experiences inside first, when she takes one emotion at a time.

“It is sadness... something about change... she needs to say goodbye to the life she has had through many years... It can change from one extreme

to another. Now there is a hope that she might not say good bye and that she can go on with her life. And then at other times she realizes, that it does not work. She can not be a knot for the rest of her life.”

She says that she is afraid to loose the safety she has in her life as a knot.

The masculine voice does not listen to how she feels, but pushes her to move on without noticing her inner knots. She experiences this voice as someone who does not *allow* her to share her feelings. *“But yes, she (the knot figure) has tried again and again to tell... It is closed, she is not permitted... She cannot – feelings – completely impossible.”* And later she says, *“You are not good enough. She really gets a lot of scolding. He has been bad towards her. Very bad.”*

	<p>Self</p> <p>In workshop 4, she discovers some dancers who can advise her but they are on stand-by and she does not at this point in therapy have access to these guiding voices from the self, only she knows they are there. Another image of voices from the self is connected to the angels and her trust in the angels' voice telling her to "<i>love her self</i>" more.</p>
<p>Relationship to inner voices</p>	<p>In the beginning she avoided the inner aggressive and sad shadow part. In workshop 4 she accepted this emotional part of her, as someone on stand-by, knowing that she would get back to these parts when she has developed more strength.</p> <p>Therapist asks how she (the conscious ego) can support the shadow part in her emotional release, and she says "<i>by saying that it is ok. You don't need to be scared. We are all scared somehow... Maybe she should go away on a high school... Yes go on a high school. Go away for a while. To some other place.</i>"</p> <p>She has a conscious relationship with two opposite voices. One is related to God, who is watching her behavior, and the other is connected to her own self, trying to make her love herself more.</p>
<p>Symbolism</p> <p>Comment:</p> <p>This shows the importance of time in relation to personal change. It does take time to change the identity after many years of living in the same pattern of thinking and feeling. This participant had an intuitive understanding of this, which gave her some patience throughout the process.</p>	<p>In most of her dreams she is helping someone, or attempting to do so. At the same time she creates a distance to the overwhelming emotions while she develops her more spiritual and motherly side during the therapy. This change of focus helped her to gain more control of her emotions and to begin seeing herself as a more confident and independent woman.</p> <p>What also became important was the symbolism in the reverse drawings. Symbols like "happy chicken dancing", "church and child", "ass-kicker", and "power". The reverse drawings focuses on the potential, which she said was needed in order to become more independent. They all seem to have a more spiritual character, while the dream symbols are more confronting on an emotional level.</p> <div data-bbox="604 1655 933 1881" data-label="Image"> </div> <p>Fig 79. Dream image: Traumatized</p> <p>An example of this appeared in the following dream: <i>A group of people who are deeply traumatized are lying side by side. One person tries to get them out. A bad smell is in the room.</i></p>

Comment:

Here she again moves progressively forward instead of regressively backward.



Fig 80. Reverse 4: Forward, power

which moves forward “*something positive*”.

Therapist asks, if there is something in the drawing, which is new or unfamiliar to her, and she says that it is new that “*the person can look forward instead of looking back... I have actually just bought a trip to Iceland.*”

As a last reverse drawing she made the following:

She explains, that the blue figure is a person who has been on a slide (the black part), which turned over, like a carpet being taken away underneath you. The orange part is a light source,

Summary of initiation stage

During the initiation phase a connection to the archetypical part of the psyche was made. For this participant who felt overwhelmed by emotions due to her marital crises, the symbols gave her a bridge to the future and a more progressive approach in her development. This change of direction also connected her to a spiritual side, from which she could receive guidance and make choices based on her inner needs.

Return stage

Table 37. Return stage for #4

Theme	Return
Symbolic consciousness Comment: Here symbols represent states of consciousness and she says, “ <i>it is easier to express what is happening inside</i> ” (through symbols). There were other symbols, which were more related to the (unconscious) self, and which (from a Jungian methodology) should not become identical with the ego. For example the dancing figures in the	In the return stage the inner development begins to manifest in the outer reality. Her understanding of symbols can be seen in the following: Figure in clay: “ <i>I am sad</i> ” “ <i>I am afraid</i> ” “ <i>I am angry</i> ” “ <i>I need help</i> ” “ <i>I have hope</i> ” Shadow: “ <i>I am guilty</i> ” “ <i>I am angry</i> ” “ <i>I am sad</i> ” “ <i>I am indecisive</i> ” “ <i>I am on guard</i> ” Princess Mary: “ <i>I can kick ass</i> ”

painting from workshop
4. If such symbols are reduced to ego states of mind, she cannot be guided by them when she needs to, because they have become one with ego consciousness. In this therapeutic method I do not invite to such identifications but to a dialogue between the ego and the symbol.

A church and a child:
"I am spiritual"
The ocean:
"Overwhelming emotions"

New self-understanding

Comment:

To me this indicates an integration of some of those qualities, which was projected on to her husband for 36 years.

Participant #4 found more strength within herself as she says in the evaluation schema. She says, *"I have become aware of my own power... question whether I am doing the right thing... become certain, that it is only me who can make decisions - nobody else does it... try to find jobs outside my home.* She also writes, that she *"have felt depressed after the group had finished, as I get the feeling that my life is about to change (separation from my husband).*

Though her *symbolic* process confirms her conscious experience of becoming stronger, her emotional home situation is still not resolved. She needs more time.

Another new discovery came in the last session (12), as she realized that it was the woman in the painting that needed to overstep her own borders, (she was going in circles) instead of the man invading her space. She could also see, that she would need some of the qualities from his champagne in order to do so.

Social identity

Comment:

Part of her new social identity was that she became more active outside her home, doing things on her own.

She describes her dependency and symbiotic relationship with her husband, who is a medical doctor, as a dependency based on economy and social status. When she tried to live alone for a few months, she became anxious and moved back, and realized that she did not have enough strength in her own identity. She said, *"I can not find out who I am. I feel caught in my self somehow. In the new role of living alone, I feel like a woman of no use."* Leaving her husband and their home meant leaving what she knew to be her self. She therefore made a conscious decision to stay with him until she felt stronger in her own self. Part of her new identity was getting a job in a kindergarten, which she did during the end of the group process. Another new activity was, that she began to enjoy

travelling and to do other things (like bicycling) on her own.

Summary of return stage

Participant #4 was still struggling to find her independency when the group finished. She had not yet left her husband, though she wanted to, which indicates to me, that it might have been supportive if the group had continued longer for her to reach her goal of independency. As she mentions in her evaluation schemas more individual therapy might have supplemented her process in a good way and as a support after the group had ended.

Dreams as a mirror for therapeutic change

Symbolism from the dreams as comments from the unconscious, are as follows:

Table 38. Dream themes for #4

Dream	Dream theme
W.2: Canon queue. Supporting the fall	Expression and motherly care
W.4: Invasion by many people	Borders
W.5: Drunk woman, Red dress	Feminine identity
W.7: Princess Mary and her children	Self worth
W.9: Ocean, criminal men, woman with pram	Confrontation with the unconscious
W.11: Trauma room	Confronting traumatized parts

In most of her dreams, her ego consciousness acted as a helper. She was supporting someone else, like her own children, Princess Mary's children, traumatized children, the drunk woman. From her unconscious there was a focus on her ego-identity as a mother or helper opposite to the emotional chaos in her daily consciousness. In the therapeutic process she developed a more motherly and self-caring attitude by creating a distance to the emotional side (the stand by part), and a development of her inner power. Her egocide during the group process became a sacrifice of her motherly identity where she had cared for others (husband and children), and now needed to learn how to be independent and alone. Her biggest challenge during the 6 months was to accept her emotional inner turmoil, her sadness and anger related to her husband.

6.5.3 Self-regulation and therapeutic change

Looking at self-regulative changes I used Gray's model (1996) for the 3 primary response systems in relation to before and after therapy.

Table 39. Primary response model related to #4

Direction	Before therapy	After therapy
<i>Forwards and backwards</i> Approach and avoid	Avoids using her power. Avoids expressing her true emotions of anger, fear, anxiety and guilt.	<i>“Clarify my inner strength”</i> <i>“Question my own decisions”</i> <i>“I feel I need to change my life (to get separated)”</i>
<i>Up and down</i> Dominance and submission	Has felt dominated by her husband for 32 years. Afraid of being alone. Dependent on her husband	<i>“Try to find work away from home”</i> <i>“It is only me who can make decisions”</i>
<i>Left and right</i> Focused and unfocused	No emotional control Unfocused and “circular thinking”	Feels connected to the unconscious and what it “says”

When #4 started in the group she expressed her experience of feeling trapped in an emotional turmoil, not knowing the “way out”. She could not move forwards, and was too afraid to move backwards. I think there is a general aspect to this description related to depression and this is where teaching can become of value. Most people just do not know what to do when their emotions overwhelm them. This participant learned to use drawings and the reverse method in situations outside the therapy setting, when she felt that emotions became too strong, and the drawings helped her to keep some balance.

Looking at her therapeutic change, she gained more control of her overwhelming emotions and became more independent in relation to her husband during the therapy. However she had not left her husband as she wanted to when we finished, and she knew, that difficult decisions and processes waited ahead. She also mentions her need for more support after the group had finished, and she said she had become part of a local spiritual community.

Test results

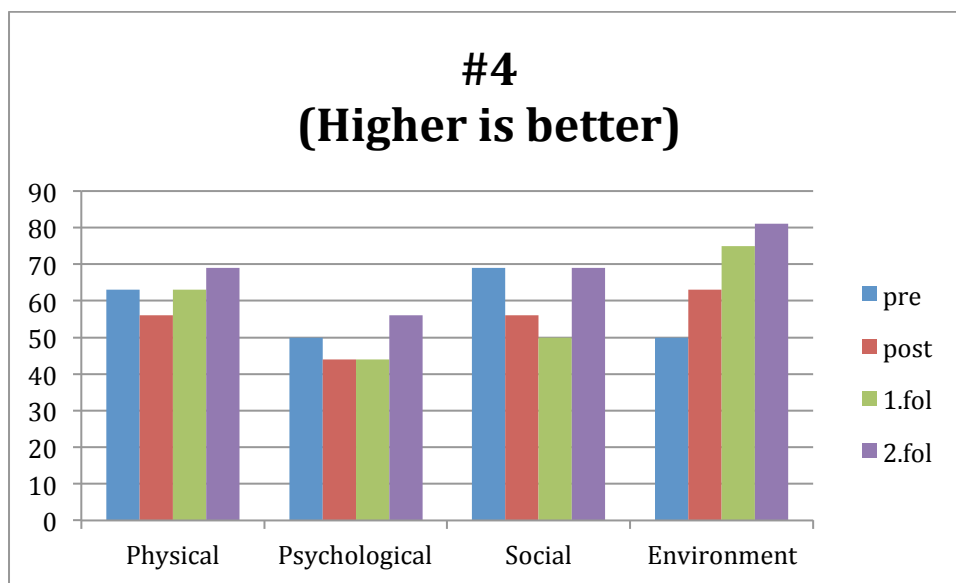


Fig 81. QoL test result for #4

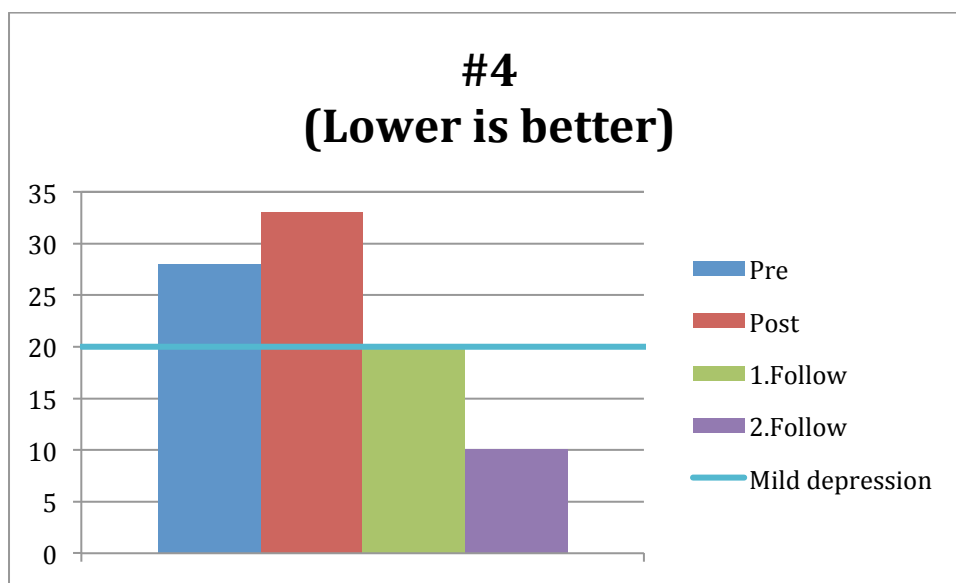


Fig 82. Depression MDI for #4.

There is a drop of scores from pre- to post in the WHOQoL test except for the “environment” part. The explanation for this could be, that her marital crises were not resolved when the group therapy ended. On the contrary she had become more aware of her emotions and difficult future decisions. The score for her overall perception of QoL was 3 in both pre- post and follow-up-1, but increased to 4 in the second follow-up.

The increase of scores in the follow-up-1 was small compared to the baseline, but show that her development moves in a more positive direction compared to the pre-post result. This continues in the follow-up-2 test in both WHOQoL and MDI.

In the last self-evaluation at the first follow-up test she says about her outcome from the therapy, that *"she can talk about her problems"* and that it has been an *"eye opener for the inner process which happen to us all"*.

In the overall scoring from the depression test we see the same pattern as in the QoL test. Results from pre-to post-test shows an increase of depressive symptoms with a decrease in the first follow-up test. This indicate again that her emotional condition after the therapy was still in a turmoil, but that she was able to continue her development of getting more strong in her self after the therapy had ended.

In the second follow-up, she has improved in all domains in the QoL test and also in the MDI test. Her husband had moved out of their house, and she was feeling more independent and free. She also said that she had become involved with a spiritual center and that she was very interested in travelling to different spiritual places around the world.

The big improvement in self-reported depression from first to second follow-up indicates the importance of getting enough time to work through issues in personal crises. For participant #4 it was a process of getting stronger inside herself before she was able to leave her husband, which was her goal from the beginning of therapy, but not accomplished until 9 months after finishing the group.

Summary

Almost every dialogue we had together was about her confusion and her overwhelming emotional state. The paradox was, that she wanted to leave her husband (after he moved back home) but she felt too dependent of him and afraid to be alone. Two strong resources were activated from the unconscious, and that was Princess Mary and her ability to kick ass (to be strong and independent) and the spiritual figures, - the dancing women and the advising angels. Her ability to change direction looking forward instead of backwards gave her a new and more positive approach to her emotional chaos and helped her to dis-identify with the overwhelming emotions. Her egocide then consisted of her letting go of the image of herself as the sweet and well adapted girl/ woman/ mother, as she was developing a new part of her self, which was more independent.

In workshop 11 she returned to the traumatized parts (represented as children in the dream). She was the observer/ helper indicating that the inner mother was creating a relationship to the inner children in pain. Looking back at the clay presentation from workshop 1, where she identified with the figure in emotional pain, she is in this dream related to the figure in pain. She appeared more self-confident than when she started in the group.

Another comment to the therapeutic process is, that I think individual therapy would blend in fine together with group therapy for some of the participants. We did not have time enough to go deeply into more existential issues, which I felt would have been a good support of the individual process especially for participant #4. She called me two times during the 6-month

intervention and came for individual talk, as she felt anxious and unsure about her emotional situation. I think this became important for her staying in the group.

6.5.4 Summary

1. Therapeutic change as a pattern of egocide, initiation and return

In the first case analysis the pattern of egocide, initiation and return (Rosen, 2002) was found useful as therapeutic steps, and then also used in the other 5 case analyses. If these steps indicate a general pattern of therapeutic change, I think it can become important that these steps are trusted and dealt with according to their different character. The directives I made for the participants were adapted to the process of individuation, which is the same type of process that is described in Rosen's model. I think it is important that (a) there is an inward focus in order to make a change related to self-connection, and (b) that the directives are flexible and also following the guidance from the client's self.

Sometimes the process will go in a regressive direction, and sometimes in a more progressive. For participant #4 the process became more progressive working with the shadow potential (ass kicking woman), where participant #3 moved in a more regressive way, as the inner judge became part of her artwork (dots and lines covering up the shadow). This difference only indicates the importance of a pluralistic approach in psychotherapy according to client's needs.

2. Inner change as a preparation to outer change

For participant #3 the inner change came before the outer change, which to me would indicate, that outer change is a result of inner change. The sadness, confusion and loss that she experienced in her dreams and artwork, in a non-emotional way became her physical reality after the group had finished and her husband suddenly left. This can also be seen as the difference between the stage of initiation and the stage of return, because in the return stage there is a new confrontation with reality. I think the most painful part for her was not the loss of her husband, because she said that there was no love between them anymore. It was difficult for her to accept the fact, that it was him who decided to leave her and not the opposite. So why had she not decided to leave him, when she did not love him anymore? Her physical life did not match her psychological situation, and I think that created a confusion inside her, which became part of her depression. This aspect might be interesting to look at regarding depression in general. Are there changes in life that needs to be made, but in reality are ignored. This would explain, why the unconscious was ahead of her conscious (and confused) disconnection to her emotional life.

3. Ego consciousness becomes stronger from working with shadow personality

When the participants were asked to paint the part of themselves that were rejected in their childhood, they all ended up seeing that part as a resource, and as a resource they could use in actual life. This consciousness of shadow parts also activated the inner judge, and they needed to break their alliance with the judge, if the shadow was to become an integrated part of their self-understanding.

I think that this process of breaking the dependency to the inner judgmental voice could have benefitted from more time, since it is a big issue in depression.

Looking at the shadow as a resource instead of something to be shameful of can make this shift possible and add more strength to the ego. In the process of changing the attachment from the inner judge to the self some of the participants expressed in their evaluation, that they had become a better listener to their inner needs, which might be a result of the ego-shadow integration.

4. A period of inner chaos and “not-knowing” can be necessary for outer change to happen

The initiation stage of the therapeutic process is characterized by a lack of knowing where to go. All the participants went through a period where they experienced inner turmoil and confusion as an indication of being connected to the archetypical level of the psyche. They also felt confusion when they started in the group because of their different personal situation, and the difference was, that they were now approaching their confusion instead of avoiding it. By listening more to the inside, the unconscious began to take symbolical form, and dialogues with the artwork became a bridge to meaning making.

Chapter 7. Case Comparison analysis and results

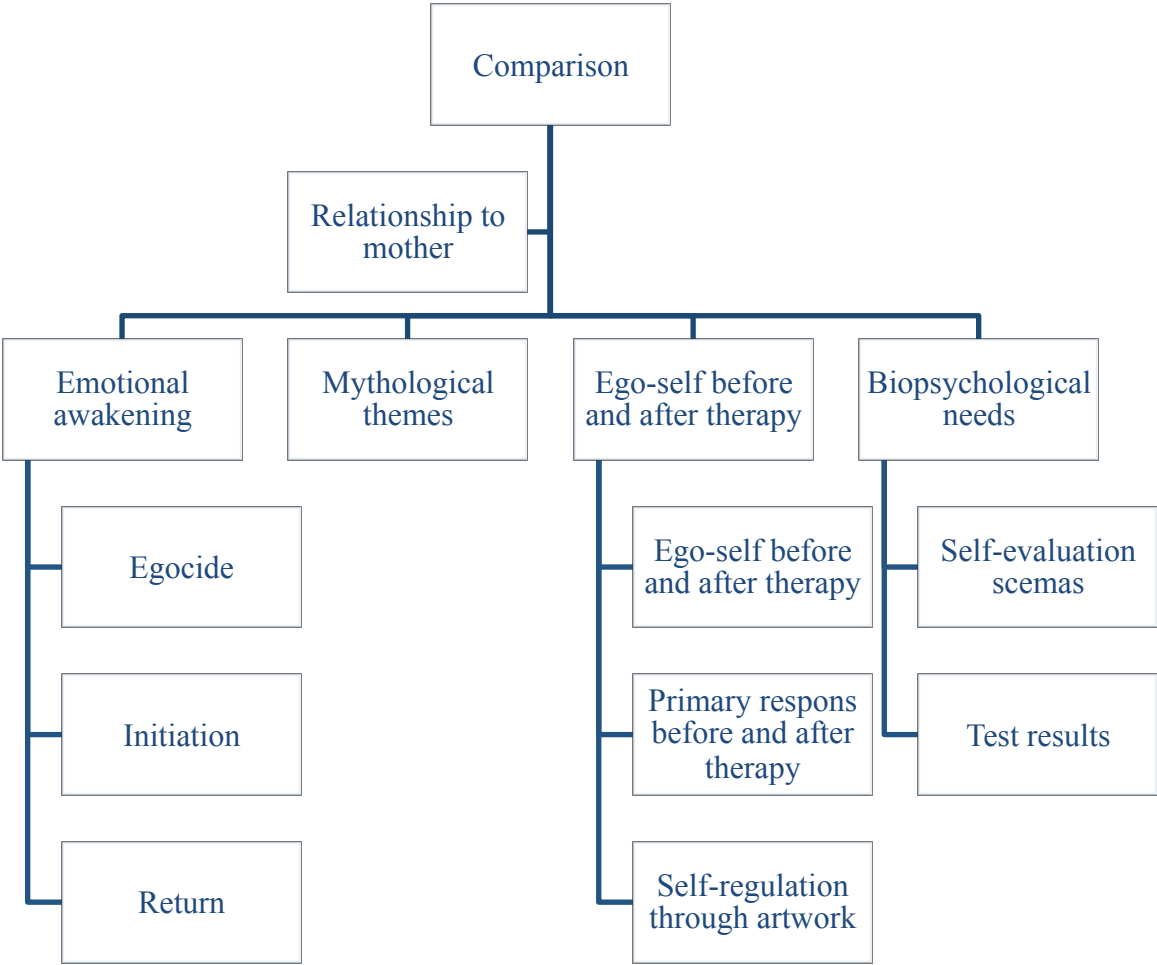


Fig 83. Flowchart: Case comparison analysis and results

7.1 Introduction

To compare the outcome from the 6 participants, I have reduced the individual case analysis into core themes and concepts as a way to find similarities between the cases. Finding similarities can lead the discussion towards more cultural and archetypal patterns related to the development of depression. A comparison can also support future research orientation regarding what to look for in coming research studies.

7.2 Results related to research question 1

Does art therapy develop the relationship between the conscious ego and the unconscious self for people who are vulnerable to depression?

If so, how is the relationship developed?

Table 40. Results from comparison analysis related to change

Results from comparison analysis related to change
1. Improvement of self-confidence
2. Improvement of the ability to listen to inner needs
3. Change of the primary response behavior
4. Integration of inner polarities
5. Development of a stronger ego-self relationship

7.2.1 Themes related to mother

I found that they all had a difficult relationship to their mothers. The mother was either experienced as cold (especially #3, #6, #7 and #1) or she was idealized and understood by the *child* (especially #4 and #5), so that the child was mirroring the needs of the mother in stead of the other way round.

Table 41. Relationship to mother

	Theme: Relationship to mother	Reflections
#3	Does not feel understood and met by mother Mother is described as “cold”	Difficulty in taking care of own needs
#6	Does not feel understood and met by mother Mother is described as “cold”	Difficulty in taking care of own needs
#4	Does not feel understood and met by mother (except when she was ill). Mother is idealized.	Difficulty in taking care of own needs
#7	Does not feel understood and met by mother Mother is described as “cold”	Difficulty in taking care of own needs
#1	Does not feel understood and met by mother Mother is described as “cold”	Difficulty in taking care of own needs
#5	Mother is idealized	Difficulty in taking care of own needs

Considering the importance of the early mother-child relationship in connection to the development of being self-supportive and to regulate bio psychological needs without guilt or avoidance behavior (Dissanayake, 2000, Schore, 2012, Grawe, 2007), this may explain the difficulty the participant's had in taking care of intimate needs. They all seemed to have the understanding, that other's needs (the mother's?) came before their own, and when they were left to take care of their own needs -for different reasons -, and to find their own direction in life, they felt confused.

Another issue related to the early mother-child relationship is, that these participants no longer have small children to take care of and no intimate relationship to a partner. The outer circumstances therefore prevent them from using their motherly qualities in physical intimate relationships and creates a pressure on their need to mother themselves. They are what Jung would call in their mid-life process of re-drawing their full attention to the outer world given the possibility to develop a stronger relationship to their inner life (the age of the participants was from 44 to 63).

7.2.2 Themes related to emotional awakening

When life changes unwillingly a low quality of life experience can gradually lead to depression. The women who came to this group all wanted to find out how they could develop their potentials instead of getting depressed. Though they did not know what art therapy was all about (except #7) and what they were going to do, they all had the courage to find out. They were all motivated. But which experiences or life circumstances had motivated them to join the group?

Table 42. Emotional awakening

Emotional awakening	
#3	Work-related depression. Stress over time resulted in a burnout. The defense system of being overactive as an avoidance of inner confusion broke down, which resulted in an activation of her inner state of confusion/ confrontation with her inner father voice. Midlife issues related to age
#6	Cancer. Having overcome a breast cancer treatment increased her experience of loneliness, as chances of getting involved with a new man decreased. Work related experiences of not being good enough. Midlife issues related to age
#4	Marital conflict. Her husband left her for another woman after 30 years of marriage. She suffered from anxiety when she was alone
#7	Self-worth issue. Coming back to Denmark after 7 years of "isolation" in Greenland made a pressure on her from inside, regarding her true interest of wanting to work professional as an art therapist. Would she be good enough
#1	Loss of son. Her 18-year-old son committed suicide 3 months prior to the start of the group.
#5	Loss of son and husband. Her son was killed in a motorcycle accident 4 years ago, whilst her husband, who is still in a coma and will never recover

They seemed to have very different reasons for coming to the group. The two mothers who had lost a son (and husband), felt that life had lost its meaning, while #7 who had just returned from Greenland, was looking for ways to use her potential in the Danish social culture. Participant #4 was still in shock after her husband left, and often said that she just wanted to “get her life back”. #6 had just recovered from cancer, while #3 experienced a work-related burn out. Since the focus in the art therapy process was to connect with the inner life, their outer circumstances were included only from associations to artwork. I think this mutual goal of reaching the inner self became the glue that connected the participants with each other in spite of existential differences.

Sometimes they would borrow themes from each other. For example #3 dreamt about having lost her son (which was not a reality) as a way to connect and release her inner sadness. Somehow they had all experienced an emotional awakening or life crises, which can lead to depression, but also to a personal change.

7.2.3 Themes related to egocide

As we began to work with unconscious content we discovered inner voices from the past, which were preventing a relationship to the self. Attachment to these voices from early object-relations became a core issue for all the participants. First step in the development was to become aware of these voices, as voices they did not want should control their lives. This process became part of the egocide, where they had to let go of early attachments to important others.

Table 43. Themes related to egocide

Themes related to egocide	
#3	The sacrifice of father-attachment: Confusion
#6	The sacrifice of father-attachment: Idealization
#4	The sacrifice of father attachment: Dependency
#7	The sacrifice of father-attachment: Judgmental
#1	The sacrifice of mother-attachment: Masculinity
#5	The sacrifice of mother-attachment: Dependency

The egocide for these participants all led to a confrontation with the shadow, which was opposite to the self-image in ego consciousness.

When such a tension becomes present in consciousness, a conscious choice needs to be taken at some point regarding what side to be on, the parental voice or the self.

This became strong in case 1 with participant #3 (p.121), as she could not consciously confront her inner father and fully choose her own voice. Somehow the inner father judge remained too strong and made her confused.

Another example is described in case 3 with participant #4 (p.188). When her husband suddenly left, strong emotions of sadness and rage were activated, which were unfamiliar to her well-behaved and socially adapted ego personality. The emotions tricked the shadow personality inside her (the ass kicking woman), and she was struggling to find a way to use her as a potential for independency.

Experiences of not being loveable when the shadow is allowed expression in a social relation, was a reality for participant #1 when she allowed her angry shadow to paint the whole group painting black (see group analysis p.244).

One polarity, which was common to them all, was the split between head and body, which Siegel calls vertical integration. The importance of vertical integration in therapeutic processes is the access to feeling as experiences of something being right for the individual.

7.2.4 Themes related to dominant inner voices

Using the transformative learning model (Heron, 1992), the inner voices showed to be powerful hindrances for the ego-self relation to develop. I found that the voices had a judgmental and moralistic aspect connecting the voice to the patriarch and father archetype representing cultural and archetypal complexes. The forbidden message in them all was related to the feminine, to body and to self-care as shown in the table above.

This also points towards the complex of guilt as a core issue and controlling factor for changing the ego-self relationship.

Table 44. Dominant inner voices

Dominant inner voice	
#3	Judgmental father: "Do it my way"
#6	Absent father: "You are not loveable enough"
#4	Religious "father": "Behave and adapt"
#7	Judgmental father "Don't show yourself as a woman"
#1	Judgmental mother: "You are responsible for others"
#5	Judgmental mother: "Don't be selfish"

In the creative process the inner judgmental voice sometimes became part of the process and the image. This discovery gave the participant a possibility to reflect on the inner judge and to work creatively with freeing the self through the creative process. This is a reason why I find the dialogues to be so important in art therapy, because the interference from the inner judgmental voice in the creative process normally




functions as a fused part of consciousness unknown to the individual.

7.2.4.1 Dominant inner voices in images

The creative process can support the separation of inner judges and the voice of the individual self simply through the directive of painting the shadow. The inner judge does not want the individual to express the shadow. This was the reason why the shadow personality was repressed in the first place. So expressing the shadow again can make the inner judging voice very loud and sometimes recognizable in the painting itself. I think it is important to discuss the

appearance of the inner judge when trying to free the self in the artwork as a way to facilitate therapeutic change. In the following I show examples of how the inner judge appeared in the participant's artwork.

Table 45. Dominant inner voices in images

	The inner voice and the self	Comments
#3	 <p><i>Fig 84. Inner voice in artwork for #3</i></p>	<p>Dots and lines are covering up the yellow figure, which is described as “pure, joyful, creative and imaginative”.</p> <p>Dots and lines are associated to her father's voice after the painting was made.</p> <p>This is a visible example of how the self is dominated by the inner judge making the ego confused.</p> <p>It shows how this psychological pattern also becomes part of the creative process itself.</p> <p>It also shows the importance of the therapeutic dialogue, as she might not have found out otherwise.</p>
#6	 <p><i>Fig 85. Inner voice in artwork for #6</i></p>	<p>Dark colors are made under the influence by the judge (as experienced during the creative process).</p> <p>Red colors (girlish and feminine) are the forbidden colors she made in the bottom, and as she discovered that in the painting process, she began to express more red in the top part of the painting in the end.</p> <p>In this example the confrontation with the inner judge happened during the creative process and not in the following dialogue. It shows that the therapeutic dialogue is not always necessary in confronting inner voices.</p>
#4	 <p><i>Fig 86. Inner voice in artwork for #4</i></p>	<p>Guilt and anger are turned against the self and cannot get out.</p> <p>In this example the psychological pattern is mirrored in the creative process and does not change during the process as in the case of #6.</p> <p>#4 often said, that she wanted to be happy again. Turning the aggression towards the self obviously needs to change in order to transform the depressive pattern of self-blame. For this participant it is not “enough” to paint. The therapeutic dialogue is a necessary process as well.</p>

#7



Fig 87. Inner voice in artwork for #7

She wanted to express a feminine fine lady, but the judge made her a boy-girl as a compromise, because the feminine was not allowed in her family, as it was not allowed in the painting. Her (unconscious) compromising inner dialogue with the judge keeps her out of confrontation and trouble with the inner judge, but the feminine shadow remains hidden in the unconscious.

#1

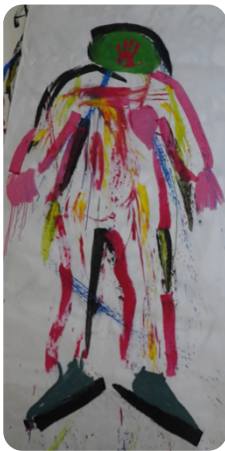


Fig 88. Inner voice in artwork for #1

She experiences the hand in the head as the judge holding her back from being free to be her self.

The difference between the head, filled out with green around the red hand, and the body being free and spontaneous indicates a split between head, where the judge is located, and body.

The fact that the hand was allowed to stay also suggests, that the judge is untouchable.

#5



Fig 89. Inner voice in artwork for #5

The woman in the painting had judgmental eyes looking down on the man.

When #5 discovered the judge during the painting process, she just “had to paint them over”, as she felt disturbed from the look. The judge belonged to the feminine in the painting and I think she discovered the negative aspect of her mother voice. She had a very idealistic understanding of her family until this point, which had kept her from independency.

Sometimes the participant discovers the judge during the expressive activity and sometimes the judge remains unconscious during the process, but can appear during the dialogue. When the inner judge remains unconscious but actively tries to cover up the self in the artwork, I think the therapeutic dialogue is needed in order to gain consciousness. This is one of the reasons why I find it difficult to make a rule whether dialogue is necessary for change or not.

Some individuals are able to confront inner judgmental voices during the painting activity, maybe because of the projection and recognition of them, while, while others for some reason are not. What seem to be happening for all the participants is that the judge *is* activated

in the creative process and that the therapeutic dialogue can be a necessary tool for making a change.

7.2.5 Themes related to initiation

Rejection of shadow qualities in early life was originally a creative solution to keep the acceptance and love from someone important. To break such a pattern is not easy and quick, because there is a belief attached to the egocide, that you loose that other persons love (or the hope to get it) when you express the shadow again.

Table 46. Themes related to initiation





Themes for initiation	
#3	Confrontation with shadow potentials: The happy woman
#6	Confrontation with shadow potentials: The self-caring woman
#4	Confrontation with shadow potentials: The ass kicking woman
#7	Confrontation with shadow potentials: The soft woman
#1	Confrontation with shadow potential: The feminine woman
#5	Confrontation with shadow potential: The angry woman

The participants all came to know their individual shadow part through the dialogue with the shadow painting, and I had the impression, that they appreciated the new relationship. In the following I present themes related to the inner feminine and masculine.

7.2.6 Themes related to Anima and Animus relationship

I found that they all had a negative relationship between the inner masculine and feminine side. This indicates to me a lack of horizontal integration (Siegel, 2010) between left and right hemisphere. The relationships are shown in the following table.

Table 47. Themes related to Anima and Animus

	Anima and Animus Images	Theme
#3	 <p><i>Fig 90. #3. Anima: Heavy from the balls. Animus: Strong and isolated</i></p>	No interaction
#6	 <p><i>Fig 91. #6. Anima: Ugly duckling; Animus wounded</i></p>	No interaction
#4	 <p><i>Fig 92: #4. Anima: a knot; Animus: Standing turtle. #4</i></p>	No interaction
#7	 <p><i>Fig 93. #7. Anima: Round and soft. Animus: A ruler</i></p>	No interaction

#1



No interaction

Fig 94 . #1. Anima: Beautiful and free. Animus: Heavy and strong

#5



No interaction

Fig 95. #5. Anima: soft; Animus: Powerful ruler

From my clinical experience the relationship between the inner man and woman is an important key to transforming depression. Just as we learn differences in gender from our mothers and fathers, we also learn how to communicate with each other and with our selves from their way of communication. I find it practically possible to work with such patterns through the imaginary work with the inner man and woman. The imaginary dialogues can open the path to memory integration, as traumas connected to early experiences can be activated when they begin to relate to each other again. A more progressive approach is also possible, as new personalities can develop from the dialogues and be created in clay or other material. In my book *Helteudvikling* (1997) I have described 4 archetypical relationships between the masculine and feminine related to the four psychological functions from Jung's typology. From my clinical experience I know, that most couples do not stay together in the inner realm. Often a new masculine or feminine part is created and repeatedly allowed to express, until the voice gets familiar and integrated in life and behavior. This is also where I find cognitive therapy intervention of relevance when working with therapeutic change, as inner change eventually will strive to be integrated in the outer life during the stage of return.

7.2.7 Themes related to return

From the self-evaluative reports different themes appeared for the return as shown in the table above. I think the introvert nature of the therapeutic activities brought the participants more connected to their inner needs, which again was related to different domains in their individual lives.

Table 48. Themes related to return

Return	
#3	New job, different role in social life, better state integration (expression of emotions)
#6	Self-nourishment, New consciousness and memory integration (between father and ex-husband)
#4	State integration, independency (travels alone, new job)
#7	New integration in social life, more trust in competencies, more job-related activity
#1	More self-related activity. Takes better care of own needs (time reduction in working hours, more confrontation towards husband)
#5	More self-caring activities and awareness towards the unconscious

Some of the participants were still vulnerable when we finished the group in the sense, that we had not repeated the dialogues with the shadow, inner partner and self more than once or twice. Neuropsychologists (Schoe, 2012, Cozolino, 2010 and Grawe, 2007) emphasize the importance of repeating a new pathway in the neuroplasticity of the brain in order for the change to stay. This also corresponds to Heron's concept (1992) of the basic and reversal cycle as repetition of patterns that prevents a change in behavior to drop back to the prior behavior. Therefore I think the group should have lasted longer in order to anchor the changes.

7.2.8 Themes related to mythology

Using images from mythology can become a helpful guide during the stage of initiation. Instead of trying to understand the interaction with the unconscious using the rational mind by reducing the symbols, the use of mythological stories can bring a different and more open-minded understanding to the process. Looking for the next step in development the myth can point towards images and actions, which can come to be a symbolical role model for such future actions. A fore speaker for this approach is James Hillman (1979) who founded the archetypical school in Jungian psychology. I find his approach and literature useful during the initiation stage, because the ego in a symbolical way has gone to the underworld. Depression is in many ways a condition, which fits to the description of the beginning of the initiation stage. The emotional pain occurs, when the individual does not choose the condition by own free will, but is dragged to the underworld involuntarily. So was Persephone. She just fell in love with the beautiful flower, and that was the moment she lost her innocence. In the myth of Amor and Psyche, Psyche did not choose her destiny either. The oracle told her father to sacrifice her, but in the text, she had an intuitive understanding of Afrodite's rage, as she reflects just before the egocide "Now I perceive, now my eyes are opened. It is the name of Venus (Afrodite) and that alone which has brought me to my death" (Neumann, 1956, p.8). So Psyche is motivated for the development, which follows, but her parents are not. Unfortunately the old stories are seldom told to day, and for many people mythology is a difficult and big field to start investigating alone, as the link between psychology and mythology can seem unfamiliar to the rational mind.

Table 49. Mythological themes

Mythological theme	
#3	Amor and Psyche: Psyche's first test. Based on her confusion/ can't make choices
#6	Demeter and Persephone: Abduction into the mud of reality
#4	Amor and Psyche: Amor has just left her. She is looking for Aphrodite to guide her.
#7	Amor and Psyche: Psyche's loneliness in the castle
#1	Amor and Psyche: The trials begin
#5	Demeter and Persephone: Preparing for the abduction

In this research study I felt that all participants were able to express and use symbols as inspiration to their personal lives. We did not discuss in detail the symbolical meaning of mythological themes related to their artwork, because personal associations became more relevant to them, but when comparing the mythological themes that I found during the analysis, I think they have in common a state of loneliness preparing for something new.

This might relate to self-regularity and compensative processes connected to ego consciousness, which often prepares for deeper transformation.

7.2.9 Ego-self relationship before and after therapy

With all participants I found, that the ego-self relationship had become stronger during the art therapy process. That does not mean, that emotional awareness decreased, sometimes the opposite was the case. When a low quality of life is caused by an avoiding behavior, emotions are activated when the ego takes a more approaching behavior towards the unconscious, as was the case in this research study. The activation of emotional content is important for the transformative process of change (Schoore, 2012), since they connect not only to the activity of the right hemisphere and the memory of early attachments, but also to the possible new felt relation to the self.

Table 50. Ego-self relationship before and after therapy

	Ego-self relationship before therapy	Ego-self relationship after therapy
#3	Isolated from self: Stressed, confused, sad, avoiding, self-critical, negative expectations, low self-worth	Ego-self relationship is stronger: More trust in the creative <i>outcome</i> when she teaches. More connection with emotions (separation from husband). Better timing of emotional expression
#6	Isolated from self: Masculine, avoiding, self critical, low self worth, negative expectations, projective stressed, pretending	Ego-self relationship is stronger: Self-caring, more peaceful

#4	Isolated from self: Holding back emotions, low self-worth, dependent, need help from others, sad	Ego-self relationship is stronger: More independent (travels, new job), more expressive of emotions
#7	Isolated from self: Lonely, judgmental	Ego-self relationship stronger: More social connected, developing competencies
#1	Isolated from self: Rational, motherly, controlling	Ego-self relationship stronger: More aware of own needs
#5	Isolated from self: Motherly, in pain	Ego-self relationship stronger: More aware of own needs

When the ego-self relationship became stronger for the participant's in this research study I think an important reason was, that the whole concept, methods and rituals were based on an introvert attitude related to the unconscious. All participants learned to listen more to themselves and to their own needs during the group process. This is not unusual in psychotherapy because the focus is centered on the client's existential situation and life. When research show that the relationship between client and therapist is more important for therapeutic outcome than the method itself (Cooper, 2008), I think this can partly be because of the introvert nature of psychotherapy, as a need to balance the extravert and introvert balance within the individual.

I also think that the feeling connection to images was important, because the attachment to the images replaced the attachment to the inner judging voice, and made the ego-self relationship stronger.

7.2.10 Primary response pattern before and after therapy

Using Gray's polarity model (1996), I wanted to compare the behavioral patterns for the participants related to the three polarities as found in the individual analysis.

Table 51. Primary response pattern before and after therapy (Gray, 1996)

	Before therapy	After therapy
#3	Avoiding Submissive Unfocused	More approaching More dominant More focused
#6	Avoiding Submissive Unfocused	More approaching More dominant More focused
#4	Avoiding Submissive	More approaching

	Unfocused	More dominant More focused
#7	Avoiding Submissive Unfocused	More approaching More dominant More focused
#1	Approaching Dominant Focused	More avoiding More submissive More unfocused
#5	Avoiding Submissive Unfocused	More approaching More dominant More focused

From the 6 participants one participant had a different behavioral pattern than the others (#1). Having identified with masculine values being responsible for her two sisters from when she was 5 years old she had been able to keep her identity as the responsible mother in her own family. Her low quality of life was due to the loss of her son. Apart from the grief of having lost a child, the art therapy group motivated her to integrate memories from her own childhood and she began to question the values she was living by. She therefore became softer in her behavioral pattern as she loosened her masculine identity looking for a more feminine approach to life. The other five participants all changed their behavioral patterns from being avoiding, submissive and unfocused to being more approaching, dominant and focused.

Using Gray's model may give some understanding of the difference between a personal life crises caused by life circumstances, as was the case for participant #1, and characteristics of a personality structure which are more in risk of developing depression, as I think was the case for the other five participants.

7.2.11 Biopsychological change

To know the participants conscious experience of the effect from the group therapy I made a set of questions they were invited to answer together with the QOL test and the depression MDI test. One set of questions is related to the post-evaluation, while another (smaller) set was given at the first follow-up evaluation.

My intention was, to get information related to conscious change for the participant, as it might not be the same as was found in the analysis of change in the unconscious processes, or what could be found in the transcript. The responses also function as a validation of findings related to change in ego consciousness.

The themes for the questionnaires were:

1. Group process and individual development
2. Therapist/ researcher
3. Methods directives
4. Expressive activities contra verbal dialogues
5. Follow-up evaluation

All questions and answers are translated into English as appendix number 8.

The responses from the participant's self-evaluative reports are useful in several ways.

1. They clarify the conscious outcome of the different parts of the therapeutic process
2. They add information to the test results from the QOL test and the depression MDI test
3. They describe the importance of including both creative processes as well as dialogues in relation to motivation and outcome

7.2.12 Changes related to biopsychological needs

Looking at their satisfaction of biopsychological needs according to Dissannyake's model (2000), I now compare the changes in how these needs were fulfilled before and after the therapy.

Table 52. Evaluation before therapy

Need	Mutuality	Belonging	Finding and making meaning	Developing competencies
#3	No close relation to her husband. They were both living in their own world	Having lost her belonging to her usual work situation, she was exploring new ways of working together with others	Lack of mutuality, a vulnerable work situation and health problems created meaninglessness in her life	Through her new work she had the opportunity to develop new competencies, where she uses more of her self in the working process
#6	No intimate relation to a partner	She has a job, but does not feel appreciated by her boss. The job is only for a limited time, and she does not feel a lasting belonging to her work	Meaning is limited because of her lack of satisfaction of intimate needs, a bad job situation, health problems and her unsatisfied longing towards becoming a hospital clown	Would like to be a hospital clown, but hesitates to develop her competencies due to economy and preference to have a more traditional job for safety reasons
#4	No emotional closeness in relationship to her	She does not know where she belongs and whom she really	Life seems full of pain, but yet with hope for future	She has not developed her competencies as

	partner. She is dependent on him economically, socially and psychologically	is inside, as the initiative has been projected on to her husband. No strong social connectedness	solution and meaning	a pedagogue during her 32-year marriage. She starts to work again after the group has finished
#7	No intimate relation to a partner. Good relationship with her daughter	She feels isolated from a social and professional belonging in Denmark	For her the meaning is connected to a professional life as an art therapist, which is part of her longing for the future	Her goal was to develop a balance between her strong and soft side in order to work as an art therapist.
#1	No close relationship to her partner	She does not feel she belongs anywhere and moved a lot when she was a child (13 times by the age of 18). She feels at home in their house in France	She is trying to find some meaning from her sons suicide	She developed strong competencies in teaching business people language. She has a rational mind and a dream of starting her own business. She has a strong and grounded belief in her own competencies
#5	Having lost her husband and son, she now spends more time alone on her farm with her animals. Her most close relationship is with her animals and nature. She has a close relationship with her parents	She has a strong relationship to her family, but not much social belonging otherwise. She has no job	She is in a process of searching for a meaning with her life after her loss. Mostly she is looking for more joy in life	She does not express any longing for developing more or new competencies in her life

Table 53. Evaluation after therapy

	Mutuality	Belonging	Finding and making meaning	Developing competencies
#3	No close relationship to her husband. They were both living in their own world. He left her for another woman after the group therapy ended	She gained more confidence using her intuition in her new jobs teaching drama	With the break up of her marriage, she lost the sense of meaning and overworked her self with the result of back problems	She had the opportunity to develop new competencies in teaching drama
#6	She did not develop new relationships to other men during the therapy, but found more peace in the inner mother-child relationship	She has a job, but does not feel appreciated by her boss. The job is only for a limited time, and she does not feel a lasting belonging to her work	At the end of therapy she had some worries about losing her job before she was promised. She was confronted with some fear of not getting other jobs and becoming 60	Would like to be a hospital clown, but hesitates to develop her competencies due to economy and preference to have a more traditional job for safety reasons
#4	No emotional closeness in relationship to her partner. She has developed more independency through the therapy, but not enough to leave him	She still struggles to find out how to find a new belonging in life, as she wants to be more independent from her husband. She finds a new job in a kindergarten and travels on her own in social groupings	Life seems full of pain, but yet with hope for future solution and meaning.	She starts to work again after the group has finished
#7	No intimate relationship with a partner. Good relationship with her daughter	She continues in a job related training group, where she develops network	Her trust in the future keeps her going and gives her an overall sense of meaning	She develops new competencies related to the structure and economy of running her own business
#1	She confronts her husband more insisting that they share more feelings. It is not clear whether she will feel satisfied	She does not feel a belonging to the Danish culture, but feels at home in the house in France. They plan to move	She is still trying to find meaning in life after the loss of her son	She is strong in her teaching competencies, and would like to make her own business, which

	in her marriage	there in two years time, when their son graduates		would be a more independent structure
#5	She has good relations with her mother, father, sister and brother, but has lost her one son and husband, and the intimacy within her own family. Her other son leaves home just after the ending of the therapy group.	She has a sense of belonging to her family but has no connections to the surrounding community and culture	It was difficult for her to find meaning in life after her loss of son and husband, and she was good in compensating her loss using nature and horses. I think this did not change much	She did not develop competencies but was taking care of the family farm as she had done for some years.

Mutuality

They all had low satisfaction of the need for mutuality as no one had good intimate relations with partners. That did not change much during the therapy, rather the opposite occurred. Both #1 and #4 confronted their husbands with their need for more mutuality, but they did not experience any change in the relationship. Participant #5, #6 and #7 did not have close relationships with partners, and participant #3 separated just after the group finished.

Getting more related to the unconscious and to the inner self, seemed to satisfy a need for mutuality with their own selves and I wonder whether this connection to the inner life to some degree compensated for the lack of intimate relationships with another. If so, this is not an explanation, which is included in Dissannyake's model (2000) of a good life, since she focuses on the relation to the outer reality.

The fact that there was no intimacy in any of their active imaginations related to the inner masculine and feminine figures would indicate a low expectation to intimacy in their outer relationships as well. In that way the pattern of behavior would be repeated and the need for mutuality would not be satisfied.

From a Jungian approach the pattern of intimacy would need to change inside first, before they were able to project the masculine part on an outer man. To change the inner relationships, I think we would have needed more time to develop new constellations and to repeat new patterns of communications in creative imaginations.

This point would be a combination of Jung's approach and Dissannyake's research indicating, that a self-developmental process could come to function as an inner need satisfaction of mutuality. A child will need an outer attachment in order to create the foundation to create an inner attachment, and it is my experience from therapy with adults, that many individuals continue the patterns developed in their early lives as adults, forgetting that they are no longer children and that need fulfillment can be created by taking a more focused approach towards the inner life.

Belonging

They all experienced a lack of belonging to a social context when we started the group. Most strong was the voice of #1, as she did not feel she belonged to the Danish culture at all. It turned out that this was also a reflection of her bad relationship to her mother who was from Denmark, while her father was from USA. I think they all needed to feel connected to a group or community where they would feel included, but on the other hand they did not have any expectations for such an inclusion, as no one in this group felt included in their early family. Again we can compare the inner life with the outer life circumstance and find a connection and similarity. This is one of the advantages of working with individual development within a group setting, because the individual can experience new ways of belonging to a group, which can change the basic expectation of belonging.

Finding and making meaning

Meaning appear when other needs are satisfied, as experiences of fulfillment or that life just feels right (Dissannyake, 2000). Therefore there is a spiritual connotation to the word, and for the participants in this group, some of the experiences of symbols being meaningful often surprised them in a positive way. The whole process of giving meaning to symbols which are not meaningful when they first appear in the artwork, became for all of us a process of finding and making meaning. I think this is where dialogues in art therapy with symbols and the whole meaning-making process of images, can become a bridge to the fulfillment of the need for finding and making meaning in life.

Developing competencies

Participant #6 expressed in the first workshop her dream of becoming a hospital clown. Instead she continued in a job situation where she did not get along with her boss who showed a dominating behavior towards her. In some respect, she did have a connection to a self-related competence (clown), but she was afraid to take the step of making her dream come true because of economical risks. In general I think that the influence of economical considerations related to quality of life experiences, would be an interesting topic to investigate, as economy or fear of less income, often prevents individuals from developing their true passion and thereby hindering the self to unfold. For participant #7 the use of her competency as an art therapist also became the main issue during the therapy process and related to her low quality of life experience. Participant #3 had to stop as a freelance comedian, and the burn out situation activated her repressed emotions and confusion she had carried inside for years, as she could no longer compensate through her work. During the group process she had a new job, which I think became an important and positive experience of using her competencies in a more satisfying way.

All participants except #1 and #5 had issues related to dissatisfaction with their job situation (or lack of job) during the group process. Especially for participant #6 the connection between self worth and job satisfaction came up as a topic.

Considering the worldwide unemployment situation in this time of history, it can be expected that more individuals will experience low quality of life, also because the need to develop competencies are inhibited as well together with economical insecurity.

7.2.13 Comparing Dissanayake and Jung

Comparing Dissanayake and Jung is a way to get a more holistic understanding of the possibilities related to therapeutic change. Dissanayake's social orientation is in my understanding a good match to Jung's understanding of the inner development. I have compared the two in the following table.

Table 54. Comparing Dissanayake and Jung

Approach/ Need	Mutuality	Belonging	Finding and making meaning	Developing competencies
Jung	The inner mother-child Relationship	The inner feminine and masculine relationship	The inner ego-self relationship	Manifestation and realization of the individual self
Dissannayake	Family life	Social life	Spiritual life	Working life

7.2.14 Summary



To compare Dissanayake and Jung is, from my perspective, interesting in the sense that they point towards the same basic needs in humans, though their approach and strategy for need fulfillment is different. Jung thinks that the inner needs must be fulfilled before the outer relationships can change to the better, and he was against individual development in groups, as he felt that the archetypal power in the collective would take the individual away from the relatedness to their own self. Dissanayake uses the arts as a way for humans to satisfy basic needs, which is not so different from Jung's understanding of creativity as a need (not a sublimation) in humans.

In my understanding, our culture has reached a point of disintegration or confusion, which makes it difficult to use arts in the way Dissanayake describes it when the goal is to change both the individual and the culture. The risk is, that the arts would compensate for the lack of integrity in both culture and individuals and prevent integration instead of creating it. On the other hand, the individual alone cannot solve this cultural confusion, simply because it was not created by a single individual. This came to be true for the participants in this research project, where they compensated for group interactions in their individual painting and not in the group painting where the emotions were activated. This also shows how easy it is to use painting compensatory, as a way for the self to regulate the frustrations that was created in the group dynamic. Therefore I think that the most effective approach to social change and identity issues is a combination of a social approach with a self-developmental approach, where the interaction between the individual and the group becomes a focus of attention and reflection.

7.2.15 Self-regulative change through artwork

To get a sense of the integration that took place for the individuals during the therapy, I have compared the first and the last image that each individual made during the 6-month time the group was working. I don't think they had any awareness or memory of their first piece of artwork, as I had all the artwork locked up in a room during the 6-month period. Only in the evaluation process the day after they had made the last artwork, did we bring all the artwork together for the first time. I therefore look at these connections as self-regulative without the ego interfering in the process. I have used Siegel's Mindsight model (2010) of integrative processes as a way to evaluate each participant's overall process during the therapy.

Table 55. Comparing first and last image #3

	First image	Last image
#3	 <p><i>Fig 96. First image for #3</i></p>	<p><i>State integration:</i></p> <p>The inside and the outside come together using the spiral as the connecting symbol.</p>  <p><i>Fig 97. Last image for #3</i></p>


I refer this process to *state integration* as participant #3 was trying to make the inside and the outside come together as an integrated state of being. Notice how the spiral as a symbol combines the two parts.

Table 56. Comparing first and last image #6

	First image	Last image
#6	 <p><i>Fig 98. First image for #6</i></p> <p>Vulnerable and alone. Beautiful. I am a container.</p>	 <p><i>Fig 99. Last image for #6</i></p> <p><i>Horizontal integration.</i> <i>Top-bottom:</i> Bottom part is the peaceful space, and the top part is the muddy space.</p>



I refer this process to *horizontal integration* based on the participant's idealizing position when we started. She had a much more grounded perspective of her longing for a man as she became more aware of her ability to mother her own needs. Notice how the muddy part in the last image is completing the idealized figure in the first.

Table 57. Comparing first and last image #4

	First image	Last image
#4	 <p><i>Fig 100. First image for #4</i></p> <p>Sad and angry. Needs help from others to stand on her own feet.</p>	 <p><i>Fig 101. Last image for #4</i></p> <p><i>State integration:</i> <i>She is the one to actively overstep the borders (the pink part) if she wants to change and not him.</i></p>



I refer this process to *state integration*, as she had no awareness of her own strength when we started the therapy. Becoming aware of her ability to kick ass, became a resource when dealing with emotions. Notice the self-responsibility in her last image as contrary to the helplessness in the first.

Table 58. Comparing first and last image #7

	First image	Last Image
#7	<p>Strong on the outside, soft on the inside</p>  <p>Fig 102. First image for #7</p>	 <p>Fig 103. Last image for #7</p> <p><i>Horizontal integration:</i> Inner treasure of knowledge. She can go into the room of knowledge when she wants to.</p>

I refer this process to *horizontal integration* as she had a poor connection to body and to the feminine. Notice her use of an inside and outside in both images.

Table 59. Comparing first and last image #1

	First image	Last image
#1	<p>Invisible and beautiful on the outside, chaotic and ugly on the inside.</p>  <p>Fig 104. First image for #1</p>	 <p>Fig 105. Last image for #1</p> <p><i>Vertical integration:</i> She is still using the circle (as a feminine symbol) and the square (as a masculine symbol). The circle and the square are moving closer to each other thereby creating more harmony.</p>

I refer this process to *vertical integration* as the inside and the outside (the feminine and the masculine) reached a more balanced relationship in the last picture. Notice her use of the circle in both images. What appears from the comparison is, that the outside seems the same (the circle), but the inside has become more structured and harmonious.

Table 60. Comparing first and last image #5

	First image	Last image
#5	 <p><i>Fig 106. First image for #5</i></p>	 <p><i>Fig 107. Last image for #5</i></p>

Her life
tree:
Fantastic
family
loss.

Vertical integration:
Masculine and feminine
with mutual heart.

I refer this process to vertical integration as she has created a connection between the masculine and the feminine in the last picture, where there was a loss in the first image. Notice her use of the heart symbol in both images.

Summary

As a summary of basic integrative needs, I found 2 cases related to state integrative descriptions, 2 cases to horizontal and 2 cases to vertical integration. Whether these integrative needs are more typical for people with a low quality of life is difficult to generalize, as the sample is too small, but the tendency could be investigated in other research studies with the perspective of finding a more effective psychotherapeutic intervention related to the specific domain in the prefrontal cortex in the brain. There were other integrative needs that also became part of the therapy process, such as memory integration, but these did not call for much attention during the therapy.

From the comparison of first and last image I find a strong connectedness between the two images, which I suggest indicate a self-regularity in the psyche.

7.2.16 Psychological polarities

Psychological polarities were shown through the symbols that the participant's made, and expressed the inner psychological tension during the therapeutic process. It was this position in consciousness, which they wanted to change expecting a better quality of life.

Table 61. Psychological polarities

Participant	Polarities
#5	Alone or together
#4	Dependent or independent
#1, #3, #7	Inside or outside
#6	Beautiful or ugly

The solution to the inner tension was not solved using the rational mind, but through the use of symbolization. In the last artwork a solution is manifested as a response to the tension in the first artwork, as for example when participant #3 makes a spiral connecting the inside and the outside. To discover a solution to an inner tension is in my understanding not a possibility using the rational mind alone, because a letting go of the problem is necessary for the solution to appear as a symbol.

7.2.17 Deviant behavior

I found that participant #1 showed deviant behavior in different ways:

- She was the only participant with an approaching, dominant and focused behavior at the start of therapy while the other five had an avoiding, submissive and unfocused behavior. She changed to become more avoiding, submissive and unfocused during the therapy, indicating a stronger connection with her feminine side, and I think this is expressed in her last image, where the inside (feminine) part has become more harmonious than she felt at the beginning of therapy.
- She was the only participant who had a strong connection to the masculine part of herself and good selfconfidence through her teaching activity.
- She became the focal person in the group process.

Some explanation to this can be found in her motivation to come to the group, which was the loss of her 18 year old son who committed suicide three months before the group started. The question is, whether her natural grief of having lost a child should be connected to depression at all. Would it have been more supportive for her to be in a mourning group with others who also had experienced a loss? Her self-development was motivated by her loss and during the process; her focus of attention came to include unfulfilled needs in relation to her husband. As a comment, participant #3 had a dream (W.11), where a man is dancing around a fire spreading the ashes of his dead wife. I wonder whether she intuitively picked up a need for rituals related to loss?

There is a cultural issue involved as to how we deal with loss. Participant #1 was brought up in a different country and her cultural values were very different from the other participants. She felt isolated in the village and could not talk to friends or neighbors about her loss, and her

husband was seldom home. If we in our society had more social rituals related to loss, maybe we would be able to prevent the development of depression for people who experienced loss? Another participant in the group (#5) had still not recovered from the loss of her son and husband after 4 years. She also felt it difficult to share her loss outside of her closest family.

7.2.18 Test results

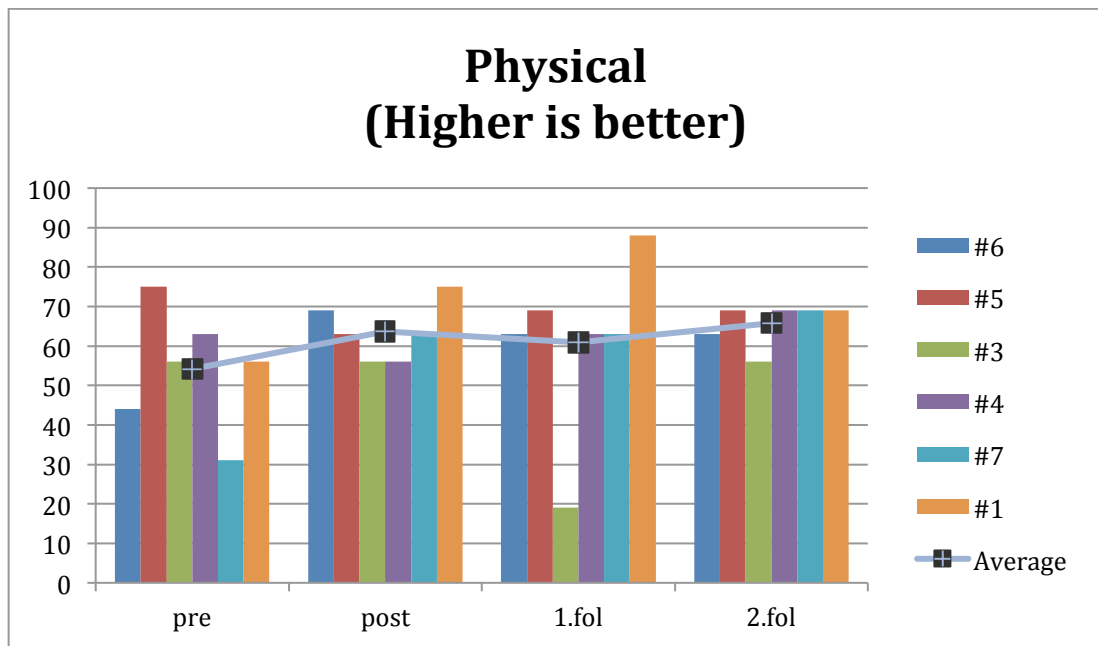


Fig 108. Physical domain.

In the post-test participant #1, #7 and #6 showed increase in physical well being, while #3 remained the same and #4 and #5 decreased a little. As the figure shows, #4 and #5 had the highest score on the physical domain in the pre-test and together with #1 their scores went up again in the follow-up, while the others either stayed the same or dropped. The drop for #3 was due to her back pain from having overworked since her husband left.

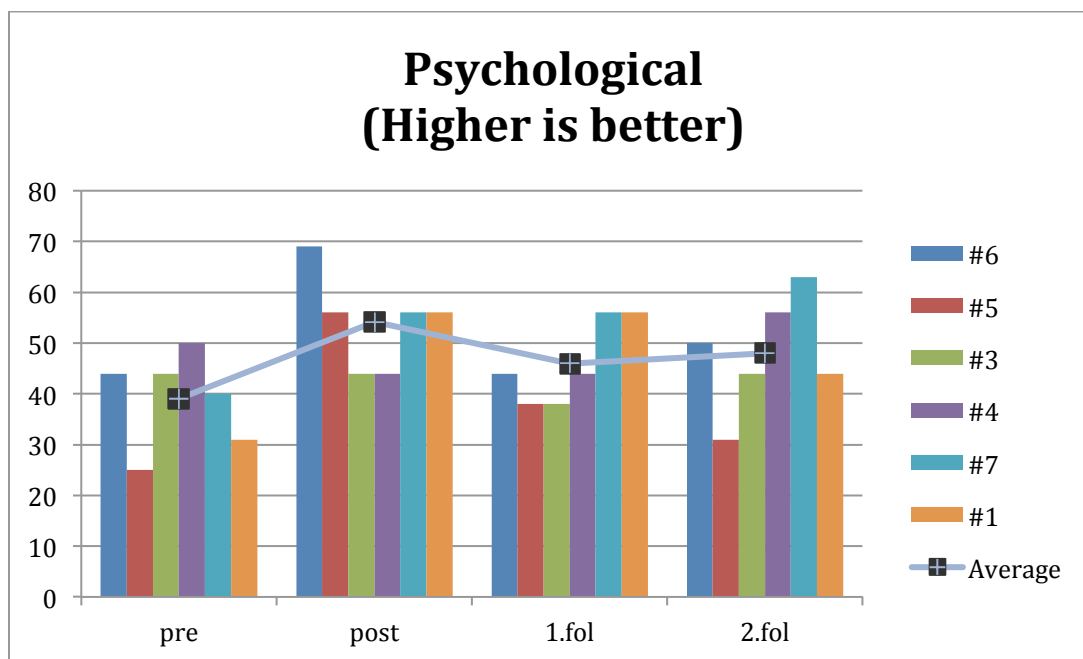


Fig 109. Psychological domain.

Four of the six experienced increase in psychological well-being in the post-test, while participant #4 had a minor drop and participant #3 stayed the same. The drop for participant #4 can be explained by her marital problem, which was still not solved when the group finished. She was the one with the highest score in the pre-test and considering the course of her development (state integration) I do not think she was aware of the intensity of her emotional situation at the beginning of therapy, because she was still paralyzed by her husband's sudden departure (and return).

Participant #6 dropped significantly in the follow-up which might be explained by an unsure job situation, where she had been informed, that she could not keep her job anyway. #1, #7 and #4 stayed at the same level as at the post-test, while #5 and #3 also dropped. For participant #5, I think the drop was related to the finishing of the group, where she lost a sense of belonging, and in spite of her enthusiasm regarding painting, she was not able to continue on her own after the group finished. For participant #3 the drop can be explained in relation to her emotional and physical reaction to her husband leaving.

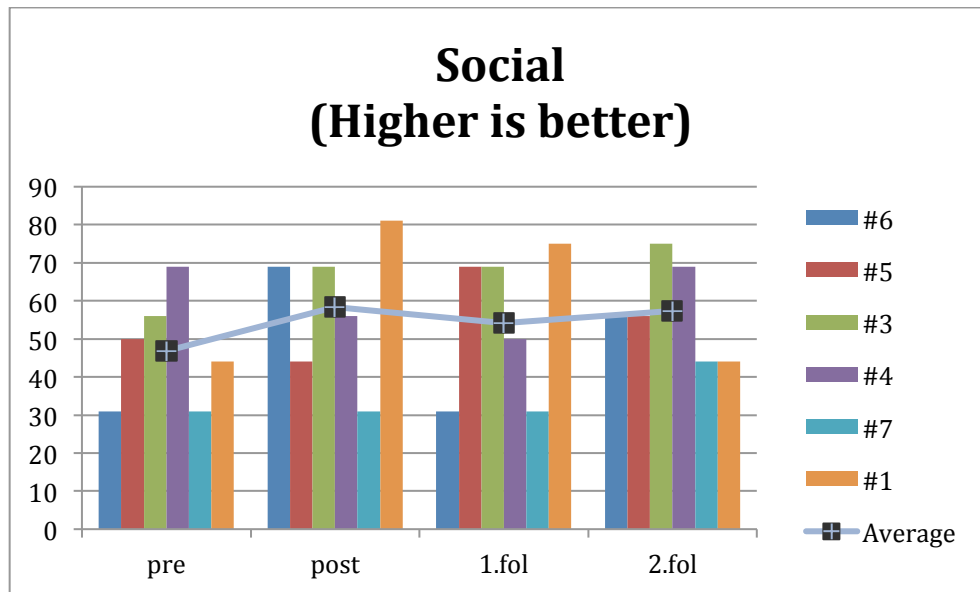


Fig 110. Social domain.

Participant #1 and #6 increased their experience of being socially related in the post-test, but #6 dropped back to pre-test level in the follow-up. This drop can be explained by her experience of being bullied by her boss at work, which happened in the period after the post-test.

Due to the introvert character of the therapy process a certain drop in social relationships would be expected, especially in the post-test. This was only the case for #4 and #5 where #5 increased again in the follow-up. Considering the high score for #4 in the pre-test, I think her drop in both post-test and follow-up-1 was due to her becoming more introverted during the therapy process.

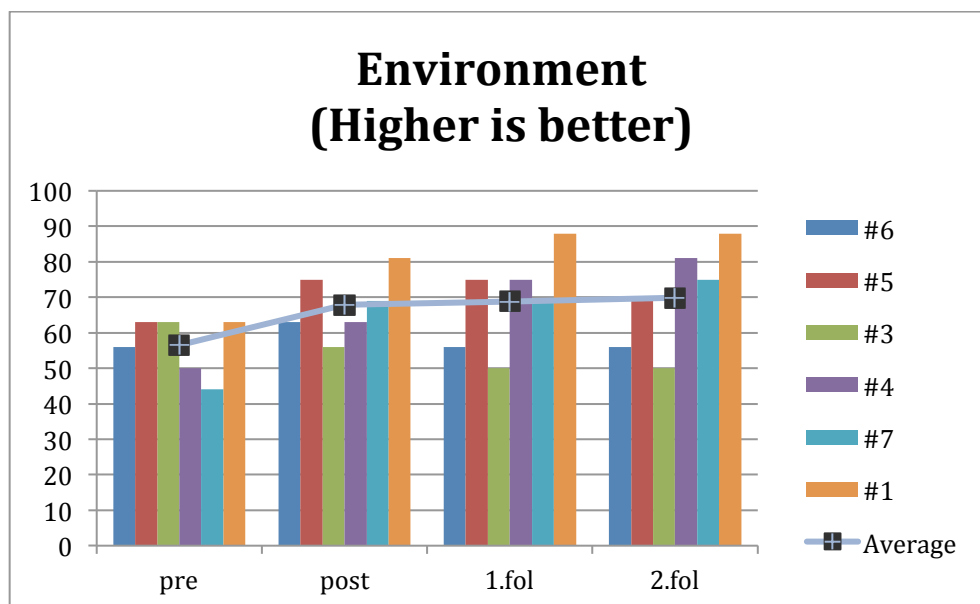


Fig 111. Environment.

The experience of environment issues increased with all of the participants except for #3 who had a minor drop in both the post-test and the follow-up. This might be due to a worsening of financial circumstances and an uncertainty in her future job situation.

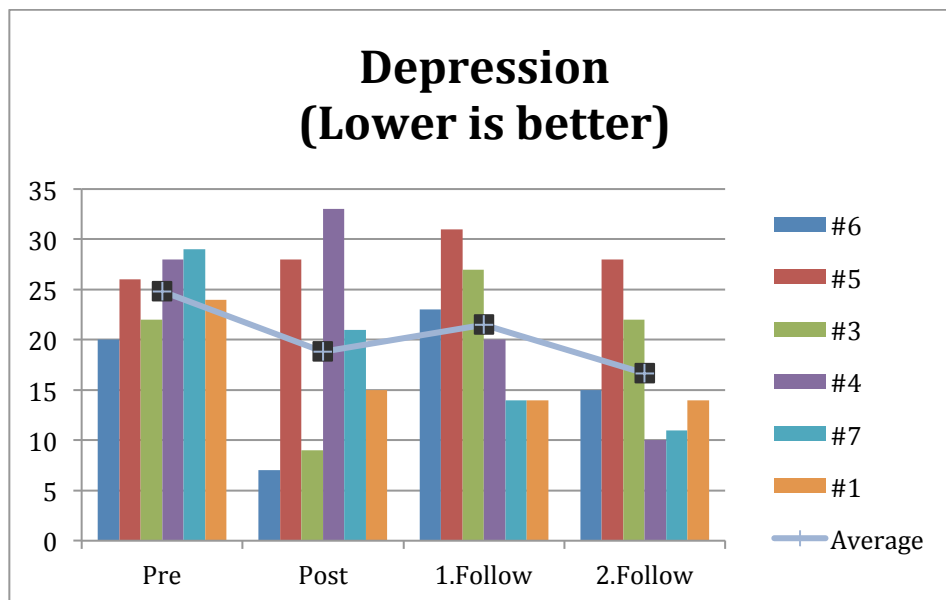


Fig 112. Depression MDI.

For participant #1, #7, #6 and #3 there was an improvement from pre- to post-test, while #5 and #4 dropped. Participant #4 improved during the follow-up-1 and 2 and reached a level below the lowest value for mild depression. This can be explained by her continuation of developing more strength in her self, which she shared at the follow-up 1 meeting. She was still in a process of travelling and was going to start in a job becoming more independent from her husband, and at follow-up 2, she was enjoying life on her own.

Participant #6 improved in the pre-post test, but dropped in the first follow-up and improved again in the second follow-up.

Compared to her self-evaluation at the follow-up 1, she says, *"I struggle with the thought of being 60 and finish working at the same time"*. This might indicate a connection between the psychological and the social domain.

All except #3 and #5 reached a level below the lowest measure for mild depression at the second follow-up.

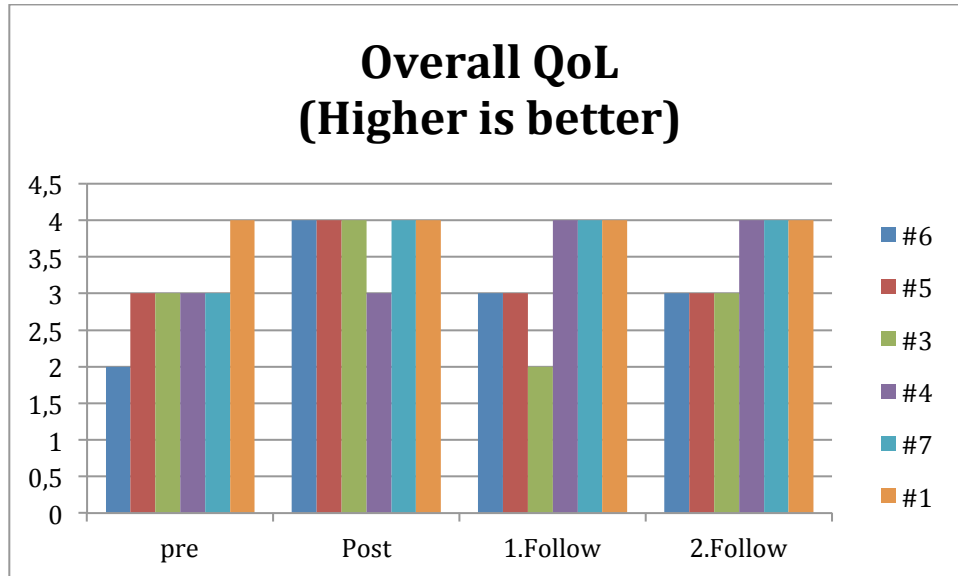


Fig 113. Overall perception of QoL

The overall perception of quality of life from pre- to follow-up-2 increased for #6, #4, and #7 and remained the same for #1, #3, and #5. As #1 stayed at the highest measure during all the tests, only #3 and #5 did not improve at the second follow-up, which corresponds with the depression test, where #5 did not improve and #3 stayed at pre-test level. The high score for #1 might connect to the analysis of her as a deviant case, since she did not show behavioral patterns that indicate depression.

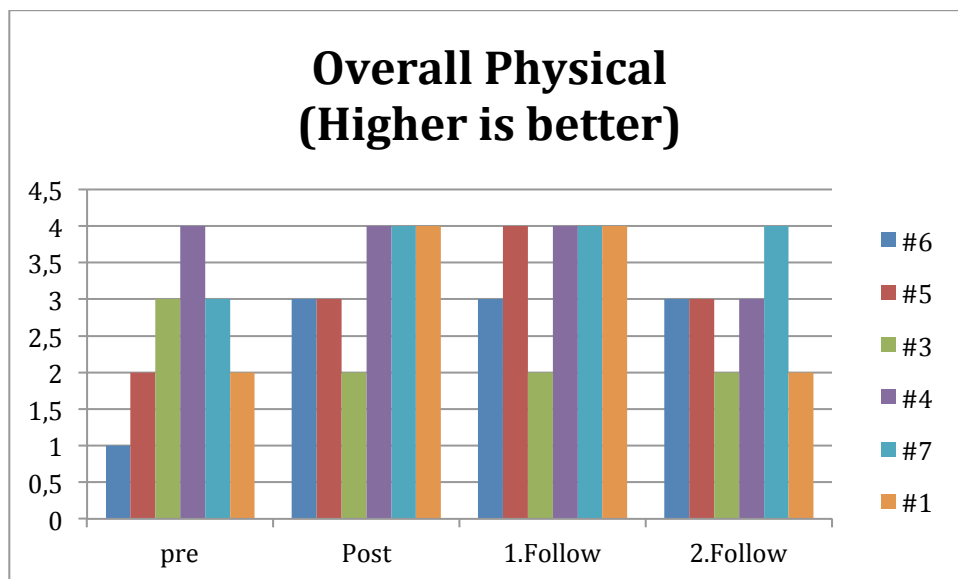


Fig 114. Overall satisfaction with health

Participant #6, #5 and #7 increased in their overall experience of physical health from pre-follow-up-2, while #3 and #4 dropped and #1 stayed the same. For #3 the drop can be explained by her development of a severe back problem from having overworked after her husband left. I think the average increase is interesting, as the focus was on the psychological well-being and

not the physical. It might indicate that psychological work affects health satisfaction indirectly, which in itself would be an interesting research topic and only confirms the relationship between mind and body.

The use of surveys as a validation to therapeutic change has different aspects, which I think need to be considered:

- When dealing with the unconscious, repressed emotions can be activated (as especially in the case with participant #4), and this can affect the test-results negatively in spite of a later lasting positive increase in quality of life.
- New challenges in relation to outer life circumstances can influence the experience of an inner well being during the time of the conflict. This became especially the case for #3 (marital problem) and #6 (work problem).

7.2.19 Summary of results from comparison analysis related to change

Comparing the results from the 6 cases, I found that the participants had several outer and inner patterns in common related to their experience of low quality in life. In spite of the small number of participants I think these themes can be used in further investigations as a more focused intervention related to depression. The most important themes are presented in the following.

1. Improvement of self-confidence

The improvement of self confidence is found most clearly in the comparison of biopsychological needs before and after therapy and in the self-evaluative reports (see appendix 9). They all expressed a better inward connection, which they felt helped them to be more confident and approaching in daily life situations.

2. Improvement of the ability to listen to inner needs

The activity of listening to the unconscious in remembering their dreams and being creatively active from listening to the inside was a ritual which I think helped them to improve their ability to listen to inner needs in general. From having a focus on outer expectations related to inner judgmental voices, they became more aware of the part of themselves, which were not caught up in attachment issues to those inner voices. This process is also a process of learning to separate between the inner parent voice and the voice from the self.

3. Change of the primary response behavior

Since avoiding behavioral patterns is such a characteristic part of depressive behavior, I think the change in their primary response behavior pattern was very significant and important. I suggest, that the method of art therapy has a potential related to the expressive process because of the approaching, focused and dominant character of the expressive activity. In creative processing the individual can train new neurological pathways that may change such behavioral patterns.

The change in primary response behavior can also be a result of a stronger ego-self relation, because the voice of the self is more often acted upon than the voice of the inner judge.

4. Integration of inner polarities

From the comparison of the first and last artwork I think it became clear, how an integrative process had taken place during the art therapy. Since they had not seen or talked about their first artwork since the first workshop, I also suggest the integration to be a result of a self-regulative process.

5. Development of a stronger ego-self relationship

I think all participants benefitted from the therapy in the sense that the ego-self connection became stronger. As the test results show, some benefitted more than others, which can be due to several things.

1. They had very different background issues related to motivation for change.

The motivational aspect is considered to be an important issue related to therapeutic outcome (Cooper, 2008), and should be considered in this research as well.

2. They had different need for length of time to go through the stages of egocide, initiation and return, which was one of the reasons I wanted to take a second follow-up test, as I felt that some had not returned when we finished the group.

Chapter 8. Group analysis and results-part 1

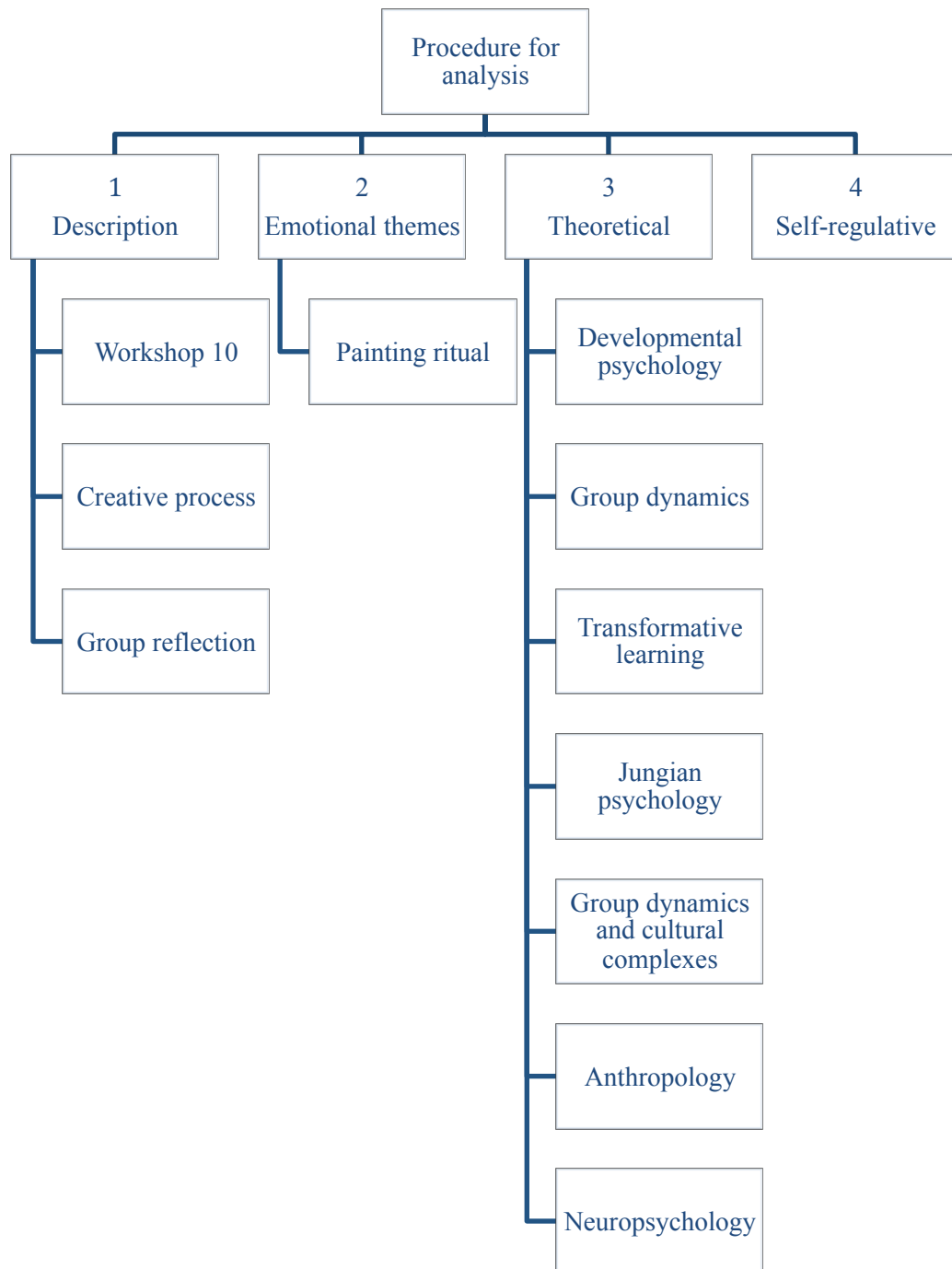


Fig 115. Flowchart: group analysis and results part 1

Table 62. Results from group analysis part 1

Results from group analysis part 1: Workshop 10
1. Individual artwork compensates for emotional reactions in the group
2. The system develops through the focal person
3. Group art therapy prepares transformative learning through dialogue
4. Benefits in non-verbal group art activity
5. Activation of cultural complexes through group art activity

8.1 Introduction

Measuring individual change for individuals participating in a group process can make it difficult to measure the actual influence of the group on individual development and change. Though the focus in this research study *is* on individual development and change, I find it important to look for group influence and group development as an interactive and dynamic part of the individuation process.

Self-development also has an effect on social and cultural life as the system develops through the interaction with the individual.

Since change in the system is facilitated through the individual, developing the consciousness of the individual is important for the system to change. On the other hand, if the system is *not* motivated towards change, it may not support self-developmental activities.

One theme, which has occurred so many times in my teaching groups, is the individual's experience of guilt, when doing things in a different way than other group members. The culture in a group can have many faces, but the one I find is most difficult for our students to confront, is the guilt of individuation.

To follow the individual self and not the group norm or unspoken rules, can be connected to an expectation of being excluded from the group.

The group analysis will consist of two separate parts.

1. Analysis of workshop number 10 (group analysis part 1)
2. Drumming sessions from 3 selected workshops used in the PhD group (group analysis part 2)

The two parts are combined in the summary.

The procedure for the analysis will have the same structure as in the case analysis, only with a focus on the group as a system interacting with the individual.

8.2 Procedure for analysis

Table 63. Procedure for analysis

Level/ Data	Descriptive	Emotional	Theoretical	Self-regulative
Workshop 10	1. Directives for the workshop 2. What happened in the group interaction? What happened in the individual painting?	Interaction between the group and the individual: 1. Egocide 2. Initiation 3. Return	1. Developmental psychology 2. Transformative learning 3. Jungian psychology 4. Neuropsychology	Changes related to Grays's model of polarities
Drumming used in Aalborg PhD test group	1. Directives for music listening and drawings	Themes from drawings	Group versus individual development in groups	Changes related to Gray's model of polarities

8.3 Analysis level 1: Descriptive

8.3.1 Presentation of the group

- Low quality of life (rating scale from MDI, and scoring from WHOQOL-Bref)
- All women (not a criteria)
- Unable to self-regulate emotional states
- Different kinds of educational backgrounds
- Different kinds of existential problems

8.3.2 Workshop number 10

The workshop starts with a discussion from the prior workshop about confidentiality in the group. Participant #1 was upset to hear, that participant #4's husband had seen the list with the names of the participants in the group. Participant #4 shared this information with him without thinking that it was breaking the confidentiality in the group. #1 was once a patient of her husband (medical doctor), and accidentally they met shortly after, and he expressed that he recognized her. Participant #4 said, that she had considered stopping in the group since the last meeting, mixing the discussion about confidentiality in the group with her personal difficulties in her marriage, saying that it is hard. Participant #4 apologizes to the group and assures everyone that she does not share confidential information with anyone.

There is a sharing in the group about other experiences where confidentiality had been broken. Therapist asks #4 if there is anything in relation to the group that she is uncertain about, and she says, that she is worried that the group does not trust her any more. The other group members share their feelings. One says, "it could have been me", another says that it's because she lives

so far away (2 hours drive), that she is not worried. Participant #5 cries, and shares with the group how her loss of her son and husband was reported in several magazines with her name and address, and that people drove by her house in curiosity. She is ok with the group now. Participant #4 cries and says, that she is holding back very personal things because she is afraid that information might come out. She also says, that “I would not benefit from talking about very personal things here”.

Participant #6 says, that she regrets that she interfered in #4's process by coming with advice from her own experience with her ex-husband, and mailed to #4 to apologize. #4 did not experience her comment as a break of personal boundaries. We discuss personal boundaries in relation to responses to each other in the group.

Participant #4 shares with the group, that the paper with all their names was lying in her book on the kitchen table, and that her husband had opened her book, while she was not watching.

#1 talks about her recognition of having a man who oversteps her boundaries, and that she think, that #4 is protecting her husband by taking the full responsibility for what happened.

#3 talks about her alcoholic father who crossed her borders all the time, and how her husband had done the same. She learnt to avoid confrontations but feels angry inside.

We then discuss borders in relation to siblings. #1 says, that she always had problems with her younger sister who took all the attention when she was born, because she was sick.

We leave the subject and the directive for the day's workshop is introduced.

8.3.3 Art therapy directive

Table 64. Art therapy directives

Steps in the process	Directive
Part 1: Individual painting 10 minutes	They are invited to choose an animal figure to represent how they feel now, and to use it as an inspiration to their individual painting
Part 2: Connecting with the artwork	They place themselves in front of their artwork and give the painting a title. They are now invited to experience the artwork as a representation for how they feel in the moment, and to express that feeling in the group painting
Part 3: Group painting 10 minutes	They paint together on the floor on a big piece of paper. A non-verbal process
Part 4: Individual painting 10 minutes	They are invited to go back to their individual painting and to paint whatever reaction they have in the body after the group painting process
Part 5: Connecting with the artwork	They place themselves in front of their artwork giving the painting a title. They are now invited to experience the artwork as a representation for how they feel in the moment, and to express that feeling in the group painting
Part 6: Group painting	They continue the group painting on the floor, without words

10 minutes	
Part 7: Individual painting 10 minutes	They are invited to go back to their individual painting again and to paint whatever reaction they have in their body from the group painting process
Part 8: Connecting with the artwork	They place themselves in front of their individual artwork giving the painting a new title
Part 9: Reflections	Verbal discussion of group dynamics and individual experiences

The background for the directives is based on prior teaching experience, where students have explored dynamics between the group as a social system, and themselves as individuals. In daily life this interaction between the individual and the group often functions in an unconscious way for the individual, who may then feel stuck in patterns of interactions with social and cultural systems. The consequences can be, that conflicts, which are socially determined, are made personal as if it no longer has anything to do with the social system (the introverted attitude), or responsibility may be put on the social system alone (the extraverted attitude). This separation between the individual and the system can have an influence on the sense of belonging to a group, which Dissanayake (2000) has found to be one of the most basic bio-psychological needs we have as humans.

Awareness of the expectations that individuals have to a social system and the reaction a social system has towards an individual can become an important issue in the attempt to change both the individual and the system.

I consider this awareness as important in cases where individuals returns to society after a period of inner development (initiation phase), because the system might not have changed as well, and may not approve of the individual change, and the individual may therefore not be able to hold on to the change. What could have been a progressive development can in such situations create a regression instead, as the individual's change may be experienced as a threat to the system. Part of the return phase in individuation is therefore a confrontation with the social system learning new ways of interacting with the system and outer authorities without losing one's own center.



Fig 116. Group painting

The goal with this directive can be summarized as:

- To bring attention to the pattern of interaction between the individual and the group
- To explore and reflect on early relationship patterns as patterns of behavior in the group
- To focus on external relational patterns as a different field of exploration than internal relational patterns

8.3.4 The creative process

After the first 10 minutes on their individual artwork they start the group painting on the floor on a big piece of paper. They are moving around. No words are spoken during the whole process. Everyone is

involved. #1 sprinkles white paint on to the paper using her fingers standing up and moving around. The paper is now filled with lots of colors. #3 takes a big brush and makes a strong black line up through the painting.

The 10 minutes are up, and they are invited to paint on their individual painting (part 4).

Therapist observe that #1, #4 and #5 all use black paint in their artwork, while #3 uses white. #6 and #7 uses green.

When 10 minutes are up, they are asked to move back to the group painting for another 10 minutes, and immediately #3 takes the black 2-litre paint container, and pours the paint over the paper while walking from one end to the other. She is crying intensely and when she has finished pouring the black paint, she starts to clean up the floor. Then she uses her hands to make the whole painting black covering up all the colors in the painting. #4 and #5 stops participating and sits down, while #3 starts to scratch in the black paint, so that the colors underneath re-appear. #1 had gone out in the bathroom to clean her hands and the therapist follows asking her if she is ok. She gets very upset, because she obviously is not ok. #3, #7 and #6 continues and now they are all scratching in the black paint to bring back colors. They are asked to stop and to go back to their individual painting for the last 10 minutes. Therapist observes that #1, #4 and #5 (who all painted black last time) all paint red during this individual painting time. #3 is covering her white lines with yellow, and #6 and #7 is using blue and green. They finish by giving their artwork a final title.

8.3.5 Group reflections



Fig 117. Reaction to group interaction for #1

#1 describes how she tried to paint *hope* on the group painting during phase 3, because all the mix of colors was too much and she felt she had disappeared in the picture. She experienced that all hope was painted over as the others painted over her white sprinkles as well. Therefore she called her own painting *all hope is lost*. She recognized the feeling from the time her sister was born where she had also felt she was not allowed to be visible as herself, but had to be responsible for both her sisters. Her anger from this experience made her use the black paint to cover all colors. She was surprised that no one from the group had physically stopped her, as she had never expressed such anger in her family. The red color of *hope* and the red lines in the painting, transformed from being black to red in the final painting process.



Fig 118. Reaction to group interaction for #5

#5 felt it difficult to deal with all the black and associated the black to the loss of her son and husband. She painted *hope* in her own artwork symbolized by a big heart in the final part of the process. She said that the white eye was the eye of her horse. She was ok by not participating and said, that she usually withdraws, when she is confronted with such emotions from the outside. She also felt that her colors were painted over in the group painting.



Fig 119. Reaction to group interaction for #3

Participant #3 said, that in the first group painting she had made the big black line in the painting because she felt that something was missing, and that there was too much confusion in the different colors. In her individual painting she made a white line through the painting, which became yellow after the final group painting, because she felt that the white was too innocent.

When #1 had poured the black paint all over, she felt a strong resistance towards being wiped out, and an inner voice had said, “I want to be visible too”, which gave her the idea of scratching into the black paint so the colors became visible again.



Fig 120. Reaction to group interaction for #4

Participant #4 expressed *hope* in her individual painting after the first group painting process, as an expression of her need for something more positive (the white parts). She did not know how to express that in the group painting, she said. After the second group painting process, she felt overwhelmed by the power from outside and withdrew from the painting process with a feeling of anger, which she did not express in the group painting but in the individual painting. It became the red and black parts in the picture. She repeated several times the importance of having more positive energy in her life, and that this was the limit for her. She also said that she felt released by #1's expression, and that she wished that she could have done the same.



Fig 121. Reaction to group interaction for #7

Participant #7 said, she wanted to paint without having the inner judge in her head, and that she felt she managed to stay centered in herself. She called her painting "Nanoq – the process is the goal". Some of the others in the group felt that she had reinforced the blackness in the group-painting, but she had not thought about that, as she had just engaged in the process trying to be in her own center.



Fig 122. Reaction to group interaction for #6

Participant #6 felt sorry for #1 and wanted to give her a hug, but held herself back, as she also felt it was important for #1 to express her emotion. The sadness she felt inside from #1 became the blue parts in her own painting. She also felt that she needed the group painting to look nice and had tried to become visible in the painting, but did not succeed very well, as "there should be space for everyone". When #3 started to scratch into the painting, she followed and started to scratch as well. She said, that she normally don't take the initiative, and that she was raised to be polite. She cries when we talk about her need to comfort #1.

Summary

The dynamic in this process became very powerful and some of the participants said, that it was important to put words to the process before the workshop finished. We also spend some time in the following workshop to reflect back on this experience.

8.3.6 Reactions to group process from questionnaire

After each workshop the participants were given a questionnaire (using a Likert scale measurement from 1-5) with 4 questions related to the experience of the workshop (see appendix 10).

As shown in the diagram below, the total score to the question “How did you experience the group process” increased in workshop number 10, and stayed in workshop 11.

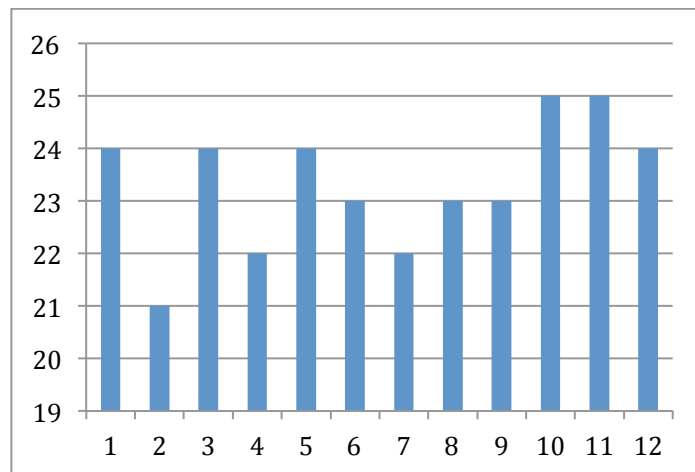


Fig 123. Response to group process after workshop 10

The mean score in workshop 10 was 4,17 out of 5 on a Likert scale.

This result would indicate that even though there was much emotional confrontation during the workshop, the overall experience was more positive than any of the prior meetings. It also suggests that the experience of belonging increased from the group activity.

Participant #4 had the lowest score ever (2) to this question in workshop 10, which might be due to the confrontation in the beginning of the workshop, where she was confronted with a confidentiality issue.

Other comments in the self-evaluation schemas were:

“Unexpected, but open and positive in the end” (#1)

“Little hard – difficult to find out what you (therapist) did to the group” (#6)

“It was a good day and good to discuss it all” (#5)

8.4 Analysis level 2: Emotional

8.4.1 Reflections prior to workshop directives

During this workshop different themes were discussed as a continuation from the last workshop. The following themes came up in the discussion:

1. Confidentiality

In workshop 9 the theme of confidentiality came up as an issue, starting with the incidence where participant #4's husband had read the list of participants and participant #1 got very upset, as she was a prior patient of his. Other group members shared some of their experiences from the past, where they had felt their boundaries violated, and some identified with #4 saying,

“it could have been me”. We discussed the importance of separating past experiences from the present experiences in order to avoid too much projection in the group.

2. Trust in the system

The issue following the discussion of confidentiality was whether the group could be trusted as a system of support. #1 felt that her limits had been violated, and it turned up that it was #4's *husband* who had overstepped #4's privacy by looking into her book without her knowledge. At some point she said, that she was worried that the group did not trust her anymore. It was therefore not only a question of the individual trusting the system, but also the opposite as the individual's need to be trusted by the system.

3. Violation of boundaries

When is it ok to show your empathy and when is it more helpful to allow the other person to express emotions without being stopped? The theme was also related to privacy and #4 said that she did not feel she would benefit from sharing very personal problems in the group. There was a sharing of personal experiences of having boundaries violated from ex-husbands or other family members.

4. Sharing of group process outside the group

In relation to boundaries it was made clear by some, that sharing outside the group should only concern personal experiences and not what others in the group had been sharing. At the same time there were reflections on the effect they experienced from listening to the other group member's processes. They all felt very tired when they came home from a workshop. After these reflections we started the planned activity for workshop 10 as described.

8.4.2 Therapeutic process from painting ritual

Egocide

During the process of group and individual painting the egocide was created in the group dynamic, as they all experienced to “die” in the painting. Their individual expressions were painted over and finally completely covered with black. They reacted differently to this experience based on earlier experiences of being overruled and not allowed to be visible. Some redraw from the process, while others began to scratch in the black paint as a solution to regain visibility. None of the participants interacted directly with participant #1 during the process.

As a reaction to the killing of individuality they all compensated for the experience in their individual artwork, where emotional reactions, which they did not allow to be expressed in the group, came out in the painting.

To me, this was an interesting and very spontaneous reaction to observe in the process and became an indication of how art expression can function compensatory for individuals who have been overruled through interaction with a social system. When egocide becomes an experience of losing one's self based on a violation of personal borders from outside, instead of

a conscious and self-chosen need for change, reactions will be as destructive as the violation was experienced as aggressive. When such confrontations between the individual and the system repeat over longer time the question arises as to how the individual compensates for the loss of self over time. Could that be a key to the understanding of depression in its social relatedness? This might explain why Dissanayake (2000) found it to be so important to bring back the arts in society, simply as a ritual for compensation.

Another perspective is, that being able to compensate for personal violation of borders through creativity or other activities does not change the system itself, because the reaction towards the system goes somewhere else.

It reminds me of a dog I once had. When I corrected her for something, she would immediately attack my other dog, because she knew that I was the leader of this gang, and the other dog was lowest in the hierarchy. The outlet needs to go somewhere else when the system is stronger than the individual. As Helene Burt (2012) says “Social justice may be essential to the well-being and maturity of society, as well as necessary for the psychic development of individuals” (p.29).

Another question is what it was that made it possible for #1 to react to the very system that she felt had *killed* her in the painting process. Obviously she became very alive during the painting process, but also felt guilty at the same time, crying while she expressed her anger. With her expression of black paint, she reacted against the adaptation of being responsible by allowing her spontaneous shadow personality expression. The sacrifice of the responsible girl became her egocide in the process, and became very important for the group as a whole. Somehow she still took responsibility but this time as a focal person in the group. Why did she not compensate in her own drawing like the others, but felt the urge to express herself within the group? An answer could be, that she felt safe enough in this group, since she said that she had never expressed such anger in her own family. Another answer could lie in her personality structure, which I come back to in the theoretical part of the analysis.

Initiation

The confrontation with the unconscious was experienced as reactions of having their personal borders violated. Emotions like anger, hopelessness, sadness, isolation, hope, frustration and resignation came up in members of the group based on the experience of becoming invisible and painted over. This indicates that the images they were each expressing in the group painting were very important self-representations before they lost connection to the self. The emotional chaos and inner turmoil that came up became reactions from having lost the connection to the self. Powerful emotions were attached to this loss followed by a need to compensate for the loss as a way to create balance. The confrontation in the group became a lived experience of earlier confrontations where the individual self had been *killed* by forces stronger than the individual. Emotions that were activated in the group painting, gave each one a chance to reflect on past relationships and to increase the understanding of their own reactions within group dynamics.

Return

The reflections we had in the group after the painting process became part of the return phase from the emotional chaos. As #1 said, the negative part was not the black painting, but the feeling of being wiped out. To explore and understand what each participant was experiencing became an important sharing of what had happened during the non-verbal process of initiation.

8.4.3 Summary

The emotional awakening in the egocide stage was facilitated by the painting activity where everyone in the group felt wiped out by someone else. Reactions to this were different and all except #1 reacted by compensating in their own artwork separated from the group. The experience activated earlier memories with the participants where they had also felt they were not allowed to be visible.

One important aspect related to egocide in groups is, that the responsibility for the confrontation becomes a shared experience between the system and the individual. According to the Jungian understanding of transformation, consciousness of the opposites are needed for transformation to occur, which is not the case, when the individual and the system splits up with different realities. Therefore we spend some time in the group on reflections having a focus on the interaction, but also related to earlier object-relations. I found that the relationship between the here and now experience in the group activated earlier relationships and that these were lived out mostly unconsciously in the group dynamics. As #5 said, she did what she always did when emotions like this came up; she would withdraw from the situation. To change a pattern of avoiding behavior to a pattern of approaching behavior is not only breaking of old habits, but a very risky affair for the ego, based on earlier experiences. When #5 was asked how she would have reacted if she stayed in the group painting and expressed her feelings there, she said, that she would have poured red paint all over to bring back hope. This was what she indicated in her own painting with the red heart, but could also have been a contribution to the group.

The stage of initiation was chaotic and confused, which was partly caused by the non-verbal process of interaction. We could not get any explanation to what was happening, or make any rules to follow, but instead reactions were expressed in the individual painting. This brought forward emotions, which had not been activated before in this group dynamic. The return stage was verbal and supported the understanding of individual reactions in a way where no individual was to blame. In the dialogue we also discovered, that everyone in the group had felt overruled, including #1 who took the responsibility (as she had learned in her family) to express her reaction within the group.

8.5 Analysis level 3: Theoretical

When something dramatic happens in a group process, as I think was the case in this workshop 10, I think it is important for all parts to reflect on what it was that happened. In this part I used different theoretical approaches as reflective voices. I related the understanding to the participant's dreams from the workshop which followed, to see how the unconscious reacted to the workshop experience. I elaborate on the themes in relation to cultural complexes.

8.5.1 Developmental psychology

According to Boyd (1991), all development in small groups runs through stages of:

1. Trust versus mistrust
2. Dependency versus autonomy
3. Integrity versus isolation

These stages are described as struggles a group goes through in order to find a group identity. Compared to the discussion in the first part of the workshop the issue of trust versus mistrust was discussed as a theme that continued from workshop 9. When the issue was confronted and everyone agreed upon the importance of confidentiality in the group, the next stage of group development was explored through non-verbal painting interaction in the group. Patterns of dependency versus autonomy became the confrontational theme in the group, where #1 took the role of showing autonomy, while the other group participants reacted to her expression using avoiding behavioral patterns. In the following reflections about the process, integrity was established as no one was isolated and rejected by the group in the here and now situation. In Neumann's model of ego development (1954) the same stages of progress in consciousness are related to group development, which is also used by Boyd in his research on small groups (1991). Neumann (1954) calls the stages for:

1. The great mother (symbiotic)
2. Separation of world parents (separation)
3. Birth of the hero (self-reliance)
4. Slaying of the mother and father (independence)

8.5.1.1 Group dynamics related to ego developmental stages

The precondition for the group painting process was, that we had met for 9 workshops (45 hours) prior to this workshop, and the identity of the group was based on a longing for more joy in life. There was a feeling in the group of mutual support and a good sense of humor. Apart from the drumming, the focus during the workshops had to this point evolved around individual artwork and dialogues between participant and therapist in an open space, where other group members were free to add comments to the dialogues. We had not done any group activity prior to workshop 10, and had had no reflections related to the interactive field in the group dynamic. The husband of one participant caused the first thing that came up in the group, as he had looked into her papers without permission. This brought about the issue of confidentiality and boundaries in the group. For the first time an awareness of mistrust was shared.

Related to Neumann's model, the consciousness of the group had, until this point, existed in a state of symbioses with each other where the archetypical field in the group had remained unconscious, based on a mutual sense of hope and longing for a better quality in life. According to Boyd's (1991) research on small groups, it was found that "to the extent that members commit themselves to the welfare of the group, and are willing and able to examine their own psychic development, is the ground prepared for personal transformation" (p.37). When the theme of mistrust appeared in the group, the negative mother archetype also became present. Participants could no longer trust, that the group would contain and hold the

boundaries of the individual (especially #4). This experience in the group led to the next developmental stage of consciousness in the group, which Neumann calls separation of world parents. The mother archetype had separated as a positive and negative possibility, and this opposition could lead to transformation when all members were able to recognize both parts within their own consciousness, which I think was the case in this group. Partly because of the strong identity of the group as a group *with low quality of life issues*, and partly because they knew each other from 9 former workshops. The reaction to being painted over manifested in the group painting by participant #1. She took the role of expressing for the whole group how it feels like to be wiped out, and she confronted the group with her feeling of despair. She then became the focal person in the group.

According to Boyd (1991) the focal person:

- Represents the unconscious emotional concerns of a system (compensatory aspect)
- Critique of status quo moving forward
- Voice for transformation of a new system (inspirational)

In the discussion that followed after the painting, everyone could relate to the experience with their own memories from their personal lives.

8.5.2 Transformative learning

8.5.2.1 Family pattern and group interaction

Bringing in the schema from the case comparison of inner voices, I found that the individual pattern of behavior in the group became connected to the inner voices found in the case analysis for each participant. Reactions in the group dynamics were based more on these voices than on the individual self. Why was it, that the voice of the self and the emotional reaction to being wiped out were not expressed in the group painting, but clearly in the individual painting? To find out more, I decided to look at the inner voices found in the case analysis and compare them to the painting activity and to the voices they said became dominant during the group painting.

Table 65. Dominant inner voice in painting and group interaction

	Dominant inner voice from case comparison analysis	Painting activity	Dominant inner voice in the group painting
#3	Judgmental father: "Do it my way"	Her colors and forms are painted over by others	"I want to be visible too" and found her <i>own way</i> by starting to scratch in the paper
#6	Absent father: "You are not loveable enough"	She was not able to make a <i>nice</i> (loveable) painting even though she tried	"The <i>others</i> need their space to express". She did not take any initiative, but followed #3

#4	Religious “father”: “Behave and adapt”	Her colors and forms are painted over by others	“No one shall decide over me and now is enough”. She does not express her feelings but adapts by leaving the process
#7	Judgmental father “Don’t show yourself as a woman”	Doing her <i>own</i> project of not allowing the inner judge to interfere in the process. Therefore she is not <i>bothered</i> by the group dynamics and shows no personal reaction to what happens	The process is the goal I am centered in myself and don’t show any emotions
#1	Judgmental mother: “You are responsible for others”	Her colors and forms are painted over by others, and then she pours black paint all over and covers all colors in the painting by using her hands.	“I am so angry of not being allowed to be visible” “All hope is lost”
#5	Judgmental mother voice: “Don’t be selfish”	Her colors and forms are painted over by others	“I am not allowed to express my own feelings and withdraw. It is OK”

What I think appeared in the table was that the inner parent voice controlled the behavior, after the disappearance of the individual self in the painting process. Because they were no longer visible in the group painting with their individual form and color, they were no longer there physically to defend themselves. Either they redraw from the group, found compromises or did their own things. The reaction to the outer power remained inside until they could express their emotion in the individual painting. This way of compensation takes away the possibility for the group to develop, because the opposition does not come together in the group dynamic and consciousness can therefore not transform through a new learning experience. Opposite to this, the individual can use the experience to recognize patterns from personal life and reflect on issues related to change. This inner process is part of the initiation stage in Rosen’s model (2002), which is followed by the return stage, where the reaction is lived out in confrontation with the social system and not somewhere else. The group’s reaction to #1’s wiping out all colors were not confronting but avoiding, indicating that the consciousness of the group is in the stage of initiation and not in the return phase. The attachment to the inner self is still not

strong enough to fight for, which to me would indicate, that more time is needed in the initiation phase.

Repeating this exercise in later workshops might have been a good opportunity to live out different behavioral patterns as the reflections after the process can stimulate new motivation for behavior in the social system in a safe environment. As a suggestion such a method would be relevant when a group is struggling to find new ways of returning to the social system after a more introverted process of development.

In the following figure I have illustrated the inner judging voices around the self, which disappeared in the group interaction.

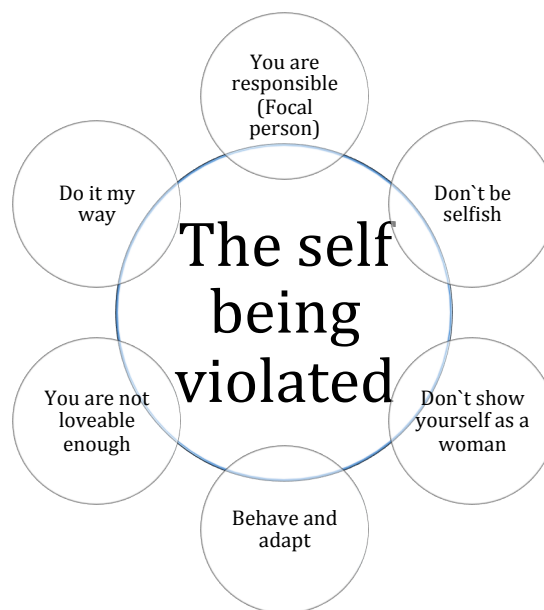


Fig 124. The violated self and the inner judges

When working with small groups we are somewhere in between the individual and the archetypal. How can we understand #1 when she started to pour black paint all over the other's colors. Somehow it became the shadow of our culture, where the normal thing to teach children is to behave and adapt to the system. The concept of the cultural complex (Ed. Singer & Kimbles, 2004) became a key concept within analytical psychology connected to an understanding of the individual as a result of interacting with a system. The cultural complex became the suppressed shadow within a nation, which also affects the family and the individual. The practical value of this understanding leads to a new explanation of depression, which includes the social system. As Kaplan (2007) points out, the art therapist is also a social activist, when there is an awareness of the "interconnectivity between individual and collective" (p.31). To use art therapy as a tool for social change, an action research approach will be relevant to use (Ed. Kaplan, 2007). In this study the relationship between the individual and the system was explored within the therapy room, and the purpose was not to change the system, but to increase the awareness of interacting with the system (the group), and to recognize patterns of behavior in the small group with patterns of behavior in life.

8.5.3.1 Group dynamics and cultural complexes

After the confrontation in workshop 10, I was interested in the dream themes in the following workshop, where dreams were the topic. I now present the dreams and the cultural aspect to the dream themes and relate these to cultural complexes.

Table 66. Themes related to dreams and culture

Dreams from workshop 11		Cultural themes
#3	A man (W.) is dancing around a fire with an urn containing the ashes of his dead wife.	Ritual related to loss
#6	I was in a taxi together with a man. We were going to a meeting about placement of 5-6 children who needed a new home. We arrived to the house where the meeting should take place. The man and I sat together with one of the girls who were going to find a new home. It was a very beautiful room. Like from the Middle Ages with high panels and chandelier. We were wearing clothes from middle ages as well. Then the girl says, that we only have 12 hours to find a new home, and I say, ' <i>It is good that she is almost home</i> '.	Caring activities related to children's needs
#4	A long room. A group of people who are deeply traumatized are lying side by side. One person tries to get them out. A bad smell is in the room.	Necessity to deal with old traumas
#7	I was hanging in a rope doing gym. I wanted to get slimmer. H, (my sister in law) came by and stopped me. Said I was slim enough.	How slim shall women be?
#1	We had stayed in a hotel for about a month or more, and we had replaced all the pictures in the frames, in order to <i>survive</i> our stay. We were now replacing the pictures, which were originally hanging on the walls. The next guests were coming into the room before we were finished, and a small boy was asking what we were doing. He thought it was a stupid idea to change the pictures and told his mother. I responded by saying that we had lived there a month and needed to make the place feel like home in order to survive our stay there.	<i>Survival</i> behavior is questioned by a boy
#5	I am standing on a big mountain, watching nature unfold. The sun is shining beautifully, and my long hair is moving in the wind. I feel freedom in my belly.	Getting resources from nature

When looking at themes in the dreams the participants had after workshop 10, I find that several cultural complexes and themes were activated in the dreams. My suggestion is, that group interaction can activate cultural patterns and complexes in the psyche faster than

individual work. The possibility for the individual when a cultural pattern is activated is, that an opening towards belonging and letting go of guilt/shame of being wrong can transform into an experience of being an interactive part of a specific culture/ system. Also the cultural complex is closer to the archetypical part of the psyche (and to the self), which can be seen in the more archetypical themes in the dreams.

In the following I elaborate on the different dream themes related to group processing.

#3: Ritual related to loss

In our western culture we have very little rituals related to loss, where emotions are shared and transformed through the ritual. From workshop 10, there was a loss of self in the group painting, as self-representations were painted over /killed during the interaction. The theme related to loss had been part of all the prior workshops, as two of the participants had suffered the loss of a son and one had also lost her husband. They were both in a process of letting go, struggling to find a new orientation in life. Their loss affected the group and activated in the group the dilemma/ complex we have in our culture related to loss. The individual who experiences loss is very often left to her or himself to deal with the emotions that follow a loss. This also became the case in the group dynamics, as they all painted their emotions from losing themselves in the group painting in their individual painting. The compensative behavior had replaced the collective ritual of shared emotions, which only became collective through the following verbal sharing of the process.

From my perspective it was interesting to find how much influence a cultural system has over individual behavioral reactions, even when the same system is threatening to wipe out the self? According to the inner parental voices the loss of self should be accepted by the ego and not questioned. Experiences of loss (of the self) are then isolated within the individual, instead of understood from a cultural and object-relational context.

Participant #1 had learned to take responsibility for her younger siblings from when she was a little girl, and this might be part of the pattern that she lived out here as well, where the other group members became representations for her younger siblings, as none of them was able to react to the experience of having their colors painted over.

#6: Caring activities related to children's needs

In this dream the positive mother is activated in herself as someone who takes care of children who needs new parents. In workshop 10, there was no positive mother to support the self, only judging voices available during the interaction, and therefore old behavioral patterns were activated in the participants. Not even the focal person was able to accept her ability to break a pattern as she was crying feeling that all hope was lost. Only in the dialogue where she understood, that it was ok for the others that she expressed her feeling, did she let go of the guilt of having done something wrong.

In all hero myths, the child is also taken into foster care, which helps the child to survive negative parent's. I suggest this dream is indicating, that ego consciousness (her self in the dream) is being responsible for new constellations between the inner children and the ability to

take care of inner needs (new parents). From a neurological approach this is an image, which could indicate, that new pathways in the brain are constructed.

#4: Necessity to deal with old traumas

In our culture traumatic experiences where part of the self has been wiped out, are often not dealt with in cultural terms, but in isolated therapeutic processes. In workshop 10, a cultural trauma, which makes it acceptable that a system overrules an individual, came out in the open. What came up in the reflections after the painting process was that all members in the group recalled experiences where they had felt invisible, not heard, or dominated by others in their early or present lives. This dream tells the story of being conscious of a collective traumatized past (many people). The observing ego in the dream indicates, that some distance is made to the traumatized parts, which makes the approach possible.

#7: How slim should women be?

Having learned not to express her feminine side, she also learned to hold back emotions, and reactions, as they were all part of what we in our culture define as belonging to the feminine and to right hemisphere functioning. There are cultural standards for the perfect woman and the perfect expression, and in the dream she was told, that she is ok as she is. She doesn't need to exercise to become slimmer.

During the group painting, she was exercising in the sense, that she made her own project in the group interaction. She wanted to see if she could remain centered in herself no matter what happened, and to keep the process more important than the goal. Somehow her project isolated her from the group, as she did not notice what was happening to the others, or had any reaction to the fact, that she herself was destroyed in the painting and was also accused of being a destroyer. It was not part of her project, so she was surprised when some of the other group members said, that they felt she had also painted some of their images over, which she had not been aware of herself. The cultural complex here is that reacting in a feminine and emotional way is less acceptable than to hold back emotions and stay with the project using a more masculine and rational behavioral approach. In that way she repeated her childhood teaching, that the feminine was not as acceptable as the masculine.

#1: Survival behavior is questioned by a boy

To compensate for the lack of grounding and safety by decorating the room you are in, is a pattern of behavior she says, that she always uses to feel safe. The little boy in the dream says, that it is a stupid ritual to have. The cultural complex can lead to an agreement in culture that outer things can make us happy because we forget how we really feel, and it keeps the economy moving. This little boy in the dream is like the boy in the story about the emperor who wears no clothes, and everyone in the city says nothing when he is walking down the street, because they have been told that he is wearing the most beautiful clothes. Nobody wants to look stupid and to be the focal person, except the little boy who shouts, "But he has nothing on". This dream is a reminder of such protective patterns, and maybe participant #1 no longer needs survival behavior to feel safe.

#5: Getting resources from nature

This dream points towards the process of initiation as a process of going through a connection to (mother) nature as a representation of the self. I think the dream is compensating for the emotional turbulence in the group. She left the painting activity during, as her inner parent voice told her not to be selfish. She could therefore not fight for her own self in the process but gave the space to others, and she said it was “ok”. As a cultural complex we have used Christianity, as a moral paradigm indicating, that we should think of others before we think of ourselves. Taking care of our own needs, as for example to protect our self in the social system, is not as accepted as taking care of others.

Looking at the dreams as comments to workshop 10, the themes touched something, which connects to cultural as well as personal issues.



Fig 125. Dream themes related to the violated self

8.5.3.1 Ego-shadow as a cultural complex

From this experience ego-consciousness, in its cultural aspect, does not allow the individual to defend the self in the group. The shadow personality is created in the unconscious having a disturbing influence on the ego. That became evident during the individual painting process, where they expressed their anger, sadness, and hope, which were held back in the group interaction. The shadow is allowed expression in the individual painting process but not in the social interaction. A tension between the ego and the shadow inside the individual is therefore avoided, as the emotions of the shadow are projected out in the painting. From a Jungian perspective, the projected content and voice of the shadow must be explored within the

individual for change to take place. This is one of my arguments for including the art therapeutic dialogue in art therapy practice, as a way to create integration in consciousness prior to social and individual change. Otherwise the art making process would function as compensation and not as part of a therapeutic change.

8.5.3.2 Anima and Animus as a cultural complex

Using the concepts of Anima and Animus as principles of orientation, Anima is oriented towards relationships where Animus is searching for logic. Painting together in a group without using verbal communication emphasizes the principle of relationship during the painting process. Making sense of the process then follows in the dialogue. Group painting can therefore bring forward underlying emotions in a group, as they cannot be explained before they even manifest. At the same time projections on each other's behavior are experienced and acted upon according to personal background and the knowledge the members have of each other.

The priority within a culture based on masculine values does not have relationships as a first priority since relationships are related to the feminine principle in both men and women. The feminine principle of relationships can therefore become a collective shadow aspect within a culture. In workshop 10, this priority of the masculine within the individual was lived out in the group dynamic as a separation between what happened in the interactive field, and how the individuals reacted and related to that moment of interaction. In the workshop there was a delayed reaction from the members in the group indicating, that the masculine and feminine were disconnected in the social setting.

Cultural complexes are the hidden rules that control the behavior of individuals within a system. Ways of interacting, values put on experiences and decisions that are made according to what is expected from others.

In order to approach the social system of relatedness, the Animus needs to be available from the inside and to make the feminine the top priority for that specific moment in time. In workshop 10, participant #3 became an inspiration to survive the blackout from #1. Her Animus found her own way out by scratching in the black paint to bring back the colors. Others followed her and did the same and they were able to continue working as a group, even though three people had sat down. This was a result of an inner dialogue between Anima and Animus in participant #3. A creative solution to her personal problem of being painted over. But the outer relationship was not healed during the group interaction, as nobody related directly to participant #1.

8.5.3.3 Ego and self as a cultural complex

When many people know what they need and begin to speak up criticizing the system when they are overruled, the power of the system is threatened. Many old systems around the world have been destroyed because rigid leaders lost control of group members as they gathered together in rebellion. The cultural complex of the ego-self connection is based on the systems right to dominate the individual, especially when the individual cannot rationalize its need, or when logic makes need satisfaction unreasonable. In workshop 10, the blackout in the painting became too over whelming for the other group members to understand with their rational

minds. But as they had come to accept each other in the group, they also accepted the behavior of #1 as something she needed to do. To understand the ego-self connection in a cultural context would include the experience of #1's action, as something new, which had added to the groups identity.

8.5.3.4 A mythological perspective

The most myth that I think could illustrate the group process would be the rape of Persephone from the Demeter myth.

In the myth, Demeter is absent in the moment her daughter Persephone unprotected reaches out for a beautiful flower in the meadow. The earth opens and Hades captures Persephone and brings her to the underworld to become his queen. This scene illustrates how the maternal symbioses between ego and self are separated. Demeter is in despair and will not accept the loss of her daughter, and she searches for her everywhere. This illustrates the need for an inner mother to fight for the lost self. What happened and who took her daughter? Finally she finds out that Zeus as the patriarch (and brother) had given Hades (another brother) the permission to take her daughter to the underworld. Demeter, who is the goddess of harvest, then threatens Zeus and all the gods to starve humanity to death, as she will let all corn die if she does not get back her daughter. When humans die, there will be no one to honor the gods, so they will die as well. This illustrates how Demeter is able to hold on to her need for reconnecting to her self (daughter) by confronting the patriarch and the system by threatening to hold back her true qualities. This might also be an image related to depression and the holding back of expressive potential.

Persephone then returns to her mother, but because she ate some seeds from a pomegranate, she has to go back to Hades every autumn and returns to her mother in the spring. The reflections we had in the group regarding the disappearance of the self, being buried under the black paint, could be seen as similar to Demeter who searches for the truth. What did they not notice, and who was responsible for the rupture. The group painting became the opening experience of earlier relationships, where the self had also disappeared, and where no mother had dared to confront the system as an attempt to bring back the lost self. In some sense, the mother is needed for the return stage. She is the motivation and the emotional drive that keeps the journey going. Recalling their dreams after the workshop, there were several dreams focusing on the mothering aspect as a self-caring theme.

8.5.4 Anthropology

Looking at group dynamics from Dissanayake's model (2000) of the 4 bio-psychological needs, I find that especially the need to belong to a group became central for the understanding of the dynamics in the painting process. The question is how much of the self an individual is willing to suppress in order to experience some degree of belonging to a group? In the painting process, only #1 refused to repress her emotional reaction to the group. Her fear of being rejected from the group was also her pain and despair and loss of hope. Something inside her became more important than to belong to a group and that was why she became the focal person in the group. Had the group not been interested in their personal development and motivated to learn from the experience, they might have rejected her as being a dominant violator like others they have

known. The need to compensate in their individual artwork became part of their need to belong to the group. The inner parental voices became the voices, which motivated the individual to react in an avoiding behavior towards the focal person and the sense of being part of a group working together towards a goal, were no longer present. The inner parental voices (in this group) are therefore not in favor of the feminine principle and relationships, but more of the opposite. If the need for belonging shall be satisfied for the individual, a more feminine voice is missing in the group, who would fight for belonging when possibility is there.

8.5.5 Neuropsychology

Using Siegel's Mindsight model (2010) in relation to the group process it would look as follows:

Table 67. Group process related to Siegel's Mindsight model

Domains of prefrontal brain functions	Group dynamics
Integration of consciousness	Starting the group painting from having a focus on the individual process, this workshop had a different focus on group dynamics. I think the change of perspective in it self was a challenge, and only after the painting process did they feel the process to be meaningful in relation to their own development. Never the less, their satisfaction with the group process increased more than in any other workshop, based on their scoring on the self-evaluative survey
Horizontal integration	The process of painting emphasized right brain functioning based on the non-verbal character of the activity. After the painting process left brain activity was added to the emotional experiences using words
Vertical integration	As shown in the schema with parental voices during the painting activity, the inner voices in the head controlled their behavior in the group interactions, but it seemed to be the body and the shadow that controlled the behavior in the individual artwork
Memory integration	Memory integration took place in the dialogue, which followed the painting process. Early experiences of being dominated and wiped out by someone else were shared in the group, based on the experience of non-verbal interaction. The dream from #4 in which traumatized people were helped to get out from a room, would indicate this connection
Narrative integration	Narrative integration has a focus on the individual development but can also be a shared cultural narrative in a group, where themes are discussed that connect to both personal and cultural aspects
State integration	State integration in workshop 10 would be a possibility, since there was a flow in activity between the group painting and the individual painting. Discussing the process would support a motivation for allowing the shadow more expression in later group processes, which would facilitate state integration
Interpersonal integration	The relationship to the inner parental voices replaced the voice of the self, with a following avoiding behavior. Reflections regarding the potential voice of self

	would be a way to start imagining a change
Temporal integration	The killing of the individual self in the painting process became a symbolical death of the self. Like in the myth of Demeter, it also gave the group a possibility for initiation and change, as part of consciousness followed the self into unconscious and invisible images. The return was mobilized by #3 who began to scratch in the black paint to bring back colors

Using art therapy methods in groups can help the integration of prefrontal domains. One of the most powerful affect in this workshop was the archetypal power in the dominant emotion expressed as anger by the focal person. It became an expression, which everyone in the group had experienced. Not only in the painting process together, but also earlier in their lives with someone else.

8.6 Analysis level 4: Self – regulation

When talking about self-regulation, there are two aspects. One is compensatory and functions instinctively and most of the times unconsciously, without reflections on the very thing that is being compensated for. That was what I observed in the shift from group painting to individual painting in workshop 10.

Another aspect to self-regulation is the urge towards individuation and towards consciousness.

Reflecting on the compensations made in artwork became connected to the process of individuation in the verbal dialogues that came after the creative activity. Therefore I found that the creative act of compensation was needed as a focus for the therapeutic dialogue leading towards individuation.

In the following table I summarize the different behavioral patterns in group painting versus individual painting. I connect the inner voices that were activated within the individual to these behaviors.

Table 68. Inner voice related to behavior in group interaction and individual painting

	Inner voice activated during the painting activity	Behavior in group painting process	Behavior in individual painting
#1	“All hope is lost”	Approaching/ Aggressive	Avoiding/ Submissive
#5	“I can not relate to more blackness and loss”	Avoiding/ Withdraws	Approaching Idealization
#3	“I want to be visible too”	Avoiding/ Finding solution	Approaching Finding solution
#4	“I need to have something positive or I will fucking die”	Avoiding/ Withdraws	Approaching/ Aggressive

	“No one shall decide if I shall feel bad or not” “I don’t deserve to feel this way” “This is the limit for how much shit I will take in from the outside. I have done that all my life”		
#6	“We all need to have our space”	Avoiding/ Follows	Approaching/ Identification
#7	“The process is the goal”	Avoiding/ Self-oriented	Approaching/ Idealization

8.6.1 Summary of self-regulation

1. Individual artwork compensates for emotional reactions in the group

The schema shows, how the individual painting process becomes compensative to what goes on in the social system. This can be understood as a spontaneous self-regulative reaction from within the individual. It confirms Jung’s theory about the self’s ability to do what is needed as an act of compensation to gain balance. However it can also prevent the system as well as the individual from change, if this opposition is never united in consciousness creating what Jung called a *Coniunctio* awareness. Compensation is therefore not enough if we are looking for change in consciousness, but may very well lead to an improvement in well being, because of the release of inner tension.

2. The system develops through the focal person

From the group experience a common theme was discussed connected to the experience of invisibility as they had all experienced to be wiped out from being visible in the painting. As #3 said, “I want to be visible too”. It was the experience of being made invisible that set fire to the reaction by #1. Seen in perspective invisibility is very much what characterizes depressive behavior, as the lack of ability to take action often dominates the depressed personality. This of course leads me to the method of art therapy, which is based on the creative process where the invisible becomes visible. Maybe this could be an important aspect of the healing process especially for people who feel more or less invisible in life, which can include many other groups apart from individuals living with depression.

3. Group art therapy prepares transformative learning through dialogue

To try out new behavior in a small group, where participants trust each other, can become a practical way of preparing personal and social change. Because of the non-verbalism of art communication, a following dialogue became very important for this group.

4. Benefits in non-verbal group art activity

This group experience became a good example of the benefits of combining non-verbal modalities in social communication with psychotherapeutic dialogue, because important reflections might otherwise not have taken place. The non-verbal interaction became a symbolical manifestation of a cultural complex, and all participants projected their pre-

understanding on to each other's behavior in that moment. The verbal dialogue that followed allowed all participant's to feel a responsibility towards the experience and to recognize themselves in #1's reaction.

5. Activation of cultural complexes through group art activity

In a group setting the possibility of amplification is more easy than in individual therapy, because all group members can link on to another group member's personal topic through identification. In the reflections after the group painting we discussed the cultural aspects of not having been seen as a child, and how the lack of mirroring from one or both parents has affected the way they saw themselves and were able to take care of their own needs.

Chapter 9. Group analysis and results-part 2

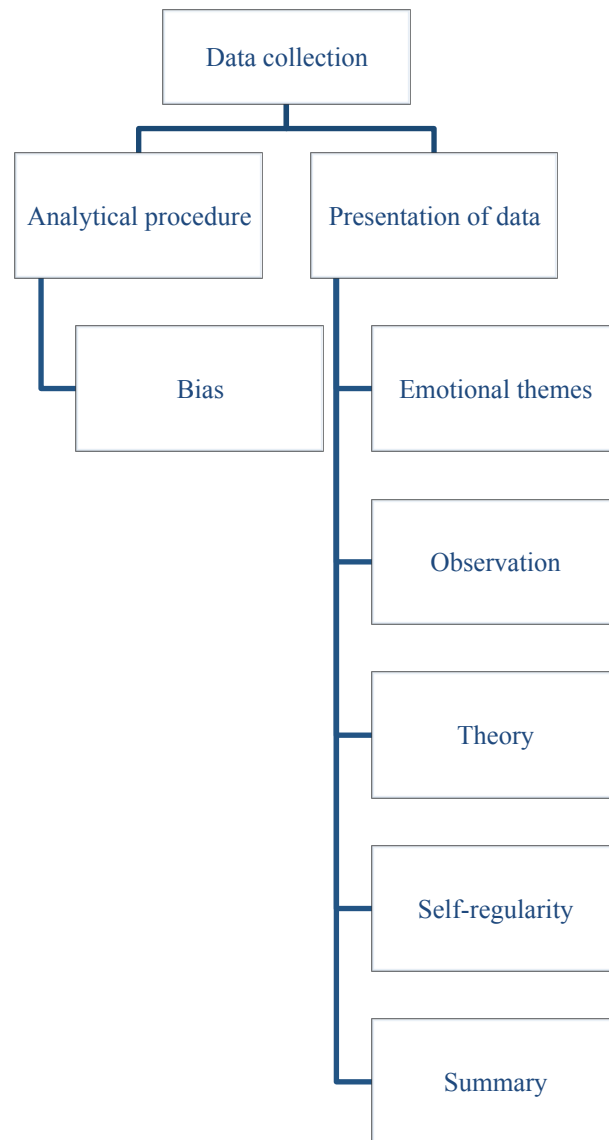


Fig 126. Flowchart: Group analysis and results part 2

*Table 69. Results from group analysis part 2: Drumming***Results from group analysis part 2: Drumming**

1. Drumming as a tool for working with dependency versus autonomy issues

2. Drumming as a tool for development of left brain functioning

3. Drumming as a tool for ego-self development

4. Drumming as a tool for mind-body integration

9.1 Introduction

I had no idea how to use the drumming sessions in the analysis but I wanted the drumming to be a ritual throughout the workshops, based on my former experience of the psychological and physical benefit from drumming together in groups. Using both hands stimulates the ability to coordinate left and right hemisphere, and often the body and head is working together in the attempt of learning a specific rhythm. Also I find, that drumming can function as an interactive way of being together as a group before other creative activities are introduced.

As I was given the opportunity to use my fellow PhD students in the Aalborg group, who are all well trained music therapists, to respond to the drumming, I decided to see, if the development in drumming over time corresponded to the development of the group as found in the analysis of the group process.

9.2 Data collection

As raw data, I used 3 minutes of drumming from workshop 1, 6 and 11.

The drum music was played separately in the group and the students were asked to draw images from their impression of listening to each piece of music. I had made two questions where they were invited to put some words on their response to the music. My data for the analysis of the drumming will include:

*Fig 127. Data analysis of development through drumming***9.3 Directive for exploring the music**

Step 1. Open listening to the music.

Step 2. After each piece of music, they were asked to draw their impression on paper (A-3 size) and to make one reverse drawing.

Step 3. They were asked to give each picture a name/title.

Step 4. They were asked to answer 2 questions after listening to each piece of music:

1. What do you feel the music is communicating about the group?

Music number 1:

Music number 2:

Music number 3:

2. Can you describe any difference between music 1, 2 and 3?

9.4 Analytical procedure

Step 1. Data from the questionnaire is presented

Step 2. Themes related to change from music 1 to 3 is presented

Step 3. Theory is added to give the process meaning

Step 4. The results are compared to the group analysis

9.4.1 Bias

A question from the group regarding bias was, that they knew the order of the music and therefore their drawings might be influenced by that knowledge. I could have presented the pieces of music in an order not known to the PhD group, but on the other hand, I think it was easy to hear that the participants in the art therapy group became more and more familiar with the rhythm and therefore also felt more secure in their playing. This in itself is another issue in trying to gain meaning out of the change in the music. Are changes merely a result of becoming better and more confident playing the drum? And if so, do changes in the drumming then not say anything about the group development? The experience of playing the drums together and to become better in playing is still a ritual, which to me becomes part of the whole process. Having used this ritual within groups for more than 20 years I experience that each group has a unique identity mirrored in the drum rhythm of the group. They learn to play the specific rhythm gaining more competencies; they are not taught to play other rhythms, only given the space to express freely.

The participants in this group had different kinds of experiences of drumming. Some liked it more than others. Especially participant #5 changed her relationship to drumming. During the first 2 workshops, she began to cry the minute we started the drumming, but from the third workshop she was the one who enjoyed it the most. She could not explain why. Something that stands out for this group compared to other groups, is how much they stayed with the basic rhythm (held by the therapist), without using the drum for more explorative and individual sounds.

9.4.2 Presentation of data

To present the data I used the response to the questionnaire as the answers are based on the listening and the images made. The images are not presented.

Table 70. Response to questionnaire

Question/ Participant	What do you feel the music is communicating about the group	Can you describe any difference between music 1, 2 and 3
A	1: Discipline, cohesion 2: Discipline cohesion, but trying to break out (without success) 3: Futile attempt of breaking out of a fixed structure. Fear of chaos	From fusion towards individuality
B	1: Unbalance 2: More positive energy towards co-operation and dialogue 3: Certainty, goal oriented	From insecurity towards certainty
C	1: Searching pace 2: Stiffening or conforming 3: Holding or constraining	From searching togetherness towards holding
D	1: On edge, not cohesive, out of balance, collapse 2: Cohesion 3: Boring, unified (occasionally sometimes near edge)	From no cohesion towards too much balance (boring)
E	1: Steadiness, “keep going”, “Follow me” 2: Together 3: Seeking out, but not daring to leave	From rigid and insecure towards following and seeking out
F	1: Mess with power 2: Togetherness 3: More organic	From chaos towards organic moving
G	1: Co-working 2: Sound arousal 3: Leadership, following, development	From co-working towards following
H	1: We want to be on the same line 2: Now we are dancing more forward, and it is bubbling under our feet 3: On line again, but little dance in the end	Wanting to be together towards together dancing
I	1: Searching for a ground 2: Inside the space. Have to stay....? 3: Do I want to belong?	From grounding to belonging?
J	1: A strong pulse with close communication 2: The group’s energy lifts the rhythm, then begins to narrow the frame 3: The players are uniform, but a low voice takes a different path, eventually heard	From closeness towards individuality
K	1: Struggle to center around the central pulse 2: Drawn together in synchrony. Moving forward together 3: Energy increasing over strong stable ground	From centering towards energy
L	1: Cohesiveness colliding with individuality 2: Coming together 3: Rebel coming back	Struggle to integrate group versus individuality
M	1: Fusion, sparks of separation, independence, ritual 2: Confidence, complementing 3: Transformation, inter-dependence, individuality	From fusion towards individuality

N	1: Demanding cohesion, compulsory convention, struggles 2: In time, ease 3: Opening to individual space, but in progress	From strenuous belonging towards belonging (by being different)
O	1: Very strong core, directive 2: Individuality more accepted. Music more unified 3: Individuality is allowed. Music has an anchor function	From directive towards softness and individuality
P	1: Dependency. Trying to catch up with the rhythm given 2: Beginning dialogue. More space around the participants. Choices 3: Beginning independency. Personal rhythms interferes with the big mother heart rhythm	From dependency towards beginning independency
Q	1: People try to find each other or themselves 2: Wall of sound. Some experiment 3: Energy	From confusion towards intensity
R	1: Strong center. Few variations/improvisations. Gravity. Being together. Conducted by a strong leader 2: More ritualistic, more togetherness. Very few solo-entrances 3: United we stand!	From domination by the leader towards group coherence
S	1: Unity, togetherness, power of being together 2: Everyone together. No individual choice	From togetherness towards loss of self

9.4.3 Emotional themes

I found the following main themes appearing from music 1 to music 3:

Table 71. Main themes from music 1-3

From	Towards
Fusion	Individuality
Insecure	Certain
Chaos	Order
Centering	Belonging
Dependency	Independency
Alone	Togetherness

The main theme that stands out from the description of differences between the first and the third music is:

1. From fusion and dependency towards individuality and autonomy

9.4.4 Observation

My own observation of the drumming was, that they tried very hard to play the rhythm that I was holding throughout the 12 workshops. Even though they were (often) invited to do what

they wanted on the drum, there was little variation from the basic rhythm and any variation was hardly heard. That indicated to me, that they were more concerned about belonging issues than to explore individuality.

9.4.5 Theory

Using Neumann's model of ego development, the themes relate to the movement from the matriarchal towards the patriarchal consciousness. The fusion and dependency correspond to the first stage of ego consciousness moving towards more individuality and independency getting away from mother or the holding rhythm in the drumming. The struggle towards being together in the group and being independent was present and not solved in the end, as there was much more togetherness than individuals playing together.

The themes also corresponds to Boyd's (1991) second stage of group development moving from dependency towards autonomy.

This might be a potential in using drumming as a group activity, as the media can give the opportunity to bring forward issues related to belonging and independency.

9.4.6 Self-regularity

The change that can be found in the drumming development moved from an unfocused and diffuse sound towards a more focused and independent expression. This would indicate stronger left-hemispheric activation as a counterbalance to the more active right hemisphere. It also shows a movement from the collective unconscious (as the experience of fusion indicates) towards ego consciousness (individuality).

9.4.7 Summary of group analysis

1. Drumming as a tool for working with dependency versus autonomy issues

Comparing the group analysis with the drumming development, I find that they point in the same direction of moving from dependency towards autonomy. Maybe a drumming development would always show this tendency as the members become more familiar with the instrument, but there are still different things that did not unfold in the drumming, which I have experienced with many of my art therapy training groups. For example, they did not use the drum for compensation in the way they used the individual painting process. This indicates that the need to belong in a group activity is stronger than the personal survival instinct to compensate. Also it may point towards the use of different media, as it was more difficult to compensate through the drumming than through painting. This was also found in workshop 10, where they did not react within the group but only later in the individual painting process. It shows the importance of doing individual work for this group of people, because it seems easier for them to regulate emotional states when they work on their own.

2. Drumming as a tool for ego-self development

Overall the drumming seems to regulate the ego-self relationship by making the ego stronger and more independent.

More directives in the drumming could have been suggested instead of a free space, which I think would have allowed the participant's to try out different expressions on the drum. Using

the drum in a more therapeutic way, as an experimental place for playing with dependency versus autonomy patterns might have been a possibility as well, especially in the return phase of a group development.

What seems to be most relevant for my research question in the group analysis part is, how the lack of timing between action and reaction separates the individual from social belonging. Especially because the aggression is experienced from the outside first before it is internalized and lived out by the individual in a compensatory manner. Using this perspective in the attempt to understand a condition like depression, it might be of relevance to look at those object relations, which isolated the individual from the social system in the first place. Such early relational patterns were discovered through the group painting process and the following dialogue.

3. Drumming as a tool for development of left brain functioning

Getting to know a rhythm and repeating it throughout 12 sessions stimulates the ability to keep a focus, which is connected to left-hemispheric functioning (Cozolino, 2010). This can be one of the reasons why the development moved from dependency towards autonomy, as the participants became more confident in playing the rhythm. The creative skill of becoming better to play the rhythm can like any other competencies (Dissanayake, 2000) obtained, support ego development.

4. Drumming as a tool for mind-body integration

In the drumming activity there is an attempt to control the rhythm and at the same time letting go of body expression transferring knowing into doing. This process of becoming visible through sound can activate many different things within the individual, from early memories of being wrong, to victory in succeeding. This became the case for participant #5, as her body reacted strongly to the drumming during the first two sessions with a crying reaction. Though she came to enjoy the drumming activity, she was not able to share emotions related to the process. She said that she did not know. The combination between controlling the rhythm and letting go in the playing, became part of the drumming ritual. In depression there is often a great deal of control as a holding back emotions from expression, which can lead to the experience of invisibility as was found in the painting process.

Drumming activity has the potential of integrating body and mind allowing body expression.



Fig 128. Present from the group: U-Turn

When there was very little individuality heard in the playing compared to other experiences I have had with groups, I suggest it relates to this group's struggling to create autonomy. At our last meeting the group gave me a present, which they said represented their experience of the therapy process as a U-turn.

9.5 Analysis and results related to research question 2

Research question 2

Can a development of the relationship between the conscious ego and the unconscious self improve quality of life for people who are vulnerable to depression?

If so, can these changes be identified on a holistic (biological, psychological, social and spiritual) level?

9.5.1 Introduction

When I developed the research questions for the proposal to do the study, I decided to use a holistic approach because I wanted to include the main aspects from human life that could possibly be involved in the development of low quality of life which could lead to depression.

The understanding of human behavior as an interaction of many different aspects of living would in my mind make it difficult to trust findings, which only connected to one level. In the clinical treatment of depression I also think it is important to look for those specific parts of living, where creativity for some reason is blocked, that the therapeutic intervention can become most effective. My starting point for using a holistic approach was related to individual change and to those domains in living that defines life.

During the research process I discovered, that these four levels also operates in the transformative process of psychological change, and that some of the participants seemed to be more related to one level than another in their approach to real life. It was as if they were stuck in patterns of behavior without being able to move further in the transformative process of natural change. From this understanding I developed a model, which I call “the integrative model”, which are presented in the discussion as part of the implications that this research study can have.

The first part of the second research question relates to whether an improvement of the ego-self relationship also improves quality of life for people who are vulnerable to depression. This became part of the first research question, where the test results validated the findings in the qualitative analysis (see p.126). In the following I briefly address the identification of these changes related to my initial understanding of the holistic level of human life.

9.5.2 Identification of changes related to biological, psychological, social and spiritual level

The research is basically grounded in a psychological approach using a psychotherapeutic method to facilitate change. Part of the art therapy method contained directives and activities, which can be related to other domains than the psychological as shown in the following table:

Table 72. Art therapy activity related to domains

Domain/ Activity	Biological	Psychological	Social	Spiritual
Art therapy	1.Drumming 2.Painting 3.Clay work	1.Verbal therapeutic dialogues	1.Creative group process (drumming and painting) 3.Verbal group interaction	1. Reverse method related to dreams 2. Verbal and written imaginative dialogues

Because all domains more or less were included in the art therapy process I expected some changes in all domains, but most changes in the psychological part, since that was the focus of attention. As the table shows all activities on the biological level were active non-verbal expressive activities, where the psychological level was verbal and insight orientated. The social level (in this research) was both expressive and verbal indicating that both the biological and psychological level were activated using the group structure as a frame. Within the group structure cultural complexes could be activated and discussed as we did in workshop 10.

On the spiritual level both expressive activities and imaginative verbalization became dominant, which might indicate, that when imaginative verbalization is included in therapeutic work, the spiritual dimension is activated through that activity using symbols as an entrance to the physic reality. It sums up the art therapy modality into 3 different kinds of activity being the expressive, the verbal imaginative and the verbal existential. The interaction between these three kinds of activity defines the identity of art therapy used in this research study. Using the integrative model that I developed during the analysis part, therapeutic change is a result from all levels being active, and therefore I think that chances for change to happen when only one level is activated is less, than when all levels are activated. It will depend on the individual's capacity and former training, whether a biological stimulation can interact with the other levels and create a therapeutic change. This might explain why client differences are the strongest factor in therapy outcome (Slife, 2004).

Chapter 10. Analysis and results of theory and method

Table 73. Results related to theory

Results related to theory
1. Different theories can bring meaning to different stages in the therapeutic process
2. Integrative approach related to therapeutic change

The use of theory within this research study has been important in many ways. First of all I wanted to use an integrative approach as a way to understand the data from different theoretical perspectives. I could have chosen other theoretical orientations than the ones chosen, but I wanted to widen up the field of meaning by combining theories, which I felt complemented, each other. Keeping my focus on art therapy practice, I have found it stimulating that they all have something to offer the field of art therapy, though it is only the Jungian orientation, which includes creative methods in order to facilitate psychotherapeutic change. The advantage to this is, that I have been able to make new combinations between the art therapy method and the theories in order to best answer my research questions.

10.1 Integrative theoretical approach

By using the different theoretical approaches in the analysis of data, I discovered new possibilities of using theory in preparing creative activities for the participants that I thought would best stimulate different parts of the brain and psyche. Thereby the whole use of theory in this project became dialectic in practice, as I went forth and back between analyses of data and new ways of practicing art therapy. During the research study, I have been fortunate to have my other art therapy training groups to try out new ideas and approaches to art therapy and to discuss the felt experiences that came from the activities on both a therapeutic and teaching level.

I found, that different theories were useful at different times during the research process and have presented a timeline for the use of theory emphasizing concepts of special use.

Table 74. Time line for use of theory in the research process

Research process/ Theory	Jungian theory	Anthropology	Transformative learning	Neuroscience
Research questions	Jung`s concept of ego-self axis			
Art therapy directives	Jung`s concept of ego, shadow,			Activation of left and right

	Anima, Animus and self. Dream theory			hemisphere through drumming and painting
Relational modes	Schwartz-Salants concept of the fusional complex			
Analytical design	Abt's model of picture interpretation, based on Jung's typology			
Analysis of Individual development	Rosen's model of egocide, initiation and return.	Dissanayake's 4 human needs model	Inner voices Basic patterns of behavior	Mindsight model of integration related to the pre-frontal brain
Analysis of group development	Rosen's model of egocide, initiation and return	Dissanayake's 4 human needs model	Small group development model	Mindsight model of integration
Art therapy method	Active imagination	Activities related to Dissanayake's 4 human needs model (Drumming ritual Group painting)	Inner voices in the artwork	Different activities relating to different parts of the brain
Self regulation	Changes according to Gray's model of Polarity patterns	Changes related to different needs	Changes related to inner voices	Changes related to Mindsight model

As the time line shows, Jung's psychology has been the foundation for this study both theoretical and practical. Though I wanted to include other approaches from the beginning, it was not until I started to use the theories in the analysis of data that I began to understand how they could all bring inspiration to the field of art therapy in different ways. Art therapy practice could become much more differentiated in the way methods are used leading to a better match between the needs of an individual and the method.

Using theory to explain and understand subjective experiences can function as a steppingstone towards a more objective understanding of psychotherapeutic change. When combining the different approaches from Jungian psychology, anthropology, transformative learning and Neuroscience there seem to be some similarity in the different phases of transformation and change. They all seem to look at change as a progressive movement going through different kinds of experience moving from (a) sensation to (b)

emotion to (c) thinking to (d) intuition. Based on this theoretical triangulation therapeutic development can therefore be suggested to go through different stages in a certain order leading towards integration of polarities.

Table 75. Integrative approach related to therapeutic change

Level/ Theory	Jungian psychology	Anthropology	Transformative Learning	Neuroscience
Biological	Archetype and affect (sensation)	Intimacy	Affect/ emotion	Affect (reptile brain)
Psychological	Allegory (feeling)	Belonging	Imagery	Emotion and Imagination (limbic system)
Social	Sign (thinking)	Competence	Concept	Conceptualization - left brain
Spiritual	Self-regulation (intuition)	Meaning	Action	Behavior/ change

In the transformative learning system, Heron identifies affect with emotion, which neither neuroscience nor Jung do. I prefer to use the differentiation between the two levels, as I believe they are very different in relation to the process of change and to consciousness. Emotions have a connection to object-relations and are therefore ego-related, where archetypes and instincts are connected to the collective unconscious and to the self. Emotions are therefore closer to consciousness than affect, while affect is closer to the archetype and to symbols. What becomes interesting here is the connection between instinct and the Jungian concept of self, as they both are related to the archetypal unconscious. This would explain why self-regularity and change are based on an activation of instincts and not solely on cognitive processes related to ego functioning.

The interplay between affect and emotion as different kinds of experience is therefore an important part of the transformative process. Using this approach to therapeutic change it follows, that in order to understand the transformative process and to be able to support clients going through the process of change, it is important to understand transformation from a holistic angle including all four levels of human life (biological, psychological, social and spiritual). When only looking at change from one perspective, the rationality of transformation might be lost.

I find that art therapy method can come to include all four levels of working within a clinical setting, because the activities can be made flexible containing different kinds of activities that relate to different aspects of human life.

10.1.1 Summary

1. Different theories can bring meaning to different stages in therapeutic process

The advantage of using an integrative approach in the attempt to understand the many aspects of therapeutic change, has not only supported the thought, that there are many ways to explain therapeutic experiences, but I have also found, that the different theories somehow made each other stronger. The relationship between the theories and how I transfer the different models to art therapy methods does not appear as part of the theory itself, but I have made this a part of my bricoleur methodology, and a way where theory and practice could connect. I think this interrelationship between theory and practice can bring a more general aspect to the clinical field, as it becomes easier to use categories in order to bring meaning to processes that otherwise can seem difficult to explain to others.

The use of theory also inspires me to develop new directives within an art therapy practice and teaching situation, which I have been able to do in the directives used in this research, as well as in my other teaching groups.

2. Integrative model related to therapeutic change

When I compared the different theories it became clear to me, that they all included biological, psychological, social and spiritual aspects in their understanding of developmental change. In the beginning of the research study, I wanted to use the four levels as a holistic perspective to therapeutic change, and different ways to approach the human being. I had not thought that the four levels also could describe the process of transformation itself. I find, that this model, which I call the integrative model, can come to function as a cornerstone in art therapy, because it then becomes possible to make more focused directives related to the different stages of development.

I describe the model in the discussion part as an un-expected finding.

10.2 Art therapy methods related to change

Table 76. Results related to art therapy method

Results related to art therapy method
1. From ego towards self through art therapy
2. From self towards ego through art therapy
3. Ego-self relationship through art therapy

Introduction

The use of art therapy methods in this research study has been based on a pluralistic psychotherapeutic orientation, where the construction of meaning related to the artwork has developed from the dialogues and interactions between client and therapist. Having a focus on the client's needs and subjective understanding of artwork includes the client in the explorative process of meaning making. As a therapist I agree with the pluralistic approach to therapy as described by Cooper & McLeod (2011), as I do believe that all methods have something to offer, and the greatest task in psychotherapy may be to find the method which best fits to the

individual's need, instead of the other way around. What Cooper and McLeod (2011) also points out is, that "clients who received a preferred therapy did do significantly better than those who did not" (p.25).

In this research study the method is art therapy, while recognizing the fact, that other methods might have been as effective. Not everyone is motivated for art therapy activity, though I think that more people would be motivated when given the opportunity to choose. Art therapy has within its own field different schools and ways of practicing the arts within psychotherapy (Rubin, 2001). A pluralistic approach depends widely on the choices and directions that the therapist makes during the therapeutic process, as well as the relational style of the therapist (Cooper & McLeod, 2011). In the following I explain the connection between therapeutic goal and art therapeutic directives that were used in this research study.

10.2.1 From ego towards self through art therapy

The art therapy methods in this study were meant to create a connection between ego and self related to the main research question. In the following schema I have shown the connection between goals and directives.

Table 77. Goals and directives

Goal	Directive
Activation of ego-state	Present yourself as a clay figure
Activation of inner voices	Present your family as a painting
Activation of shadow	Make a painting of the person you were <i>not</i> allowed to become as a child
Activation of Anima and Animus	Make the inner couple in clay
Social interaction	Group painting versus individual painting
Activation of self	Using both the masculine and feminine in a painting

The therapeutic relational style as mentioned by Cooper and McLeod (2011) started with a high direction style, but only to start the creative activity to unfold. As soon as the participants had understood the task/ theme for the workshop, they were invited to solve the task in their own individual ways by following the body more than what they thought was expected from them.

The therapeutic process that followed the expressive process was highly supportive following the participant's imaginative meaning-making process in the dialogue around the artwork. Using this relational mode, I found that the participants were able to project the images needed for self-regulation into the artwork.

The interaction between dreams and images supplemented each other and show how a constant orientation towards remembering dreams is supportive of therapeutic change as an inward listening. According to Cooper (2008), the combination of non-directive and directive therapy has been found to be the most effective in psychotherapy. The participants in this research all preferred the blend of both types of stimulation according to their evaluative reports, and they also thought, that the blend of therapeutic dialogues and art expression was mutually important for the benefit of their process (see appendix 9)

10.2.2 From self towards ego through art therapy

Using Rosen's model (2002) of egocide, initiation and return the developmental goal has been to move from the ego and to re-connect with the self. Looking at the participant's self-evaluation the ego as a center in consciousness also became stronger for all of them.

Considering the focus on the imaginative work with symbols, I find this to be an indication that speaks for using imaginative work in relation to people with a low ego functioning, rather than the opposite.

What stands out from the post-evaluation schemas from the participants is, that not only have they become more conscious about themselves being in the world, but they all seem to have gained a better balance between the extravert and introvert attitude.

"I discover new places in myself"

"I have become more conscious about the role my father has had in relation to my self confidence and self-worth"

"To become aware of my own power"

"I have become more aware of myself"

"I feel that I have gained insight into the masculine and feminine sides of myself"

"I have more attention to myself"

The thing about art therapy method is, that the transference to the therapist gradually transforms into a stronger relationship between ego and self within the client, because the artwork becomes the container for the self. As in Neumann's developmental theory (1973), only in the very first period of the child's life is the self projected on to the mother. With the child's discovery of body parts and good enough parenting, the child begins the journey towards independency, as the child's own creativity unfolds. The same can be expected in therapeutic relationships and therapeutic change. When the transference to the therapist becomes part of the safety for self-exploration, then the images and symbols in the artwork can become the important other for the ego in development.

10.2.3 Summary

In this research study I have combined different approaches in the clinical setting, which I believe would facilitate change in the best way for the client. Some of the activities have been activating the unconscious and right hemisphere like painting and drumming, while others have been more left hemisphere oriented, like putting words to images. The directives I have used are based on a theoretical foundation and my clinical experience.

Some adjustments were made during the process, like the use of dreams every second time instead of every time, but basically I have followed the plan I started out with. Overall I think that the time was too short, and I would have preferred a 9-month period for the therapeutic process. I base this on the analysis, where I think they all came through a period of egocide, initiation and return, but I also believe that the egocide phase was the dominant phase during the process, and that the initiation stage slowed down because the group finished. This showed in their evaluation schemas, where none of them continued painting after the group had finished; though some said they wanted to. They all said, that dreams and the reverse method had been most useful for them, and I think that was because we had repeated that method most, so it became more familiar, than other activities. If the group had continued I would have focused more on the painting process in order to anchor the flow experiences and the initiation stage of imagination.

Another reason for wanting more time is due to the drop in the post-test for some of the participant's, which I think partly is because the group finished before the art therapy methods had become anchored strongly enough, and the group support was no longer available. For the ego-self connection to be stronger, the results from the therapeutic process points towards the importance of using symbols as images from the unconscious of whatever the ego needs in order to become stronger.

We used the reverse method in relation to dreams and it showed a potential of activating new neurological patterns because of the projection of symbols in the reverse drawings. As the first drawing usually expresses something from memory, dream or personal narrative, the attempt made in the reverse painting would be to transcend the personal. Especially when dealing with people who are avoiding life, instead of approaching life, as is often seen in depression, a blend of personal and imaginative activities seems to fit well with neuropsychological findings (Shore, 2012)

I have used analytical induction as a way to develop new frames for art therapy practice with groups. Starting out with directives based on Jung's theory of different layers in the psyche, the analyses were based on the process of coding and developing themes for one case. Organizing the nodes into categories I found an order similar to Rosen's description of 3 developmental stages, egocide, initiation and return. This model was then applied to the other 5 cases one by one, and was found useful as a description of the therapeutic process for all the participants. From this experience I began to organize my directives according to the stages and I had the possibility to try out these directives in my other art therapy training groups. I have discovered new possibilities within an art therapy frame of working, where directives are more connected to the different levels of a transformative process. I find this differentiation more related to

client need, because individuals can be (stuck) at different places in a transformative process of change. This approach will make it more relevant to organize groups according to developmental needs, which would be a different approach than the one used in this research. I cannot imagine this process without art therapy methods to bring forward the reflections and the imaginations for change. The unpredictability regarding self-regularity through the creative process has come from within the individual and has thereby supported the ego-self relationship to develop.

Chapter 11. Heuristic Part

Analysis and results

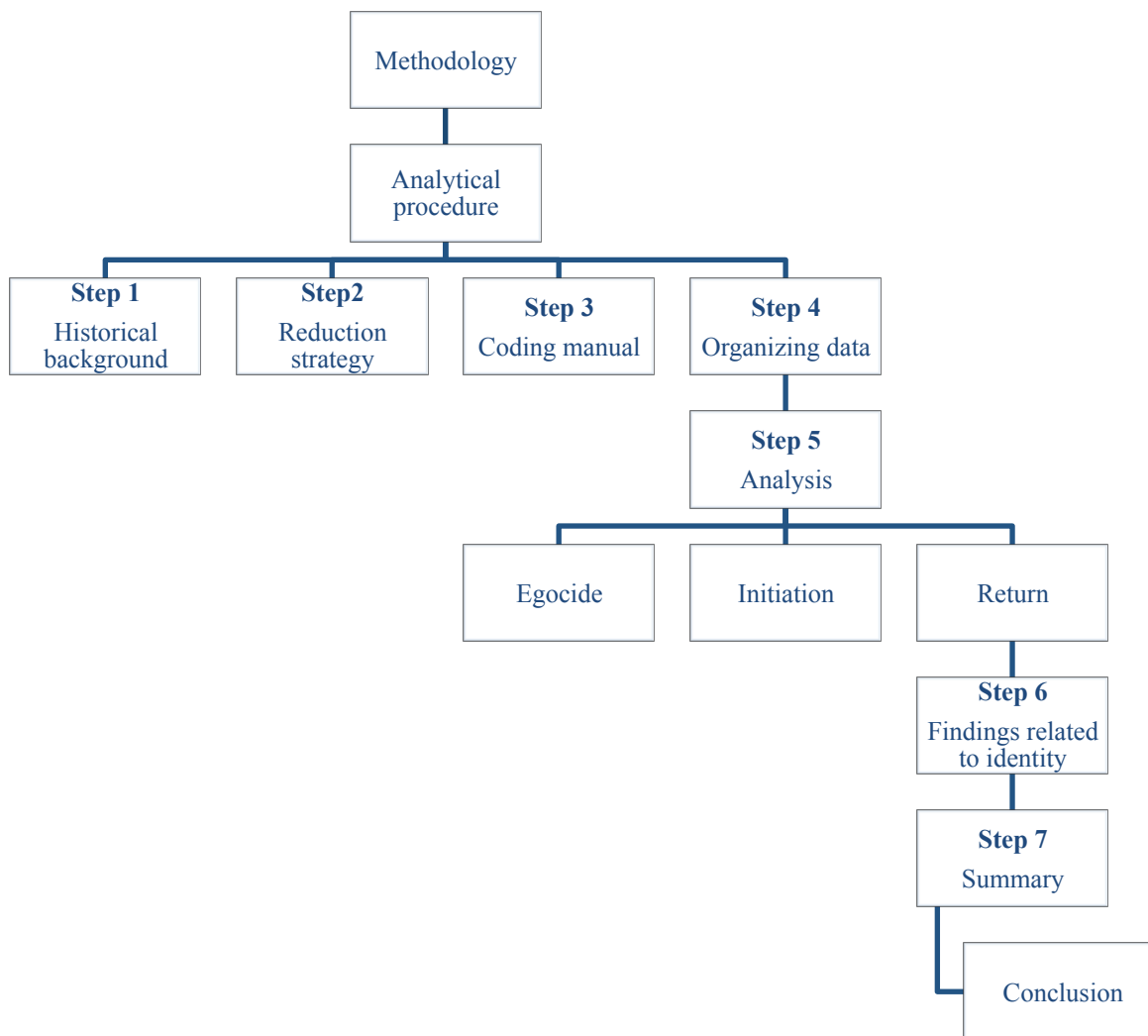


Fig 129. Heuristic part. Analysis and results

11.1 Introduction

In this part of the study I am interested in looking at the development of my own ego-self relationship during the research activity having in mind, that it has in some way affected the outcome of the study as a whole. As part of my bricolage methodology, the heuristic part represents the last piece of the wholeness in this study. In the final discussion, I triangulate the three parts.

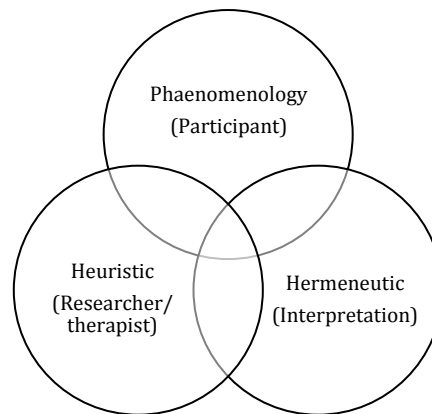


Fig 130. Bricolage methodology

Having written down my dreams for more than 30 years, it was natural for me to use dreams as data from my own unconscious. I felt that my dreams were commenting on the activity of doing research, and that the content in the dreams were somehow connecting to the theme in the study. As this became apparent to me at the beginning of the research process, I decided to see where that process would lead and started to write down associations between the dreams and the research process. This self-reflexive process has been parallel to the main research process, and not interactively related to the participants or research supervisors. I have shared my dreams with my clinical supervisor during the 6-month period as the clinical part of the research process developed, and otherwise collected the dreams together with written associations and sometimes artwork.

11.2 Methodology

Introduction

As an overall design, I wanted to use the core findings of egocide, initiation and return, which appeared during the analysis of the participant's data. I was interested to see, if the model (Rosen, 2002) also could be usefully related to my own development over time. If so, I expected that it might support the validity of the findings from the case analysis in the study.

I also recognized the research process in the steps described by Moustakas (1990) and as I felt both models were important and somehow interconnected, I decided to combine them. When I re-read the 18 dreams that I wanted to use as data having the two models in mind, I was able to connect the dreams to the stages described by Moustakas (1990). Both models describe a development over time as a circular movement of change.

I have also been inspired by Bager-Charleson (2010) who bring in the self-reflective aspect related to a psychotherapeutic practice. Kapitan (2010) has linked the different methodologies to art therapy research, where the artwork has become part of the investigation.

11.3 Analytical Procedure

11.3.1 Step 1. Historical background

Introduction

As an introduction to the dream analysis, I look at historical and cultural influences related to my present identity. As a researcher (and human being) I am of course influenced by the historical time I live in, and this may be the core bias in being a researcher (and human being). I think all action has a reason, even when it does not appear so, but history and culture often seem to hide behind human action, which leaves most of the responsibility to the individual as for example in the treatment of depression. The purpose of reflecting on historical and cultural influences related to present identity might also bring some transparency to my bias as a researcher.

My identity when I started the research process was in my own self-understanding a combination of being a psychologist, artist and therapist/ teacher based on my activities in daily life.

Starting the research process, I exchanged the process of making art into a process of doing research, and that was for me a major shift in how I used my consciousness during the day.



Fig 131. Dancing figures, 2007 (Glass mosaic, Skov)

In the art studio I would listen to music and go with the flow of working with the glass or other media, where as in the process of doing research my consciousness needed to be much more structured and related to outside rules and regulations as well. Doing research is for me a more focused and masculine activity, whereas art making related me to the body and the feminine. In many ways I was using art expression as a way to counterbalance my work as an art therapy educator, where I trained *others* to use art in a self-developmental way. Working as an artist kept me connected to my more

introvert and imaginative personality and to my self. So I was curious to see what would happen when this part of me was exchanged with a researcher! Would I loose contact with myself and the feminine and how would the unconscious respond?

The subjective in science

The attraction to chaos and subjectivity in postmodern philosophy was not in itself in a balance but was merely an attempt to create a balance within science by adding what was missing in mainstream science at the time.

My first big challenge was to combine postmodern and modern thinking and philosophy, as I wanted to find a way to combine the personal (ego) with the objective (self) using a Jungian approach. To me, that would indicate a paradigm, where the ego and the self were connected as a possible approach to reality.

In spite of the fact that modern and postmodern philosophy together fills out a bigger hole in describing and understanding reality than only one of them, they stay compensative to each other, and scientists often choose a specific paradigm for their research study. This opposition within science affects the way a researcher is searching for new knowledge and also how the philosophical paradigm connects with methodology. My struggle to find a paradigm, which could reflect a Jungian approach to development and change by combining the subjective and the objective approach to reality, was solved by choosing a bricolage methodology, where different approaches could be combined in a way that connected to my research questions.

Using a constructive approach related to ego development and a transformative approach related to self-development, at least I could build on paradigms, which hopefully would come together as a relationship during the therapeutic practice and analysis.



Fig 132. Enlightenment, 2011 (Clay and glass, Skov)

The objectivity of subjective experience

It has long been accepted, that the scientist's personality has some degree of influence to the outcome in research, especially since qualitative methodologies became more established in research, but I have not been able to find any scientific paradigm indicating that objectivity can be found within the subjective experience. Descriptions of researchers subjective experiences of doing research along with self reflective thoughts are used with the purpose of making the research process transparent, in order to understand how personal bias influences the scientific process. Subjectivity is not used as a statement of objective or relational truth in itself and therefore objectivity is still regarded as superior to subjectivity within science.

Linda Shepherd (1993) has discussed this issue in relation to the masculine and feminine values in our society and says, that the feeling function, connected to the feminine and to the principle of relationships, is considered an inferior function within the scientific field, and that the masculine approach to science, based on rationalism and reductionism, dominates science. To understand the self as a regulative principle in the psyche, which always tries to correct the ego

towards wholeness and meaning, can therefore not find its true explanation within the logic of mainstream philosophy. I think this could be the main reason why Jung was never accepted as a scientist, because this objectivity of subjective experience is what we find in his description of the feeling function and in his theory regarding the connection between personal experience and archetypical objectivity. In that respect, I think that Jungian psychology could become a combining link and a third possibility between modern and postmodern philosophy in the human sciences.

11.3.2 Step 2. Reduction strategy

I selected 18 dreams from the period of doing research and the selection criteria was:

- a) A high intensity of *feeling*, and
- b) A presence of *archetypical* content.

I excluded dreams of a more personal nature based on my interest in *cultural* themes related to identity.

11.3.3 Step 3. Coding manual

All 18 dreams were imported into Nvivo and coded into 16 nodes, leading to 110 references. Some nodes were predefined, while some were found as I went along (open coding).

Table 78. Coding manual

Nodes	References
Emotions	7
Feminine	6
Masculine	9
Identity	13
Alone	3
Avoiding	2
Self-regulation	1
Polarity	2
Research	7
Relationship	7
Self	8
Ego	11
Symbol	17
Authority	3
Shadow	3
Unconscious	11

I decided to use 4 nodes as main nodes: ego, self, masculine and feminine as a polarity model related to identity. This choice was taken based on my interest in the ego-self relationship together with the findings from my analysis of the participants' data, which showed, that the relationship between the feminine and masculine was an important polarity related to change. In the analysis of my own dreams I expect a change of identity to be connected to a change of the relation between Anima and Animus based on the change of activity in my life. I made a model illustrating identity, where the core issue is, that separation between the masculine and feminine polarity also creates a separation between ego and self. From a Jungian perspective the masculine and feminine polarity is important related to an understanding of depression, where the masculine dynamics are passive.

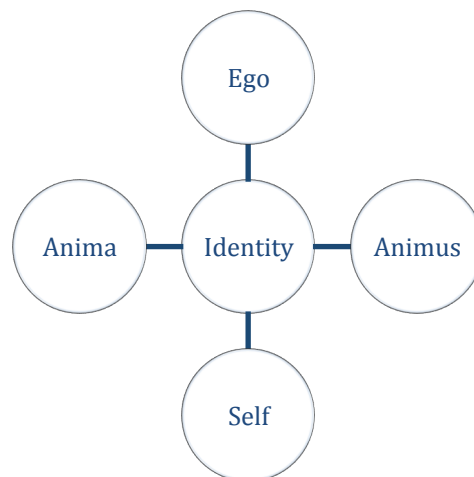


Fig 133. Identity model

The purpose of the analysis was to see how the core concept of identity would change during the research activity. Would any change of the relationship between Anima and Animus change the ego-self relation and my experience of identity?

I did not use the other nodes in the analysis, as I found that the data material was too small and that the identity model was a better structure, as it also related to the findings from the analysis of the participants' data.

11.3.4 Step 4. Organizing data

Before describing the process in the unconscious during the research study, I related the 18 dreams to Moustakas's 6 steps (1990) according to the themes and chronological order of the dreams.

11.3.5 Step 5. Analysis and results

Table 79. Comparing themes

Comparing themes between participant and therapist
1. Lack of agreement between the feminine and masculine
2. The masculine was superior and judgmental to the feminine
3. Change from dependency of outer expectations towards aloneness and independency
4. The ego-self relationship became stronger when the interaction between the masculine and feminine improved

11.3.5.1 Egocide



Fig 134. *Egocide*, 2012 (Clay, Skov)

Initial engagement

During the process of finding my research topic, I was searching for a theme, which I felt I could relate to on a personal level. It felt natural for me to choose a combination of creativity and psychology with the aim of increasing quality of life experiences, as this had been my clinical and personal engagement for more than 30 years. Also I was longing to study the subject in depth, after many years of extraverted work activity. In order to do that, I had to sacrifice the artist part, which then became my egocide.

Dream 1. 5. 3. 2011

An art proposal is rejected.

Preparations to burn an old house. A camera records everything.

I watch the fire from the outside.

A man and a woman. Separated in the earth. So much longing.

I watch and touch the earth where the woman stands.

Earth cracks. Floods of mud. Tries to save the woman.

When suddenly, the mud sinks. Back to where it came.

It turns out. The man saved us all. By opening a water pipe!

They leave together. Finally

Reflections

The art project mentioned in the dream was in reality rejected one week after the dream, and for me it only confirmed, that the artist in me was pacified, and that the burning house was representing some change of ego identity. In that sense, the unconscious seemed to back me up in the decision to do a research study.

My association to the last part of the dream is, that without (ego) consciousness the relationship between the masculine and the feminine cannot change. My responsibility in the process of change was to touch the earth where the woman is standing, which activates the mud to rise. So the ego starts the process of change (decision to do a research study), and then the

Animus solves the psychological confusion by turning on the water pipe. But how can this be understood. He is adding water to the mud in a controlled manner symbolized in the water pipe.

Water is in Jungian terminology representing the unconscious; opposed to earth, which is the ground we stand on related to a more conscious aspect. I think of one of the big dogmas in our culture in Denmark saying, that to solve a conflict or an unbalanced state of mind (as depression), you need to leave the unconscious in order to avoid an even deeper depression to develop. From this dogma the prevention against depression is to focus on left-hemisphere activity to counterbalance the dominance of right brain activity, which is often seen in the depressed individual. My dream says the opposite. You need to add unconscious elements, such as the shadow, inner relationship and self as a way to avoid drowning in the mud (emotions). In the dream I tried to get the woman out of a window, because the man had left, but he was just going out to turn the water on!

In the findings from the analysis the participants' ego strength had clearly improved also based on their own evaluation of the process. In spite of cultural mainstream thinking, prevention against depression includes activation and dialogue with unknown parts of the psyche, and Animus is doing the work. Not the ego of either the therapist or participant. I think this is the effect of using imagination in psychotherapeutic work, because in the imaginative process we are outside the field of the ego and more related to the language of the self. This is the space where Animus can operate bringing information between the ego and the self or between the unconscious and consciousness.

The romantic period in philosophy which followed the empirical rationalism was in some respect an attempt to escape from a reality where subject and object *was* divided, but expressed also the longing and imaginative possibilities for union.

In my work I also to some extent separated the introverted artist and the extraverted psychologist/ educator. Would the research activity become a way to unite the two parts? Doing research is for me an introvert time similar to the process of creating art, only with a different consciousness involved. What I think they have in common is aloneness in the process of creating something new.

The theme of loneliness has also been discussed by Moustakas (2004), as his inspiration to the development of the heuristic research method.

The dream was to me a romantic dream with a happy ending of bringing two parts together. In the dream the solution to unite the polarity between the man and woman, does not happen through logical ego activity, but by using a more intuitive way of thinking.

In relation to the subject of my research study, the last part of the dream is for me an image of depression. The couple has in some way stagnated in matter (earth) and the woman is not able to move by herself (representing the archetypical feminine principle of passivity). The separation between the masculine and the feminine separated in the earth was quite similar to the separateness of the masculine and feminine later found in the data from my participants.

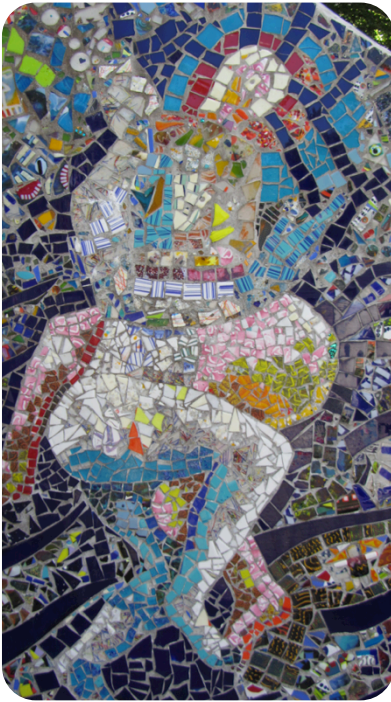


Fig 135. *Immersion*, 2006 (Glass mosaic, Skov)

Immersion

Having found my topic for research and been accepted as a student at Aalborg University, I began to search for a structure and design of the study through literature, discussions with students and everyone who would listen! I (almost) stopped working in the art studio and spent the day in my study room searching, reading and writing.

From the beginning of the study my thoughts were concerned with the question of bias. Would my experience of having worked with Jungian psychology for so many years color my ability to *see* reality and to create new knowledge, and would I discover different results if I chose a different main theory for the analysis. The polarity between mainstream science and Jung as an outsider became a polarity that I had to solve, and which in many ways reminded me of myself being an outsider in mainstream psychology working as an art therapist/educator.



Fig 136. *Ask and Embla*, 2009 (Lino cut, Skov)

Dream 2. 22. 7. 11

A film is going to be made. About my son as the client, and J. as the therapist.

They make a plan together. I go to find a film recorder.

Returning to home I meet a couple by the swimming pool.

A primitive man and woman. Have they always lived there?

She has long black hair. They are both naked with hairy bodies.

He has no language. She is upset because I left.

Reflections

As in the first dream I am in charge of recording something that happens. This function is in many ways similar to the phenomenological scientist, who observes and describes reality without interpreting it. The film is going to be about

the therapeutic development of my young Animus (my son who is 20), where the therapist is a Jungian analyst (male teacher from the school). Returning to home where the couple lives can be home to my instinctive self, because the man and woman seem primitive even from a time before language.

Bager-Charleson (2010) refers to reflective self-awareness as “an approach that encourages a so-called reflexive awareness in both research and professional practice” (p.2). To reflect on something does not necessarily involve the researcher’s own self, which is a core aspect of reflexivity. I think this dream is more about reflectivity than reflexivity, since there is no real interaction between me and the actors in the film that was to be made. The unconscious wants me off the stage. In the transition of moving from an art identity reflexivity can be understood as a self related activity because the creative process often has as a goal to express part of the artist’s inner self. As this is not my goal in the research study, I think more separation between the other and myself is needed in order to use reflection as an important part of doing research.

The process of being actively creative is based on an un-reflective right-hemispheric consciousness similar to the flow experience mentioned by Csikszentmihalyi (1996). In the research process there is more reflective awareness and this dream indicates that reflexivity (the therapeutic process leading to a film) is part of the research journey.

My understanding is, that the dream experience prepares me to take a more scientific perspective as a researcher, than I have when I work in the studio.

Dream 3. 22. 11. 11

In the night. Together with a girlfriend.

We are going to a party in the castle. Beautiful art exhibitions.



Fig 137. Raven with woman, 2011 (acrylic on canvas)

Suddenly

*I fall. I am alone. In a beautiful brides room.
Standing by a golden bed.*

*Watching 3 black ravens fly into the room
Through the open window.*

They turn and fly out.

I walk towards home.

Visiting a girlfriend on the way.

All her friends bring me birthday presents.

Reflections

The above dream came two days after the first meeting with the participants in the study (20th of November) and I find that the alchemical aspect of depression is the theme in the dream. In alchemy the image of the raven is symbolizing the nigredo stage of transformation also called the dark night of the soul (Edinger, 1985).

In this dream 3 ravens came in through the window, turned and left again. I am wondering whether the dream indicates a turning point (the ravens turning around in the room) in this stage

of the research process. Beginning the clinical part of the study was in it self a different activity and turning point in the study as a whole.

We can find the nigredo theme mentioned in Bertelsen's (1975) model of individuation, where he describes the process of individuation as a 9-month inner pregnancy leading towards the birth of a new part of the self. The 5th month is related to the experience of the nigredo stage of development, where the old ego has dissolved in the unconscious, and a new identity has not yet developed.

This dream reminds me of Psyche (from the myth of Amor and Psyche) when she was carried down in the valley by the west wind and sacrificed by her father, because no man would marry her. She lived in a golden castle with the invisible Amor. He only came during the night, because she was not allowed to actually *see* him, because he was a God and she only human. Though the myth of Amor and Psyche describes the development of the feminine (Neumann, 1956; Skov, 1991) it also describes the process of Psyche's integration of the masculine illustrated by the 4 trials Aphrodite puts her on. This part of the myth is the first egocide in Psyche's development.

11.3.5.2 Initiation



Fig 138. Initiation, 2012 (Clay, Skov)

Incubation

When I reached a point where I did not know where to go, I would either begin to read something else, hoping to get inspired with new ideas to continue writing, or I would go to my studio and make some art, just to relax from the mental activity.

Dream 4. 3. 12. 11

In the night.

“Our” daughter age 4. Very independent. Runs into the forest and I run after her.

So she doesn't get lost.

Finally. She runs into a house, where a former student lives with her husband.

They are very poor and getting a divorce.

The man takes my hand. Looks me in the eyes, and says: “Thank you for a good education”!

And they both leave.

I carry my sleeping daughter home

Reflections

In the dream the girl guides me into the forest, which is often representing the unconscious part of the psyche, where I meet a couple that is going to divorce. I do not have a daughter in real life, so the girl is an independent part of my inner self. By following her, I become conscious of this couple in the unconscious, a masculine and a feminine part, where I am told, that the woman has taken our art therapy program, but it is the man who is thanking me! My thought is that the woman's development also has a positive effect on the man.

There is a similarity to the story of Amor and Psyche, where Amor is healed through Psyche's journey. He finally flies out of the window where he has been held captured by his mother (complex) wounded by Psyche as she saw him from the light of the oil lamp. He comes to Psyche's rescue as she opened the beauty box and fell into a death sleep, after she returned from the underworld. The restoration of Amor is an interesting point in the story, because we do not really hear anything about his development, except that he has been held captured by his mother. So how does the masculine part of woman's psyche develop, and can the research process activate such changes of the masculine?

Dream 5. 25. 12. 11

In the night. I go for treatment for my feet by the ocean.

Two women give me a foot massage first.

The master wants to implant aluminum under my feet.

I refuse, most strongly, as I do not trust his authority.

Does he not know, that aluminum is an unpure metal,

Dangerous for the body?

Reflections

The need for treatment for my feet, can relate to the process of finding my own standpoints in the research process, not taking mainstream thinking for granted. The purpose of reflective thinking is to make ones own decisions related to the many steps in a research process.

Not only do decisions need to be right in the objective and rational sense of meaning, but they also need to feel right, not to get lost in the jungle of possibilities. This for me is a relationship between thinking and feeling, which means that the process of doing research stays a stimulating process.

Dream 6. 29. 12. 11



Fig 139. Woman in water, 2012 (Acrylic on canvas, Skov)

Very important.

To my surprise, all her art is shamanistic art mandala forms,

With things we found in Africa. Together!

I tell her that in my dream, we were in Africa.

Collecting all the things she uses in her art.

She just gave birth to her 5th child.

In the black night of Africa.

Together with a woman.

I see a stone. Fascinated I take it with me. It transforms into a blanket filled with animal figures. Then into a woman's bag. I am very happy with the bag.

I observe. A woman floating in the water.

Long dark hair. Anxious at first but then relaxed and free.

I visit a woman. She lives by the ocean in her house and gallery.

I have to see her exhibition.

Reflections

My experience in the dream is, that I am in a very feminine and shamanistic world long way from home. Here I meet this woman, who seems to live as an integrated part of nature.

An important symbol in the beginning of the dream is the stone, which seems to have a transformative quality as it becomes a woman's handbag and then my handbag. In alchemy the stone was a representation of the self (Edinger, 1985) and the dream shows a progression from the self (stone) towards ego identity (handbag).

The next image of importance is the woman floating in the water. Her emotional state changes suddenly from a state of anxiety into a state of relaxation. As an observer of the emotional change in the woman, I think it is related to self-regulation, since there was nothing or no one from the outside that influenced the woman.

In the last part of the dream I meet another woman shaman and artist who lives close to nature. This dream gives me an understanding of the archetypal spiritual feminine that lives close to nature creating art from nature. The wounded spiritual woman from the middle ages is a part of the feminine archetype in all of us, and I believe a powerful part of the depressed personality.

Illumination

There have been highlights during the research process, where I have combined different theoretical models to bring meaning and structure to the study, as I had difficulty adapting entirely to one specific paradigm. Finding and designing the bricolage methodology was one of

the moments, together with the analytical design based on Jung's typology. These unexpected findings have been important parts of creating my own identity as a researcher and have given me a sense of freedom during the research process.

Dream 7. 24. 2. 12



Fig 140.
Illumination, 2005
(Glass sculpture,
Skov)

*A social worker is unfriendly with her client. Treating her with no respect.
I am so angry on behalf of the client.
I get an aquarium containing a fish. My consciousness changes.
I observe from the outside.
My head together with the client's head
In the aquarium. Eaten by the fish. So aggressive.
I notice, that our heads look like leather embryos,
At an early stage in the womb.*

Reflections

The dream indicates a fusion between the client and me against authorities, represented in the social worker. It also points to the bias, mentioned earlier, regarding the suppression of individual needs in a masculine society controlled by rules and principles. Emotionally I



Fig 141. *Caught, 2010 (acrylic on canvas, Skov)*

identify with the anger of the client who cannot express herself, and in this sense we fuse and transform together in the unconscious (aquarium). I recognize this as one of my personal wounds with a strong father authority in my personal background, and I think the dream is reminding me of countertransference vulnerability. Getting to know the stories of the participants, they also seem to have had difficult father relationships connected to the inner judging voice, and my own story helps me to understand and in some respect *fuse* with their situation.

Swartz-Salient (2007) has described how the fusional complex works in therapeutic situations and the importance of separating from the archetypal field of energy again, in order to get back to one's own self.

Working therapeutically with people who are vulnerable to depression means also working with hidden aggression. The woman in my dream could not express herself towards the social worker. She had an avoiding and submissive

behavior, and I was living out her aggression. The danger in this counter transference reaction is, that the *client* never gets familiar with her own aggression as a potential for a more assertive behavior.

Dream 8. 8. 3. 12

I am in a city. Totally alone. A big brown bear climbing on top of a 3-store building.

I wonder why?

The bear slides and falls to the ground.

I scream in pain, and sorrow. Is it dead?

It gets back up and walks towards me. We will go and find help.

Reflection

My first question is of course what the bear is doing on top of a house instead of in its natural environment, the forest. In my reflection I think of the meeting between feeling (the bear) and thinking (the roof of the house), and that I must have combined the two functions in a way which gives thinking too much priority, so that the feeling function and the feminine gets hurt. I think that the dream also points towards a pattern in our culture in the way we treat animals and nature. The relationship between our culture and our nature is out of balance.

Shepherd (1993) calls this for separate knowledge within science, when thinking and feeling is not connected in the scientific process. This means, that using the results from science may or may not help humanities as the focus lies on the results more than on ethics, and how we use the results. As a solution to this split Shepherd (1993) mentions the concept of connected knowing as an equal blend of feeling and thinking, which involves a certain degree of self-knowledge. The dream reminds me of the importance of healing the relationship to feeling (the bear).

Dream 9. 29. 3. 12

I am on a course, and an old student is the teacher.

Uncomfortable about the change in roles.

In my room, I find a box with birds. They all look so different. They need water.

I carry one softly in my arms. Is it ready to fly on its own?

Walking in nature with a group. A big flock of birds in the sky.

I warn the group to be aware. The birds do not care about us.

They are strong, independent, and together.

We need to hide to avoid confrontation and not to get hurt.



Fig 142. Metamorphose 1, 2012
(ceramic, Skov)



Fig 143. Metamorphose 2, 2012
(ceramic, Skov)



Fig 144. Metamorphose 3, 2012
(ceramic, Skov)

This dream inspired me to make a sculptural series in clay, which I have called Metamorphoses 1, 2 and 3. The sculptures illustrate a movement from no flight towards flight. The directives I give to the participants in the group are meant to support the therapy process over time related to the ego-self relationship. This dream inspires me to set them freer by suggesting that they paint more freely from the directive, so that they do not try to *solve* the task according to what they imagine to be expected from them. This is still possible as we have 5 more meetings. I would need to hold on to the directive related to dream work using the reverse method, but it still gives us time to explore the free flight of the spirit. Struggling with the free spirit inside myself I had the following dream while I was working on cultural complexes and creativity:

Dream 10. 11. 5. 12

The electrician has made new installations in my house.

I complain about the bill. Why did he need to buy a bird in a cage to fix it?

I forgot to make a clear agreement.

A man from China has found a partner for his child age 9 to marry.

I jump like a dog, aggressive and with all my power, I hold him against the wall.

Demanding that he looks me in the eyes when I say to him, that

“We do not have forced marriages in Denmark”.

Reflections

The beginning theme of the dream, relates to the importance of making a clear contract/ agreement related to changes in one's personal identity (house). This initial agreement means, that the process of change is based on a clear differentiation between the ego and the self. This fusion between the two realities becomes clear in the symbolism of an electrician using a bird for electrical installations! What does a bird have to do with electrical installations? Symbols

related to the spiritual reality (the bird) have been brought into the ego reality (house), and that creates confusion. The same is true for the last part of the dream, where a new symbolical union is introduced between the feminine and the masculine, but it is clearly not understood as a symbol of something new, but as an abuse of the feminine/ child. The issue regarding cultural complexes and the judgmental morals we live by is confused with the symbolism of the non-judgmental unconscious. Again I react to the injustice on behalf of the girl, who is about to be sacrificed to the father patriarch. Is this part of who I am? A social activist defending the vulnerable feminine! I do recognize this issue as my main motivation for having chosen a subject related to depression in the research project. For so many years I have witnessed mostly women's stories about emotional and sexual abuse related to their fathers and later their husbands, and I see patterns continuing to their own children. I have also witnessed women (and men) getting stronger in themselves preparing to live their own lives based on their own free choices. Confronting the inner judge became an important part of this process for all the participants during the clinical part of the research study and a preparation to explore deeper aspects of their own (feminine) selves. I was also confronted with the inner judge when I started the research process struggling to find my own way in scientific paradigms. Was it ok to do things that made sense to me, or was there a different path I had to follow that was unknown to me and already defined by someone else? I need my aggression to fight for what I believe in, just as the participants need their aggression to fight for things they believe in or hope to accomplish in life. To initiate these changes in therapeutic processes are meaningful to me as I witness more integration between the feminine and the masculine.

11.3.5.3 Return



Fig 145. *Return/ Human instinct, 2012 (ceramic, Skov)*

Explication

The process of writing has been a way to find clarity in all the stages of the research process for me. I have truly enjoyed the many moments of inner truth experiences and new discoveries related to art therapy and to my work.

Dream 11. 15. 6. 12

Our cat appeared, to my big surprise, as he died 3 weeks ago.

He had been wandering for days, to find his way home.

He drinks with pleasure his cream.

I ask him: "What about the illness in your jaw, and the pain".

And he answers: "I have fixed it myself, I am OK".

I am left with anger towards the wet, who left him to find his way home alone.

Reflections

My first association is, that something, which has died in the physical, appears alive in the psychological. The art therapy group had also *died* in the physical reality, as the dream came the night after our last session together. But it had not died in the psychological reality as development continues after the group finished. The cat is dead but still alive. A polarity between the physical and the psychological, which transforms into a psychoid reality, that includes them both. In the dream there is no difference between life and death. In spite of my initial surprise it seems to be quite normal, that the cat is not only alive but also able to heal himself and find his way home from the wet (where he died). This is one of the strange things about dreams. When we actual are in the dream-state, there is no doubt about the reality present in the dream. It is real. Then after we wake up, we tend to forget all about the experience of reality in the dream, until next night when we are dreaming again. I think this is one of the most powerful cultural complexes that we are living by, and which everyone has experienced. The denial of the psychic reality.

The self-healing regularity shows in the image of the cat that can fix his own jaw. I think this image shows an example of the transformative self-regularity, which is based on the individual creativity and not on an external advice/ authority. Reflections regarding how the participants could continue their personal development came up in the evaluative process the next day, and to me the dream indicated that they were able to find their own way home, due to self-regularity.

Dream 12. 18. 7. 12

I am going to New York. Have packed all my things. But first, I participate in a course with my old teacher. We are hundreds of people in big rooms.

He brings a parrot in a cage to the stage. It is part of a scientific demonstration.

The bird is tied up in plastic strings.

My teacher shows no empathy with the bird, which can hardly breathe.

Until a male participant jumps to the stage and frees the bird.

What a relief.



Fig 146. Glass bird in the garden, 2007 (glass, Skov)

Reflections

I had this dream during the process of analyzing the cases of the 6 participants. Two weeks later I participated in a course with the teacher in the dream, whom I have known for more than 30 years. He is also the creator of the reverse method used in this research.

My thoughts from the dream relates to the polarity between consciousness and compassion or between being a researcher and therapist. Is it ok to cause pain to a bird, preventing it from breathing, in the name of science? My teacher was clearly trying to make a point in the dream. Also McLeod (2001) mentions the risk of dehumanizing research by taking a stance of being too objective, passive, homogeneous, isolated, meaningless, impersonal, dislocated or reductive, instead of subjective, active, unique, together, meaningful, personal, sense of place and embodied (p.11).

The dream indicates the duality between knowledge and compassion.

In the transition from being a therapist for the participants and the following process of starting the analysis of the data, I had some thoughts regarding my attempt to balance the two poles.

Would I betray their confidence in me when writing with more distance and objectivity, without thinking about their feelings knowing that they would read what I write about them? And would my writing be without compassion if I approached the process from a scientific stance?

Dream 13. 7. 8. 12

Finishing a teaching group. Everyone is absorbed in his or her own process.

Cannot make contact and go outside. Talk to a woman who has lost her loved one

I give her a skull saying that it is the skull of her dead partner.

But it turns out that a black skull hides behind. So maybe it did not comfort her anyway.

A boy 4 years of age slowly transforms into pure gold. His body stiffens. Does he need help?



Fig 147. Black and white, 2009 (glass, Skov)

Reflections

Robert Johnson (2008) has written a little book called “Inner Gold”, where he describes the symbol of gold as a metal related to the self.

As in love relationships we can project the self/ gold on to someone else to carry, until we are conscious enough to take responsibility for our own self. The depressed woman in my dream has lost connection to her own golden self as her partner has died.

This symbolism represents a core understanding of depression from a Jungian perspective, as it describes the experience of a lost connection between ego and self. In the dream I am trying to comfort the woman by giving her a representative of the dead lover, (the skull), but it turns out that the black skull or the negative part of the Animus

representation is also brought forward. In therapy the self/gold is often projected on to the therapist until the client has developed enough trust in the inner self to let go of the therapist as an authority of knowledge. During this transition from idealizing another to self-connection, Johnson (2008) describes 3 stages of loneliness. “Loneliness for the past, loneliness for what has not yet been realized, and the profound loneliness of being close to God. The third kind is actually the solution” (p. 38). In depression the experience of loneliness seem archetypical, and what Johnson points out is, that no matter which kind of loneliness is present, the God-relationship is a solution to the depressive aspect of loneliness. The skull in the dream, which is both white and black, indicates the realistic experience of a love relationship, where the partner is not only carrying the projected golden self, but is also a separate human being with dark aspects. Having lost a connection to something precious will create a longing in the psyche of regaining the lost connection in order for life quality to improve.

In the art therapy group two of the participants had physically lost their loved ones. One woman`s teenage son committed suicide, and another woman lost her son in a car accident 4 years ago, and her husband is still in a coma without hope for recovery. Therefore the emotions of sadness and loss have become an important part of the development in the group and strongly connected to the experience of loneliness and having lost an opportunity for a live connection in the future. Referring to Johnson (2008) the solution would be, that a relationship to God or self would become the healing agent of loneliness. For the connection between the God/ self and the ego to be realized, consciousness needs to look inside and to separate to some degree from the external loss. In my experience this has been the most difficult part of the process with both participants, because they had so much pain letting go of the attachment to the lost ones.

To use the description from Rosen (2002), where he talks about the individuation as a process of egocide, initiation and return, the process of egocide here means letting go of the loved one as a first step towards independence and individuation.



Fig 148. Ragnarok, 2009 (Lino cut, Skov)

Dream 14. 28. 10. 12

All my art is sold on an auction in USA. I am not interested.

Reflections

As the research process moves forward my artist identity becomes weaker, and the change feels ok to me also in waking life. The dream is confirming my conscious experience of a new identity.

Dream 15. 1. 11. 12

I sold my glass house and the new owners want to sell it again for the profit.

I regret the sale and will fight to get my house back.

Reflections

In this dream my house is sold as well, which I regret in the dream and my experience of belonging then becomes clear to me, and I will fight to get it back. That part of my identity is not to be sold for money.

Dream 16. 9. 2. 2013

In secret I brutally murdered a tall and old Indian.

I need his different body parts in my scientific research.

Difficult to keep it as a secret in my own studio so I find another place more hidden and primitive with a fireplace in the center.



Fig 149. Indian dignity, 2012 (ceramic, Skov)

Reflections

This dream came after supervision, where my supervisors advised me to reduce my analysis of the 6 participants, because they were too long for presenting in the thesis (initially I wanted to present three full cases). I then withdraw to my introvert place inside searching for a different strategy for presenting the findings without losing my analytical design, and I think the dream indicates the brutality and necessity in scientific reduction.

Creative synthesis

As this self-reflexive part of the research process functions as a transition towards the final discussion, the creative synthesis process is not yet completed and will hopefully follow from here.

Dream 17. 4. 3. 2013

I divorce my ex-husband!

Together with 'my two children', we are in a big desert like landscape.

I delete everything in my computer because the earth is going under anyway, so I won't need it anymore.

Reflections

The computer is somehow the center of my researcher identity. It contains all the data to the research study. Having spent so much time working with the computer for the last few years, my association to the dream is, that it compensates for that activity by deleting everything, thereby reminding me to put the research study into perspective.

The relationship between life and death is one of the integrative parts in Siegel's Mindsight model (2010), which he calls Temporal Integration.

Identity is vulnerable, and something we use only in physical life. In this dream I separate from my (ex-husband and computer) identity, which could mean, that I may be a researcher on the outside, but in the psychic world I am just I.

Dream 18. 22. 3. 2013

I am in a fantastic huge building. The house of knowledge.

I am there for supervision, but would rather walk around in this wonderful old house.

Reflections

The house of knowledge is related to science and how old knowledge connects with new knowledge. The house contains not only books, but also a theatre and artwork engraved in the wooden walls from ancient times. It reminds me of the last painting from participant #7, which she called "My center of knowledge" (see appendix 14 case 4)

Summary

When the dreams are described over time it shows, that my own process of doing research goes through the phases of egocide, initiation and return as was found in the analysis of the participants' development. Combining Rosen's model (2002) with Moustakas's (1990), also bring forward the connection between the process of individuation and the process of doing research. The conscious mind goes through experiences, which are creative in the sense that there is a dialogue between the known and the unknown resulting in something new.

The clinical part of the research process only lasted 6 months; so it was a limited time spent with the participants' compared to the time I spend in my office. Therefore I think that my dreams mostly relate to my experience of doing research together with the chosen theme of depression focusing on the masculine and feminine polarity. The therapeutic way of working was familiar to me though the systematic way of following a manual was unusual.

11.3.6 Step 6. Findings related to identity

Introduction

First I present my conscious experience of doing research and the emotional themes that occurred during that process.

Then I present the findings from the analysis of 18 dreams having a focus on the relationship between the ego in the dreams and the scenery.

Development in consciousness during the research process

When I reflected upon the different aspects of the research process that had challenged me emotionally, I came to think of the following issues:

- Research process as a shameful experience of not knowing the unspoken rules of behavior in the scientific milieu.
Having taught in an art based educational setting for 25 years, where individuality and freedom to speak was a priority; I was confronted with new behavioral norms within the scientific milieu. I was familiar with a creative process, which included some interaction with the outside, as a media, a person or a group, and felt that as a researcher the creative process had to be contained within myself before I shared my thoughts with others. This process of behavioral adjustment activated the inner judge from my own childhood and in a symbolical way the process of doing research became for me a way to restore my father relationship finding my own way within a system based on patriarchal values.
- Research process as an emotional challenge to be related to the scientific system of right and wrong ways of performing research.
Looking for my own way in the jungle of possibly ways of putting a research project together has been a process of getting to know part of what is objectively known, and then to choose elements that fits to me. The wrong way in this sense is not to follow basic rules and requirements from the research department, supervisor and know how within research. This relates to knowledge of form and not content. To select a form or methodology that fits to the research subject and to me is in my understanding where the masculine and feminine meet in science.
- Research process as an intellectual challenge of learning new theory, methods and connecting them to data looking for something new. This is a creative process involving a certain degree of not knowing what will be the outcome.
- Research process as a vitalizing experience using intuition as a way of finding meaning. The many combinations between theory, method and data are not only based on linear thinking, but also on intuitive processing. The way data comes to make sense during analysis has been unpredictable in so many ways, and has lead to many un-expected discoveries.

As I am writing these challenges down I realize, that the learning process has activated all my psychological functions (sensation, feeling, thinking and intuition). Changing my physical activity from art making to research added something unknown to my knowledge of myself, which became my quest during the time of research activity.

I experience the process as circular since the challenges connected to each function are related to a specific activity and period during the research process. As these emotional themes are connected to how I consciously experienced the research process (ego-level), the dreams are related to the response from the unconscious to this change of daily activity.

11.3.6.1 Development in the unconscious during the research process

Looking at identity in the dreams represented as the ego in the dream scenes, there is a shifting role of ego during the stages of egocide, initiation and return:

1. In the egocide stage I am observing something else happening (video recording in dream 1 and 2). This phase ends with the theme of falling (dream 3).

2. In the initiation stage I am fused with the other, living out countertransference reactions connected to issues related to the suppressed and wounded feminine (dream 7, 8 and 10). During this phase the natural self is also presented as; Child, Shamanic woman, Birds and Stone (dream 4, 6, 9)

3. In the return stage I am alone and different polarities are being presented, such as psychic and physical reality (dream 11), research (masculine) and empathy (feminine) (dream 12), white and black (dream 13), ethics and science (dream 16) and life and death (dream 17).

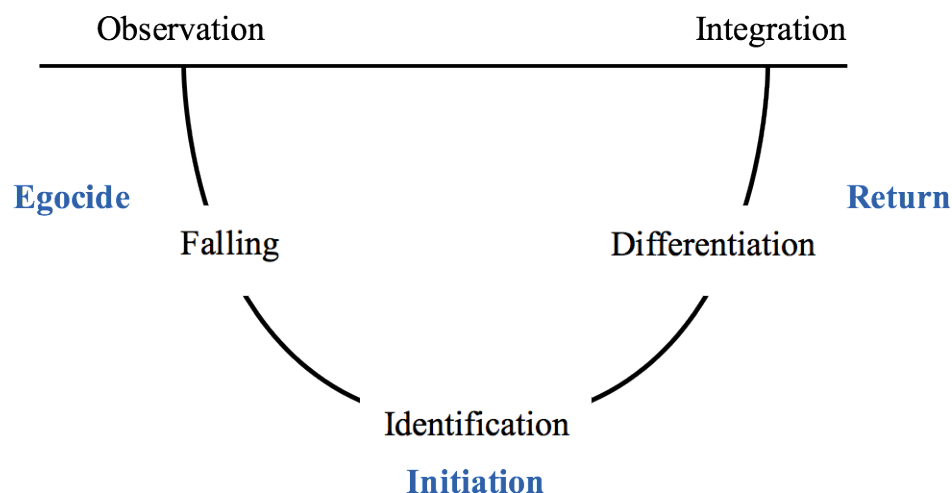


Fig 150. Process of going through egocide, initiation and return

Comparing the images in the first and last dream, there is an old house being burned in the first dream, and a new house in the last dream, which is not a personal house but a collective house of knowledge. Ego consciousness has shifted the position from being an outsider looking at reality through the camera to a felt sense of belonging to the archetypical field of knowledge as shown in the above illustration.

This all refers to the polarity between having a researcher stance to what is observed and being personally involved with that part which is not known as the “I”. The other in this sense refers to outer reality as well as inner reality. Using the Jungian concept of the self and the definition of self as an inner objective reality related to the archetypical nature of the psyche (Edinger, 1985), ‘the other’ in this case also refers to the unconscious self. The development of ego functions in the dreams can be understood as a movement from the ego position towards the self finally ending up in a felt sense of a different identity.

I think this process also relates to the introverted attitude of doing research. The constant focus on the research project, always reflecting on ways to proceed and things to exclude or change, making new small decisions, which together results in a project that only the researcher really understands, until it is ready to be shown to the outside.

In this respect there was a more introvert attitude during the process for both the participant’s and for my self than we both experienced in our lives prior to the research. And the question is, whether it was the introvert nature of the process, which was the dominant key to the transformation for all of us.

Even when the researcher is not focusing on the inner self, the focus is still introvert in orientation involving the feeling function in many decisions that were made.

11.3.6.2 The identity model used in supervision

To try out the identity model I introduced it to an art therapy student group during a week, where we worked with art therapy identity as a theme. I asked them to make an individual painting of their experience of the different parts; ego, self, masculine and feminine. Afterwards they used the painting when working with each other as part of the therapist training.

I then supervised the relationship between the client and therapist using the identity model. Did they recognize one of the four personalities (ego, self, masculine or feminine) as their therapeutic identity during the therapeutic session with their client and if so, which one(s)?

Out of 18 students 17 students experienced that they used only the feminine part of their selves when they were working as therapists. They were trying to help their client and thought that (a) they had to leave their own needs and only focus on the client, (b) using the masculine part of themselves would be too confronting and unkind to the client and (c) a therapist is expected to mirror the client’s needs and not to use the inner self in the therapist in the therapeutic relationship.

The effect was, that they did not make any authentic contact with their client based on their own selves. Some client’s behaved as teenagers and said afterwards that they did not feel met by their therapists. Other clients experienced the therapist as weak, and just avoided contact by refusing to follow the therapist who then became unsure of herself. Some clients just felt bored

in the therapy because they were not able to take the initiative themselves and waited for the therapist to start, and then nothing happened. Basically the relationship between therapist and client became non-dynamic.

Comparing this experience to the field of research it became clear, that therapeutic processes for these students were dominated by the feminine part of them selves (the positive mother aspect), while in research the masculine (father) is in favor (Shepherd, 1993). Both activities contain bias, which connects to the unbalance between masculine and feminine values in the cultural system.

For the therapists to use their own selves, the masculine part needed to be included as a means to create the dynamic field as an interactive space between themselves and their client. In the discussion about the missing masculine voice in the therapeutic setting, it turned out that their resistance of using the masculine part was based on their experience of the masculine being identical with the inner judge, which also meant, that they were afraid of doing something wrong in their therapeutic interaction. They were all invited to cut out the masculine part in their painting, as they were not able to use him in the therapeutic process.

They made a group image of the inner judge using the pieces of paper that they cut out, and he was burned on a fire outside as an egocide ritual performed in the group.

They were then invited to use the empty space in their drawing to create their imaginative masculine part, which they would like to use in the therapeutic process with a client. In a following training exercise they used him in their interaction with their client, together with the feminine part. They would move in and out of mirroring and responding to the clients needs using their own body reactions more active in the process. The effect was very convincing as a felt experience of using the masculine within therapeutic interaction. It also became clear, that there were other aspects of the masculine than the judge, which were useful together with their client; (a) the courage to take initiative trusting their own reality and sense of timing, (b) the ability to play and be more approachable for the client, (c) the client was freer to express herself, without being afraid of hurting the therapist, which made the therapist appear stronger and more trustworthy, and (d) the therapist felt more centered in her own self.

When the therapist used the masculine side combined with the feminine in the therapeutic interaction, the relationship became more creative, dynamic and supportive of the client's needs.

11.3.7 Step 7. Summary

From using this model in an educational setting, it became clear, that the art therapy identity of the students were in many ways identical with the participants in my research group and with my own identity as a researcher.

For all of us, (a) there was a lack of interaction between the inner man and woman where the masculine was experienced as a judging inner voice (b) the masculine was superior and judgmental to the feminine (c) there was a change from dependency of outer expectations towards an aloneness and independency and (d) the ego-self relationship became stronger, when the interaction between the masculine and feminine improved.

11.3.8 Step 8. Conclusion

The development of the relationship between the feminine and the masculine makes the ego-self relationship stronger. This was the experience for the participants in the research group (see chapter 7), for the students in the art therapy-training program as well as for myself as a researcher.

It also mirrors the cultural complex of the feminine being inferior to the masculine, because the masculine in our culture is represented as the patriarch excluding other aspects of the archetypical masculinity. This point was made in the comparison analysis, as the inner judge was discovered in their paintings, preventing the self from visibility.

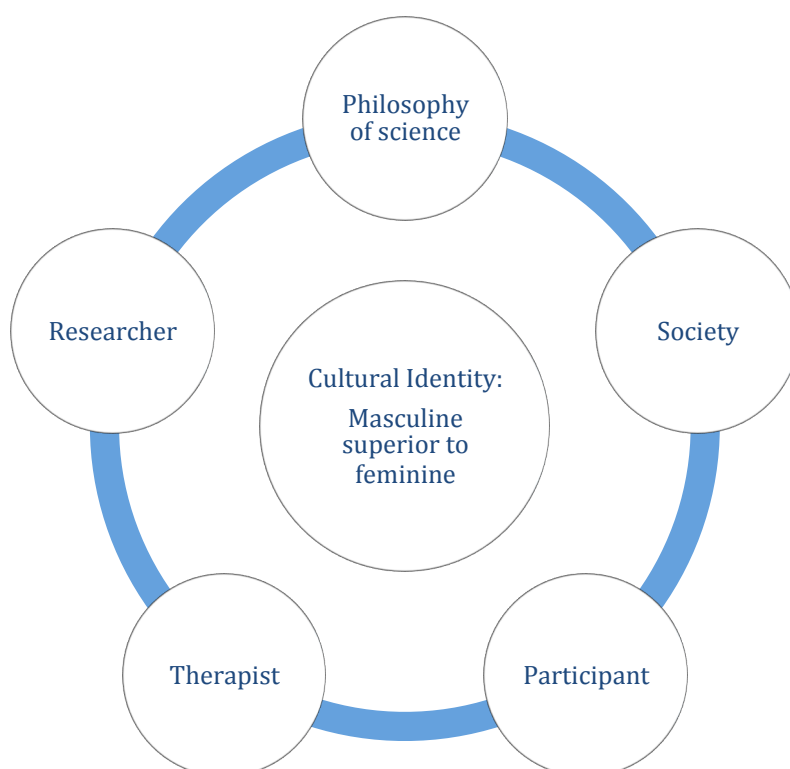


Fig 151. Model of cultural identity

Using the model of a cultural identity structure where the masculine principle is superior to the feminine as its central core, there seem to be an inner separation as well as an outer. Some individuals identify with the feminine quality while others identify with the masculine. Within psychotherapy I think there is a priority of using the feminine approach more than the masculine, and within research the masculine dominates the feminine as pointed out by Shepherd (1993). Are they compensating for the missing part of each other?

As a therapist and human being, I would like to use the compensative processes as projections of what I do not know about my self as well as others. I think this is basically how consciousness and cultures develop and change towards wholeness. When that is said, I also think that compensative processes are part of being human, and part of being creative allowing the unconscious to speak through the symbols. Without the compensative expressions it is

difficult to find out what is going on in the unconscious, and it is in my understanding easier to talk to the unconscious using symbols.

By comparing the analysis of the participant's development with my own process using a cultural perspective, I find that the unbalance in our culture affects us all, and that this also has an effect on the research process as a cultural bias, which is difficult to fully consider in order to avoid it from having an influence on the outcome. I have tried to make some of these culturally conditioned pre-understandings more conscious, as they appeared in my dreams throughout the study. I am aware, that the themes that appeared were connected to the theme of the research project, the participant's situation and my own life and present activity. At other circumstances doing other things different themes might appear, indicating the constant connection between the inner and outer reality.

Chapter 12. Discussion

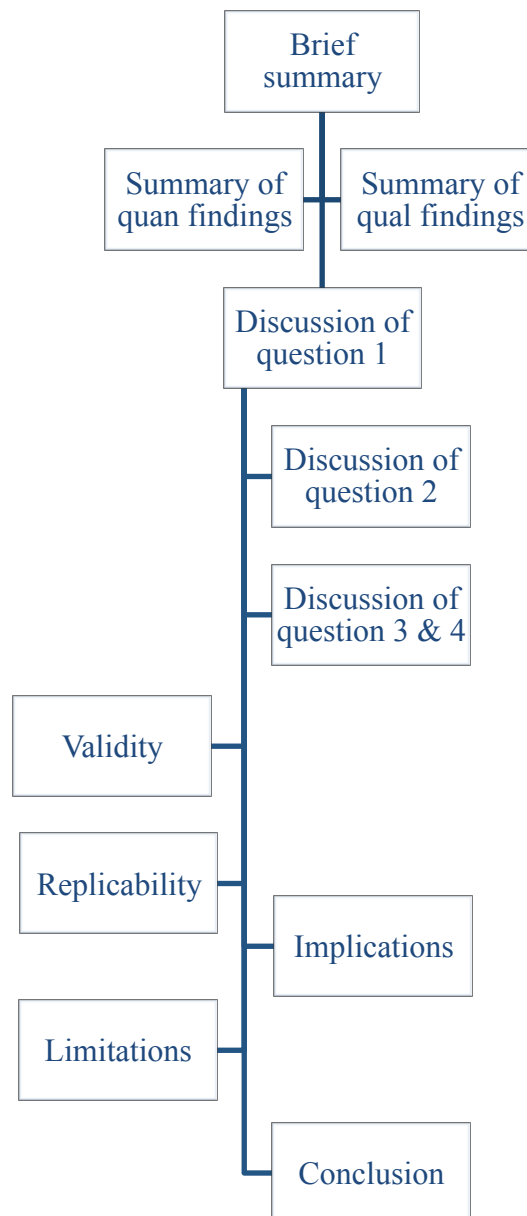


Fig 152. Flowchart: Discussion

12.1 Introduction

In the first part of the discussion I present a summary of the findings and then discuss these in relation to the research questions.

Most of the findings have been briefly discussed in the analysis and result section, so therefore I discuss the findings from a wider perspective here.

The main part is the implication part where one of the unexpected findings, which I call “the integrative model”, is discussed.

12.2 Brief summary

The main purpose of the study was to see if art therapy could develop the ego-self relationship for people who are vulnerable to depression. Using a Jungian definition of self as both a subjective construction (the ego) as well as a teleological concept (the self), I chose to use a bricolage methodology, where I was able to use different perspectives related to the clinical intervention and the analytical process. From there my focus would be on (a) the participant and the therapeutic process as experienced by the participant, (b) the interactive field between the participant and the therapist/ researcher, through which the meaning making process developed, and (c) a heuristic part where attention was connected to the ego-self development of the therapist/researcher. By using this approach I was able to include important levels of ego-self reality as a relationship between the subjective and the objective (see fig. 1: Meta model on p.3)

A mixed-methods design was used where the quantitative part was embedded in the qualitative part and used with the purpose of validating the results found in the qualitative part. Test results were included in the analysis as part of the self-regulative level and as an indication of change.

In the analytical procedure, a four-level strategy was developed, based on Jung’s typology as described by Abt (2005). This method was used for all the analytical procedures, (case analysis, group analysis and self-reflective analysis) and through theoretical triangulating I was able to develop themes that related to my research question using amplification as a main analytical strategy. During this process un-expected findings were discovered as well.

12.3 Summary of quantitative findings

Of the six participants, three reported increased physical quality of life immediately following the treatment and again at the first follow-up 4-month later. At the second follow-up 11 month after the treatment four of the six reported improvement in physical well-being, one was back to pre-test level, and one was the same as in the first follow-up.

Regarding psychological quality of life, four of the six reported improvement immediately following the treatment and three of the six did so at the first follow-up, while five of the six did so after the second follow-up. One was back to pre-test level.

Three of the six reported improvement in social quality of life post treatment and also at the first follow-up, and four did so at the second follow up, while two was back to pre-test level. Five of the six reported improvement in environmental quality of life and four did so at the first and second follow-up, while one was back to pre-test level at the second follow-up.

Four of the six reported decreased depression immediately after the treatment. Three of these continued to report improvement in depression through the following four months, one returned to pre-test level, and another who did not initially show improvement did so by the

time of the first follow-up and continued at the second follow-up. At the second follow-up 11-month after treatment, four of the six reported improvement, one was back to pre-test level and one had decreased.

12.4 Summary of qualitative findings

Table 80. Qualitative findings

Domain of finding	Findings
Therapeutic process	<ol style="list-style-type: none"> 1. Therapeutic change as a pattern of egocide, initiation and return 2. Inner change as a preparation for outer change 3. Ego consciousness becomes stronger from working with shadow personality 4. A period of inner chaos and “not-knowing” can be necessary for outer change to happen 5. Improvement of self-confidence 6. Improvement of ability to listen to inner needs 7. Change of the primary response behavior 8. Integration of inner polarities 9. Stronger ego-self relationship 10. Individual artwork compensates for emotional experiences in the group 11. The system develops through the focal person 12. Activation of cultural complexes through group art activity
Theory	<ol style="list-style-type: none"> 13. Different theories can bring meaning to different stages in therapeutic process 14. Integrative model related to therapeutic change
Art therapy method	<ol style="list-style-type: none"> 15. From ego towards self through art therapy 16. From self towards ego through art therapy 17. Ego-self relationship through art therapy 18. Group art therapy prepares transformative learning through dialogue 19. Benefits in non-verbal group art activity 20. Drumming as a tool for working with dependency versus autonomy issues 21. Drumming as a tool for development of left brain functioning 22. Drumming as a tool for ego-self development 23. Drumming as a tool for mind-body integration
Unexpected finding 1	<ol style="list-style-type: none"> 24. A methodology for analytical procedure
Unexpected finding 2	<ol style="list-style-type: none"> 25. An integrative model related to a) change and b) self-regulation
Comparing participants	<ol style="list-style-type: none"> 26. Lack of agreement between the feminine and masculine 27. The masculine was superior and judgmental to the feminine

development with researcher/therapist	28. Change from dependency of outer expectations towards aloneness and independency
	29. The ego-self relationship became stronger when the interaction between the masculine and feminine improved

12.5 Discussion related to research question 1

Does art therapy develop the relationship between the conscious ego and the unconscious self for people who are vulnerable to depression?

If so, how is the relationship developed?

12.5.1 Therapeutic process

From the analysis of data it was shown, that the participants' ego-self relationships *had* developed during the art therapy intervention. The participants felt stronger and more connected to their inner reality and to themselves. The findings show that therapeutic processes of conscious change can be recognized as transformative processes in the unconscious through images based on an active and imaginative relationship with symbols. But what I also found interesting was that changes in the unconscious not always were registered in consciousness, and that the physical and psychic reality therefore seemed separated. I wonder whether this separation could be a characteristic connected to the experience of being depressed?

The transformation that takes place in the unconscious can lead to behavioral change but apparently not at the same time as it shows in the images and dreams. This became most apparent in case #3, where conscious confrontations with emotional loss came after the imaginative confrontation. I am wondering, whether therapeutic change can take place when inner change is *not* initiated first? Does change in well-being *depend* on inner transformation? As therapists we can never really know with our rational mind and clinical experience how the process will develop for our clients. This is the phase in development where it becomes crucial that the self is trusted as a guide towards wholeness. I think that this function of the self in the psyche is one of Jung's most important discoveries and very adaptable to art therapy, because there is a projected space where transformation can take place through the artwork. Considering the power of the voice of the inner judge in the creative process as was found in this study, it seems crucial to confront this inner voice in order to make a re-connection to the self. This confrontation can be made through the artwork by recognizing the inner voice of the judge in the artwork thus allowing the shadow and self to become more visible. The time-difference between imaginative processes and behavioral change can mean, that the causes for therapeutic change not always appear clear on the surface. From my point of view this may be a limitation to the use of a positivistic worldview in psychotherapy research, as processes of inner transformations are excluded from the investigation.

12.5.1.1 Object relational approach to therapeutic change

Looking at depression as a reaction to something else, focus will need to include this “something”, which paralyses the individual. An object relational approach seems suitable to the beginning part of treatment of depression, because inner judgmental voices from early object relations often dominates consciousness in the individual with depression. For all participants in this study early experiences of the relationship to one or both parents became the most important inner voices preventing them from self-expression in the creative process as well as in life. For example in the case of participant #3. Her black dots and lines were covering her yellow self representation, and she could identify these dots and lines as her inner father voice, creating a confusion inside her as she lost connection to the inner voice of her own (yellow) self (see p.126). Through identification with these object-related inner voices, change is made difficult, as they are experienced as being part of the self and not “the other”. An important part of the process for the participants in this study was to identify inner voices, which were judgmental related to the process of individuation. From my clinical experience the separation from the inner judgmental voices is often the most critical part of a self-developmental process, because there can be such strong alliances with the parents in spite of their early negative influence. I think this was the case for participant #5 as she was very attached to her family and needed more time to separate if the process of individuation should continue.

This phase in a therapeutic development, where the client gets to know the difference between the voice of the self and the voice of the inner judge is a period where focus is problem oriented as well as resource oriented. The voice of the self appear as symbols of a more unknown character, because they represent the future and the not-yet realized potentials, which can become important developmental goals in the overall therapy.

Grawe (2007) talks about *resource activation* as different from *problem activation*, by which he means, “that the patient currently encounters self-esteem enhancing or control enhancing experiences” (p. 369). He found that when the therapist actively worked to activate resources in the client, instead of keeping the focus on negative emotions (problem activation), the therapeutic outcome improved significantly (2007). From a neurological point of view he explains this to be caused by the release of adrenaline and dopamine when important developmental goals are activated in the client, which becomes possible through the activation of resources. An example from this research can be found in the case from participant #4, when she made the reverse drawing of the ass-kicking woman associating her with Princess Mary (see p.202). The results found by Grawe (2007) point towards the use of imaginative activities in therapy as representatives of the unknown resources and of the self. It also indicates the necessity to use an object-relational approach as this is needed in order to replace the inner judge to where it first came from in the outside world. Finally it shows the importance of integrating different theoretical approaches in therapy as this seem to be most effective for the client.

I think it became very clear in the artwork, how these inner voices prevented a better quality of life experience for all the participants. The use of an art media is a way where a symbolical separation from destructive inner voices can take place, as they can be recognized in

the artwork *outside* mind and body. The symbolical killing of the parents can then take place in the artwork, as a preparation towards individuation.

In the research group we did not kill any parents, because the physical reality dominated the psychological, and the ego needs to be more prepared to confront and understand the guilt that follows. This is the imaginable reality of hero mythology and of symbols (Skov, 1997), and I think also an explanation to why we *can* transform and change psychological patterns. It takes time to change an ego attitude from being rational to being psycho-logical, and this may relate to what Grawe (2007) calls the therapists *competence* and *credibility* as having a significant influence on the therapeutic outcome.

Grawe (2004) has discussed the “mystery” of change and says, that “for therapy to be effective, it is of vital importance that the conditions created to induce hope in the patient be credible”(p.16). According to Grawe (2004) part of the credibility factor is the way the therapist induces hope in the client in the expectancy of a positive outcome. This is an advantage in Jungian thinking, as the self will always strive towards regulating the ego and towards wholeness. Transferring this approach to the therapy room means therefore trusting the client’s *self* more than trusting the conscious ego as a guide in the therapeutic process.

I think my clinical experience, as a Jungian therapist based on my own training, was the credibility factor for the participants in this group. I did not question the psycho-logical reality in their artwork. I took it for granted as I asked them questions related to their images in their artwork, expecting them to find the answers from looking at it. It became part of the agreement in the therapy that this imaginative reality was real, important and necessary for the process of change to happen. And they always did find a voice in the artwork, often to their own surprises.

This points towards the expectancy factor in therapy (Grawe, 2004), as something that needs to be included in the understanding of therapeutic change.

12.5.1.2 Self-relational approach to therapeutic change

Another important issue to be discussed related to therapeutic change in this study is the practical and active confrontation with the unconscious. I think there is a cultural complex of “avoiding behavior” towards the unconscious, which I would like to address and relate to my findings in the following.

The reason why Jung was excluded from science and from having an influence on the growing field of psychotherapy at the time was because of his involvement with the unconscious (Shamdasani, 2003). Psychological research and psychotherapy research has since that time been more involved with the conscious and not the unconscious, which can be seen by the dominant number of research in the behavioral therapies compared to research made in psychotherapy (Sleife, 2004).

Neuroscience is now bringing up the concept of the unconscious, and the importance of right brain activity in relation to emotional and therapeutic change (Cozolino, 2010; Schore 2009). This brings back Jungian psychology into the field of psychotherapy, because Jung spend his life explaining how the psycho-logical reality operates, and how we as therapists best can relate to this reality together with our clients in order to support the development of the ego-self connection.

When participants in this study experienced that they felt stronger in themselves (see appendix 9), there is a contradiction to the attitude in our culture where there is a general belief that the unconscious can be dangerous to mental health when activated and explored. From that belief medical treatment is suggested in most cases, being a treatment that avoids contact with the unconscious and with emotions.

Based on my findings, I suggest the opposite. I think it can be dangerous *not* to include the unconscious in the attempt to improve quality of life for people vulnerable to depression. I do not wish to disregard the seriousness of mental illness, but I think we need interventions, which are (1) more *preventive* of psychological pain, (2) open for other realities than the physical, (3) inclusive of unconscious content in the process of change, and (4) integrating present knowledge of mind-body connection in the attempt to understand the biopsychosocial and spiritual aspects of depression. Otherwise the psychological unbalance can become so severe for the individual and for society that developmental change is no longer possible or very difficult to obtain. My point is to suggest more prevention and more reference to psychotherapy from authorities in the field, who are making the decisions regarding treatment, based on an understanding of the human need for interacting with the self. Since the self is closely linked to the archetypical realm this interaction can take place through the symbol and through the ritual where the connection to the self can be manifested and shared within the group/ culture we live.

McGlasson (2012) has written an article he calls "Listening Clearly", where he states that the standard treatments for adolescent depression is Cognitive Behavioral Therapy (CBT) together with antidepressant medications. He suggests, that if we listen more careful to the needs of the adolescent we might find alternative treatment modalities (such as art therapy) that might better support the development of the individual. He mentions one of the potentials in art therapy to be the non-verbal possibility of communicating emotional content, which are not easily accessed through verbal language in cases of depression. Pearson and Wilson (2009) also mention how art therapy (expressive arts) can support emotional change and gives many practical directives as inspiration. Their approach to art therapy comes very close to the approach used in this research, as they include body, mind, emotions and spirituality in their work with both children and adults.

The problem in using cognitive therapy as *the* main therapeutic intervention in depression (apart from medication) is, according to Slife (2004), "that cognitive behavioral therapy has virtually the same epistemological assumptions (values) as traditional science...The positive empirical evaluations of this therapy may be the result of systematic bias, rather than efficacy without such bias" (p.51-52).

In my own approach to art therapy I occasionally use behavioral methods especially during the phase, where the client is *returning* to society after a more introverted phase of inner development. The use of left-hemisphere and the ability to re-organize real life, can in many ways be related to behavioral procedures and methods. I think it is important to use both hemispheres of the brain in psychotherapy methods in order to avoid that psychotherapy becomes a place where individuals compensate for living in a society dominated by the left hemisphere.

12.5.2 Theory

In this study theory has been used in different stages of the research as a way to bring meaning to the data. Triangulation of different theoretical approaches with the data supported the meaning making process to include other ways of understanding therapeutic change rather than only a Jungian perspective. Theory was also used as a frame for the directives in the clinical part. What I found to be of special interest related to a psychotherapy practice was (a) the use of different theories at different stages of the research process, (b) different theories would explain the data in different ways adding new perspectives to the understanding of therapeutic change, and (c) by comparing different theoretical understandings of therapeutic development an integrative model for therapeutic change was developed and will be presented in the implication part of the discussion.

The tendency within psychotherapy practice today is to work from a more integrated perspective to human change with a focus on client's needs instead of claiming one particular approach to be better than another (Cooper & McLeod, 2011). The meaning-making process using theoretical concepts and models not only depends on the theories, but also on the identity and belief system of the person using them. I have used different theories in this study together with my basic Jungian approach to understand therapeutic change and think that not only did each theory add something to the whole, but I also felt it was possible to use theoretical models and concepts as inspirations to new art therapy methods. I tried out some of the models in my training groups at the Institute of Art Therapy, and had a possibility to discuss them in an art therapy-training environment.

My relationship to theory in general is basically of a practical nature. I like to be able to *use* theory and to create new art therapeutic methods inspired by theoretical logic. Therefore I do not see myself as a follower of any theoretical system unless it can be used either as a meaning-making system related to clinical data, or as an inspiration to *create* clinical data. I have shown this cycle in the figure below.

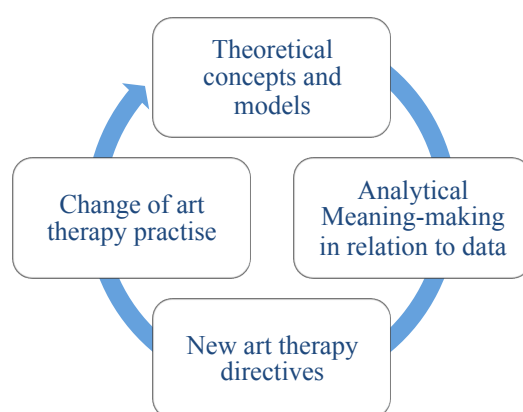


Fig 153. Theory related to clinical work

My contribution in this research is therefore limited to a more *practical* orientation, where I have used *parts* of different theoretical systems that I found useful, such as Siegel's Mindsight model (2010), Dissanayake's model of biopsychological needs (2000), Gray's model of

behavioral patterns and polarities (1996) together with chosen concepts from Jungian psychology. My choices have not been based on the epistemology of the theory (only) but of the transferability of the model into art therapy practice. This use of theory may not give the full credit to the theoretical system as a whole, and other therapists might have chosen other parts of the same system or none at all. It has been a matter of priorities related to practice, time and space.

Compared to grounded research methodology, where the focus is on the creation and correction of theories, I have been more interested in the creation of consciousness, where theory has had a supportive and important function.

In a broader perspective I think that the basic theoretical foundation for therapeutic education and work is very important because it mirrors the epistemology behind the therapist's identity and attitude to client's potentials.

12.5.3 Art therapy method

To the question related to *how* the relationship between ego and self is developed, the answer from this research study is connected to the directives and therapeutic dialogues that were used in the process. The therapeutic process was guided by directives that I developed from a Jungian understanding of levels in the unconscious moving from the personal unconscious (shadow) towards the archetypal unconscious (self).

I think the most important part became the negative influence from the inner judge as a voice preventing the self to be heard by ego consciousness. To actually see how the judge operates in the expressive process became very convincing I think for all of us in the group, and easy to suggest directives where the shadow potential could be released through the artwork (theme in workshop 4). This is another argument to why I think that therapeutic dialogue is important in art therapy, because otherwise the judge can keep on dominating the artwork as a mirror of the psychological pattern that operates in the mind. In such cases the artwork may not inspire to anything new, but only confirms the dynamics, which are already there.

I found that the directives were useful and I would change only a few things. One of them is the directive from workshop 8, where we did roleplaying on drums, using the animals as representatives for the inner masculine and feminine parts. I think most of the participants found it difficult to connect to the roleplaying recognizing patterns in their inner relationship, and a painting activity might have been more effective. The drum seemed to be more difficult to use as an *imaginary* tool than as an instrument for making rhythms.

I think the use of dreams were important in the sense that the participants would try to remember their dreams throughout the therapy process and in that way kept some attention listening to the inner world. Dreams also became useful related to the information gained from images, and as starting points to the reverse method.

Using the reverse method became a way to develop symbols and images from the collective unconscious due to the transferred lines, and gave the energy form and emotional meaning. Many of the most important symbols were found in the reverse drawings, and I find this to be a special quality of the method. The reverse method became the space where directives as to what to paint came from the inside and not from me, which allowed self-

regulation to take place. I do not think that the method is useful in clinical situations where the client has too much resistance towards change, as projections then can be difficult to make, or when the inner (or outer) child has not yet reached the age where symbolization is cognitively possible.

Michael J. Hanes (2001) has written an article on the importance of the visual record that is part of the art therapy method. He points out, how clients and therapists can use the artworks, which have been made during the therapeutic process, as a visual record of the therapeutic process and as a way to bring coherence to the developmental change. This became part of this research study as well, as we collected all the artwork that was made during the 6-month period for a last evaluation of the process. The artwork was put into chronological order and exhibited in a big room. Without the artwork in front of us, it might have been difficult to explore how self-regulation took place, as we for example did by comparing the first and last artwork. By looking at the overall development, the participants also gained more understanding of their ability to create images that appeared to be connected in a meaningful way without their conscious knowledge and control. I think this can support the experience of trust in the inner self.

12.5.4 Summary

To sum up *how* the changes in the ego-self relationship came about in this study, I suggest the following explanations:

1. Separation from the inner judge became the *key entrance* to deeper layers in the unconscious
2. Exploring shadow potentials as attractive qualities in the psyche became a *motivational aspect* to further development
3. Recognizing communicative patterns between the inner masculine and feminine parts, as patterns connected to *real life relationships*
4. Exploring symbols and their connection to deeper unknown self-representations as *resources in the psyche*
5. A therapeutic approach based on a *trust* in psychological reality as an invitation to explore artwork imaginatively.

I think these suggestions can become central to the core quality of art therapy methods as well as to give some explanations to the effect of art therapy based on a depth psychological approach. The ability to create a separation between the ego and the unconscious through the expressive process and to recognize inner voices that do not belong to the individual self, but to an internalized voice from someone else is an opportunity that lies in the method itself. The dialogues related to this process of finding out who is who and to free the self in the artwork by actively creating images that relate to potentials more than to limitations is what I think art therapy can add to psychotherapy practice. This development does in my understanding, not happen by itself. It takes another person/therapist to initiate a new trusting awareness of self, which can lead the client into new behavioral patterns in life.

12.5.5 Unexpected finding 1

Inspired by Abt (2005) I wanted to use Jung's typology as an analytical procedure related to the data, but also as a methodology containing four different steps in the analysis. Starting with the descriptive process (sensation) a phenomenological approach was used as a way to get a sense of what was out there in the data. The participant's own words and images became important content in this first step of the analysis. The next step was based on the emotional content during the participant's development using the feeling function in myself as a way to evaluate what was important on an emotional level from the descriptive information that was clarified on the first step. On the third analytical step, the emotional content found in the therapeutic process was triangulated with different theoretical models as a way to organize the findings relating the subjective experiences to objective models and concepts. This process was a different approach and a new experience for me as a therapist/researcher, because I needed to let go of my role as a therapist and look at the data from a researcher perspective using thinking more than feeling to complete this process. From the organization of data on the third level a final step was to take a more intuitive approach looking at the overall therapeutic development for each participant in order to register change in consciousness and behavior as well as in the unconscious activity. Finally the test results were triangulated as a validation of the findings.

This became to me an important finding of a *procedure*, which made it possible to gain meaning from the data without reducing data to specific and singular meaning units. Though this finding of a methodology did not come out of the data themselves, but in the preparation phase, it has been an important discovery for me, which I now use as a core structure in my teaching of art therapy students. When students are trained to work with client's images, they often express insecurity when they do not understand the client's artwork before the client does. They try to meet the expectation, that they are supposed to "translate" symbols as rational meaning units, which they can pass on to the client as intellectual knowledge of objective truth. I think this four-step methodology can become a way of reflection, where the first step is really a phase where information is gathered and structured in the mind as a puzzle, which suddenly can become meaningful during the dialogue with the client. To stay centered during the period of not knowing what the meaning is, and to trust that meaning *will* appear, is a clear indication of the transition between step one and step two using this methodology.

I think reductionism in psychotherapy research in general is vulnerable to bias, as the therapist's translation of the symbol can be based on the therapist's own belief system not giving the symbol its true credit. It was mainly this consideration that motivated me to use the methodology that Abt (2005) developed in relation to picture interpretation, as a research methodology in this study.

Separating the analytical steps into four different parts and approaches, made it easier for me to work with my loads of data, as I would concentrate on one procedure at a time. I did not think about meaning when I presented the case on level one (description), because I focused on the *content* during the workshops, and on level two I did not think much about content, because that was already described, and I could focus on themes and patterns. From themes and patterns

the step towards theory became only natural, as long as the focus was on therapeutic change, which was finally triangulated with the test results as a confirmation of the findings.

Using the four psychological functions as *steps* in the analytical process also makes it easier to replicate the research as a clinical method in art therapy, because the steps are less dependent on the therapist's ability to understand the artwork, and the transition from data to meaning-making becomes more transparent. I used the methodology in the individual case analysis, the comparison analysis, the group analysis and the heuristic analysis and found it easy to replicate.

12.5.6 Unexpected finding 2

Another unexpected finding that developed during the analysis was the integrative model, which I discuss in more detail during the implication part. It came together as a result of different phases in the analysis as shown below.

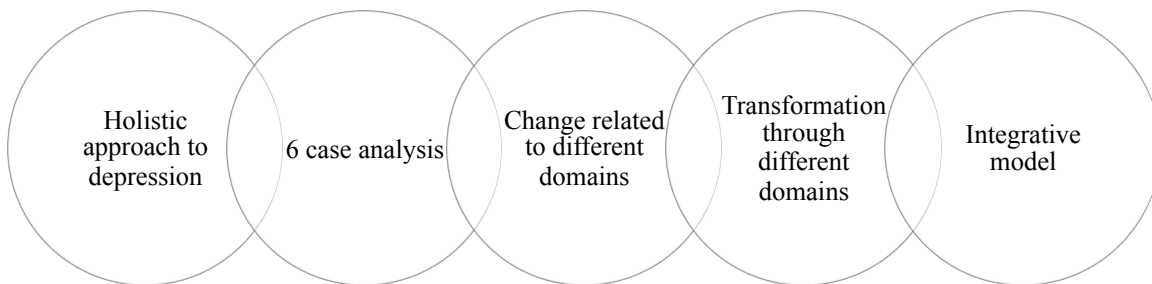


Fig 154. Steps leading to the integrative model

Starting out with a holistic approach to depression, as described in the literature review, I wanted to include different domains in my understanding of depression. From the case analysis I found, that some of the participants seemed to be more stuck on one domain than another (I describe case examples of this in the implication part). At the same time I came to understand the *process of change* as a process moving through all the different domains in a specific order, from the biological, psychological, social towards the spiritual. This made me consider art therapy directives that would be more specific to the individual need within a certain domain, compared to activities, which included all domains as a natural movement through the process of change. From the holistic understanding of depression I think it can sometimes be an advantage to include only one domain than to use them all. In this research I used them all, as different activities connected to different domains during the workshops, though the main focus was on the psychological domain.

I think, that when specifying the art therapy activities in relation to specific needs, the effect of the intervention is compensatory, because an unfulfilled need would be satisfied. When using the integrative model as a transformative process leading towards therapeutic change, then the process leads towards individuation and all domains needs to be involved.

This explains the different focus between psychotherapy and individuation, where psychotherapy usually has a focus on the ego and issues related to real life, where individuation is more introverted and self-oriented. I think the process in this research study became a mix of those two orientations, because issues like relationships, work problems, lack of work, loss of a relative, or other real life problems came up during the dialogues and as associations to images. This was expected and I think necessary for the process to be personally meaningful for the participants. But other and more self-related dialogues were also developing, where real-life problems became secondary to the inner life. I think that the combination between these two realities, the inner and the outer, formulates the strength in the ego-self relationship. When listening more to the outer *or* to the inner reality, there will be a vulnerability factor from losing connection to the one absent. In the analytical process the data was structured according to Rosen's model of egocide, initiation and return, which moves from outer life to inner life and back again to outer life as a pattern of transformation and change.

12.5.7 Summary

The summary of the findings shows that art therapy can support the development of the ego-self relationship for people who are vulnerable to depression. The systematic steps and directives that were used indicate the connection between therapeutic change and art therapy methods.

Using a pluralistic approach with a combination of different modalities and therapeutic processing, it is difficult to know what exactly it was that made a difference for the participant's experience of life quality. Considering the integrative model that developed during the research, all levels of functioning interrelates for change to happen. And all levels were activated as part of the art therapy method that was used. Therefore I don't think it is possible to take the levels apart and do research on separate levels isolated from the others looking for therapeutic change. Except when we are looking at *compensative* patterns of change related to a single domain.

12.6 Discussion related to research question 2

Can a development of the relationship between the conscious ego and the unconscious self improve quality of life for people who are vulnerable to depression?

If so, can these changes be identified on a holistic (biological, psychological, social and spiritual) level?

The findings related to the first research question have shown, that an improvement of the relationship between the ego and self also improved quality of life for people who are vulnerable to depression. The results do not show how other influences, such as life in between sessions, time factor for change, unexpected happenings, the research setting, etc. might have influenced the outcome. I think changes in this study can be identified at a holistic level as the participants experienced changes connecting to physical, psychological, social and spiritual aspects of their life.

Art therapy as a method can also be related to different domains. Some prefer to work with the body, focusing on the expressive process as the healing agent, especially connected to physical illness and well being (Malchiodi, 2013), while others work from a psychological approach healing traumas and emotions through artwork and personal dialogues (Levine, 2009; Liebmann, 2008). Kaplan (2007) works within the social domain, as she uses art therapy in relation to social change, while Edwards (2010) uses a spiritual approach based on Jung.

I think most literature within the art therapy field is related either to individual art therapy connected to psychological problems mostly based on a psychoanalytic theory, and to social action using art therapy methods attempting to create social change.

12.7 Discussion related to research question 3 and 4

Research question 3

Do changes in quality of life appear in the pre-post and follow-up tests?

If so, can these changes be identified as improvements related to a development of the ego-self relationship?

Research question 4

Do changes in depression (MDI Rating scale measure) appear in the pre-post and follow-up tests?

If so, can these changes be identified as improvements related to a development of the ego-self relationship?

12.7.1 Introduction

In the following I discuss some of the most central changes using a mixed-methods triangulation.

12.7.2 Mixing findings through triangulation

The argument for a positive outcome in the research was found through triangulation of findings from the quantitative and qualitative parts and from the qualitative part combined with post evaluations from the participants. From these triangulations changes on different domains in life became apparent, which I think was an effect from the participant's different kinds of problems from the beginning. In the triangulation I am using the test results from pre-post to follow-up-2.

I have compared (a) their different motivations for wanting to be in the group with (b) changes registered in the test results, (c) different domains where a change was registered by the therapist/ researcher and (d) their own experience of change from the self-evaluation schemas (see appendix 9). After the presentation I comment on the changes.

Table 81. Triangulation of changes mixing methods

Motivation to come for the group	Change registered in tests from pre-post to follow-up-2	Change registered in analysis	Change registered in self-evaluation
#3: Work related stress	<p>QoL: Positive change: No change in the physical and psychological domain from pre-follow-up-2, but a drop in the first follow-up (56-19) Social relationship increased progressively. Decrease in the environmental domain. Depression: Improvement in post-test but back to pretest level in follow-up-2</p>	<p>Her relationship to her new work became a solution to her need to be seen from the back as well as the front. More approaching ” <i>I have become quicker to sense if something is not right, and then say it</i> ”</p>	<p><i>“A divorce /shit New work / good”</i></p>
#6: Cancer	<p>QoL: Improvement in the physical, psychological and social domain. No change in the environment. Depression: Improvement 20-7 in pre-post and 23-15 from follow-up 1-2</p>	<p>She became more independent from an outer man as she connected to the inner child and her ability for self care. <i>“I say yes and no in relation to my needs”</i></p>	<p><i>“I have become more conscious about the role my father has had in relation to my self confidence and self-worth and how this has influenced my relationship to my partner”</i></p>
#4: Marital crises	<p>QoL: Drop in all domains except in environment in pre-post test. But improvements in the physical and psychological domain in the follow-up-2. No change in the social relationship from pre-follow-up-2. Environment improved progressively. Depression: After a drop in the post-test, she</p>	<p>Her work with the inner shadow side (ass kicker) made her more strong and independent in relation to her husband</p>	<p><i>“To become aware of my own power” “To become certain, that it is only me who can make decisions, nobody else does it for me”</i></p>

	improved progressively in follow-up 1 and 2		
#7: Self-worth issue	<p>QoL: She improved progressively throughout the therapy in all domains.</p> <p>Depression: She improved progressively throughout the therapy</p>	<p>Her experience of coming back to what she really wants to do with her life became a core issue in our dialogues.</p> <p><i>"I have become more aware of my self"</i></p>	<p><i>"Again I have opened the doors to art therapy, which has been sleeping for 10 years"</i></p>
#1: Loss of child	<p>QoL: She improved in all domains in pre-post test. In follow-up-2, the social level was back to pre-post level.</p> <p>Depression: She improved progressively throughout the therapy.</p>	<p>She used her loss as a motivation to look at her own patterns and early relationships, where the polarity between the masculine and feminine became core issues. She also became more aware of her personal needs, and began to work less in order to get more time to herself.</p>	<p><i>"I feel that I have gained insight into the masculine and feminine sides of myself and the relationship I have with my partner"</i></p> <p><i>"It has loosened tensions, which have allowed me to be myself and care less what others think"</i></p>
#5: Loss of son and husband	<p>QoL: Negative change in physical domain. Improvement in psychological domain in pre-post which dropped in the follow-up-1 and 2, but stayed positive related to baseline.</p> <p>Depression increased throughout the therapy but stayed the same in follow-up-1 and 2</p>	<p>Her loss of her son and husband after 4 years was her core issue, and I think it was difficult for her to let go and to continue her life in a new way.</p> <p><i>"I have more attention to myself"</i></p> <p><i>"To see myself from different perspective"</i></p>	<p><i>"It has been difficult to get in touch with many old things inside"</i></p> <p><i>"It has been difficult to be alone dealing with an open wound"</i></p>

Table 82. Therapist's comments to changes

Participant	Therapist's comments to changes
#3	According to the test results, participant #3 improved only in the social domain, which I think related to her new work situation, where she could use herself in a more social way than in her previous job. The marital crises after the group finished came as a shock for her and needs to be considered when analyzing the test results. She also received medical treatment during her crises between the first and second follow-up, but reported that her quality of life was increasing again at the second follow-up, and that she was in a process of letting go of medicine. This makes the second follow-up vulnerable related to medical influence on the result. I think she was more motivated to change on the social domain than the psychological during the therapy, but her motivation changed when her husband left, and she then started individual therapy
#6	By the second follow-up test results she showed improvements on all levels except the environmental, which stayed the same. In our dialogues we discussed issues from her psychological life as well as from her work situation, but I think it was through the discovery of her father relationship, that she developed a more approaching behavior in daily life. This would indicate the connection between <i>inner</i> development and changes in <i>outer</i> life
#4	Improvements appeared in the first follow-up (after a drop in the pre-post) and mirrored the developing strength she felt in her life as she became more independent of her husband. When we met at the second follow-up, she said that her husband had finally moved out, and she had rented out a room in her house. I think her changes in life were a result of her integration of shadow qualities (ass-kicking woman). This case also illustrates, that a drop in pre-post-test <i>can</i> change in a positive direction after therapy, due to the participants <i>inner</i> resources to continue a development independent from a therapeutic relationship and setting.
#7	The progressively positive changes in the test results mirrored her growing enthusiasm to finally work with art therapy again. Having lived in isolated parts of Greenland for many years, she had lost connection to her own creativity, which she used to have during her training as an art therapist more than 20 years ago. I think that the inner connection made during the therapy made her able to become more active in fulfilling this need.
#1	The positive changes in the test results can be related to her discovery of inner patterns from her early life, where she would always be responsible for her younger siblings. She enjoyed the spontaneity during the painting process leading to a more self-caring approach. I think that time itself was also a factor for change, as she recovered from her recent loss. In her pattern of behavior (Gray's 1996 model), there was no sign of depressive symptoms (deviant case), and she

also became the focal person in the group process. I think her low quality of life was related to the natural process of going through the loss of her son (who died 3 months prior to the group's beginning) and not to depression

#5

The positive change in the QOL tests, excluding the physical, does not match the negative change in the depression test. I think this could be because more emotions have been activated, which she has held within since her loss of "a fantastic family" (4 years ago), and that she would have benefitted from an individual therapy together with being in the group, which she also mentions in the evaluation. The inner process of egocide, initiation and return, was made difficult, because she had not worked through her loss and was therefore *compensating* through the expressive process

12.7.3 Discussion of quantitative findings related to qualitative findings

The mean scores for the six participants in the depression MDI test are shown in the figure below and compared to the lowest value for mild depression.

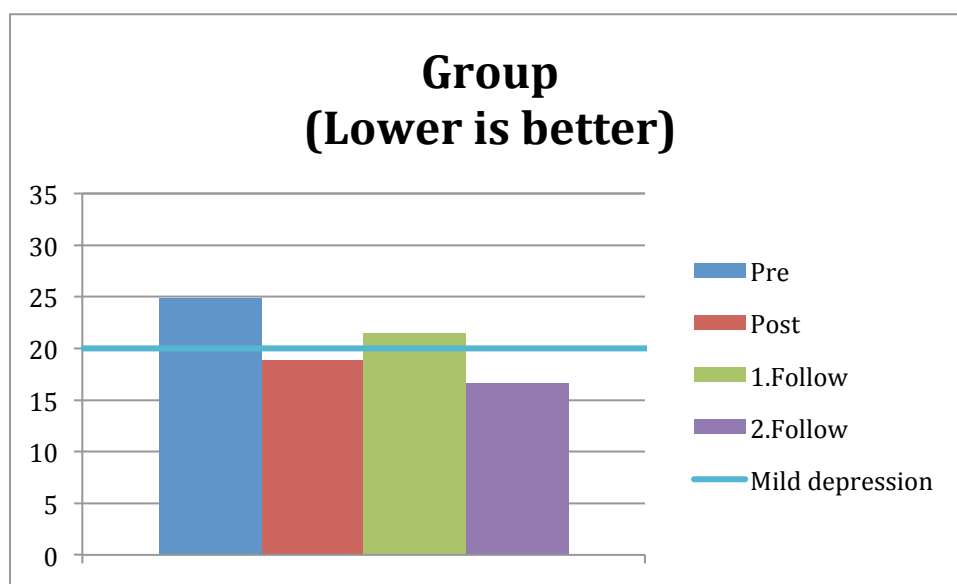


Fig 155. Mean scores for 6 participants in depression MDI.

The increases of scores in the first follow-up four month after the therapy made me curious to see whether this direction would continue or change, so I invited the participants to come for a second follow-up 11 month after the therapy. As the results show, the direction changed and they reached a mean level below the lowest value for mild depression. Compared to their life situation in general, this change in direction can be explained by existential crises, like retirements from work, divorce and loss of a child. Such crises are part of being human, and do not necessarily connect to depression, but to phases in life, where inner transformation takes place leading to change. What I was looking for in the second follow-up was, whether they were able to use the crises they were struggling with in life as a motivation to change their consciousness after the therapy had ended, or whether the direction towards depression would

continue. It is always difficult to know when a crisis has been “solved” for an individual and the individual “returns” to life with a better quality of life and also how much time an individual needs to go through egocide, initiation and return as a transformative process of change.

Sometimes an individual is not motivated to make personal changes, but are searching for compensative means to avoid experiences of inner pain, as I think was the case for participant #5 (and #3), who did not improve during the intervention compared to pre-test level. When these compensative tools are not available, depression may return until eventually a new tool for compensation is found. This is basically how our society is organized; where work can be used as one of the ways individuals compensate inner developmental challenges (as was the case for #3). Work related depression is therefore also a cultural “depression” mirroring the collective approach to compensative survival tools. Art making can become such a compensative tool when the focus remains on the artwork without further reflections related to the inner life.

The approach in this study was very focused on the inner life and not so much on the outer situation, so why did participant #5 and #3 not improve during the intervention? I think there can be several reasons for this; (a) #3 found a new job where she were able to compensate for frustrations related to other needs, which lessened her motivation to change. In our dialogues related to her artwork I registered her mental confusion and her little connection to *emotions*, which differed from the process going on in the unconscious as found in dreams and images. The synchronicity of conscious and unconscious development did not appear during the therapy, but *after* the therapy had finished, when her husband left. I think the art therapy group prepared her for this change through the images, dreams and dialogues, and that possible transformations may take place for her over longer time.

For participant #5 I think it was too difficult to let go of her loss related to her son and husband, and that she used the creative activities as compensative processes. Deeper identity issues were involved for her as her identification with being a mother and wife in a satisfying family abruptly was taken away from her four years earlier. To recover from her loss would also mean to develop new self-images and competencies, and I think this would take more time. From my observation art therapy was a relevant method for both of them because they were able to compensate in the artwork, which I found to be a precondition for transformative processes (see p.343).

(b) Another explanation why no changes were registered in the depression test for participant #3 and #5 could be, that changes had happened in the unconscious, as I found in the analysis of their data, but not registered in consciousness. That could mean, that the *body* would “know” of a change (intuitive knowledge), which the conscious mind did not, which might explain the improvements in the QoL test as well as the improvements registered in their self-evaluative reports (see appendix 9). But why would changes not be registered in consciousness, when preparation was made for improvements in the unconscious? One of the reasons could be the influence from the inner judge, which remained stronger than the voice from the self for both participants during the group process. If so, this would emphasize the importance of separating ego consciousness from inner judges and parental patterns through the therapeutic process.

One of the things I would correct in the directives when looking back, would be to focus more on this separation and to anchor the experience of the difference between the voice of the self, and the voice from the inner judge. Using the expressive process combined with therapeutic dialogues is in my understanding an appropriate method because the inner voices become visible through the projection in the artwork. The alliance with the inner judge can then more easily change to an alliance and empathy with the self (often experienced as the inner child).

12.7.4 Summary

I think changes through egocide, initiation and return became part of the journey towards the self, as unconscious parts became more known to the participants and the question is, whether there was enough time to become familiar with the self for the participants to hold on to the relationship when the group finished.

Since only one participant was familiar with art therapy, or had any experience with symbolical work, I think, from a clinical point of view, that the group should have lasted longer, maybe 3-4 months, and that they should be offered individual therapy in between sessions especially during the beginning part of the group process, when emotions and inner judgmental voices were recognized. This was one of the reasons why I wanted to make a second follow-up because several of the participants were still in a process of making important decisions in their lives when the group finished. I do think that they all found different ways to continue their personal development, which can explain some of the positive change in the depression test from follow-up-1 to follow-up-2.

12.8 Triangulation of phenomenology, hermeneutics and heuristics

Having used 3 different paradigms in the study resulted in findings, which I think would not have been possible if I had used only one paradigm. I would like to mention some reasons for this in the following discussion as an argument for suggesting this methodology within art therapy research.

12.8.1 Bricoleur methodology and art therapy process

When defining the hermeneutic process as an attempt to find out what the artwork *means* other than how it appears, from a phenomenological point of view, the hermeneutic approach also indicates that the meaning cannot possibly be the same as it appears to be. In that sense, hermeneutics are attempting to replace the symbol with something else closer to the “objective” reality. In this study, the objective reality is related to the inner self, and not to a defined outer objectivity that are detached from individuality. By moving back and forth between the rational (and constructed) reality of the ego and the imaginary reality of the self, meaning of the images appeared through these dialogues as a felt experience of “truth” shared by the participant and the therapist/ researcher and the group. The purpose was to find the meaning of images that made sense when related to the participant’s (ego) consciousness.

The bricolage methodology was for me a way to separate the different phases that defines art therapy in this research:

- a. Phenomenology and the *expressive* process
- b. Hermeneutics and the *therapeutic* process
- c. Heuristics and the *self-reflective* process

My findings in the study indicate, that these phases in an art therapy practice are all important for a therapeutic outcome as will be discussed further in the discussion of the integrative model (see p.343). But they are very *different* processes both as activities as well as of conscious awareness being present during the activities. During the *expressive* process the purpose is to obtain a consciousness of “flow”, which is characterized as a self-forgetfulness and absorption in the activity (see p.71). The expressive process is moving from inside towards outside being extravert by nature, very opposite to the *therapeutic* process, which moves from the outside (artwork) towards the inside (self) being introvert by nature. Here the focus is to connect to the self through the artwork and to regain consciousness of self. As a therapist I experience the same kind of process in the contact with the participant as I also “forget about my self” during the initial exploration of the artwork together with the client in order to create an inner image of the situation and to feel connected to both artwork and client.

I would otherwise lose my curiosity and ability to ask imaginative questions of the artwork, as a process that eventually brings both of us back to our different realities in the moment. This can be caused by personal problems and crises in a therapist’s own life, or lack of training to do so in a therapeutic setting. If I used a phenomenological approach only, my consciousness would stay outside and be satisfied with what I saw happen in the outer reality (an example of this approach can be found in Teglbjærg, 2011). I would not be interested in a deeper meaning of the artwork connected to the inner self, because my understanding of reality would be based on objectivity as an outer reality.

If I had used a hermeneutic approach in this study as the only paradigm, I would emphasize the meaning-making process and have less understanding of the importance of the flow experience in the creative process *and* the imaginative (and seemingly irrational) exploration of images. I might communicate the answers too quickly before the participant/client was able to connect to the “truth” from inside or find the answer herself. Or I would use a more reductive method in the process of meaning-making, instead of using the method of amplification, where meaning is discovered in the archetypical/mythological reality. (This would relate to the Freud – Jung discussion in chapter 3).

Without the heuristic approach I think the whole research process would have been without a personal meaning for me as a therapist, and I would have missed the experience of being culturally connected to the participant’s developmental themes, which might have led to experiences of low quality of life in myself from being disconnected to the overall activity of doing (a research study).

As a summary I find that the bricoleur methodology has covered the different basic phases that are also included in the art therapy method used in this study.

12.9 Validity

In a psychotherapeutic process every client is unique and has an individual way of approaching the inner self. In a research study the therapeutic process needs to be more systematic than is maybe the case in real life settings in order to get results that are convincing to the reader and to those who might want to use the findings in real life. Validity can grow from the systematics in research but can also create a distance to real life settings. This paradox will be discussed here.

To validate the results, I summarize the procedures used in the research process. The purpose is to show a trustworthiness of the procedure and the results. I used member-check as a way to see, if my description and analysis of the participant's development was close to how they themselves had experienced it, and I also bring their responses here.

12.9.1 Procedures used in data collection

The use of video for all data collection was the prime source for using the participants' own words as a description for the therapeutic process. Using the video, data collection from the workshops became less dependent on researcher memory and notes in the therapy sessions and made it possible to take a more objective stand in the data reduction stage.

Data triangulation using (a) transcripts of therapeutic dialogues (b) artwork (c) self-reported schemas (d) post-evaluative questionnaires and (e) test results, were used as a way to look at data from different perspectives.

12.9.2 Procedures used in analytical design

1. The bricolage design, using a phenomenological, hermeneutic and heuristic approach to the analysis of data, gave me the possibility of integrating a wider range of analytical steps, than I could have done using a single approach. The bricolage design connected with the ego-self concept in the Jungian psychology, which was also part of the directives that were used in the clinical setting.

2. Using a quantitative approach to some of the data collection intended to verify the results from the qualitative part in the mixed-methods interpretation.

3. The 4-step model (based on Jung's typology) that was developed for analyzing the data, made the analytical steps more transparent, because it was possible not to reduce the data to any singular meaning, but instead narrowing down the meaning-making process by combining the different theoretical approaches used as descriptive tools. The main purpose of this procedure was to avoid vulnerability towards alternative explanations to data, thereby verifying the trustworthiness of the results.

12.9.3 Procedures used in analysis

1. Triangulation of data together with an integrative theoretical approach was used with the purpose of avoiding bias and to validate findings.

2. Member check was used to validate the analysis.

3. Amplification was used as an analytical procedure, where there can be more than one interpretation of a symbol. Instead of reducing the symbol to have only one meaning, symbols became meaningful either from participant's personal associations or from its connection to mythology.

4. Self-evaluative questionnaires were used after each workshop with the purpose of including the participants' own experience in the understanding of the workshop. The purpose was to avoid researcher bias in the description of workshop.

5. A heuristic analysis was used as a self-reflective part with the purpose of making the analysis transparent through knowledge about the development of researcher identity.

12.9.4 Member-check

The participants were given their own full case to read at our second follow-up meeting. They were invited to respond to their case using a Likert scale with 5 possible answers to one question: Do you recognize your own experience of the therapeutic process in my description of you and in the analysis of your development?

The possible answers were: 1) not at all 2) not very well 3) quite well, 4) very well, and 5) completely.

Two participants answered 5) completely, and 4 participant's answered 4) very well.

I found a good match between my understanding of their development and their own, which I think validated the findings in the analysis.

12.9.5 Summary

Steps have been taken since the beginning of the research study to avoid validity threats. I have used triangulation strategies on several levels (data, theory, methodology, interpretation) as the most used kind of prevention in the study.

I think, that the biggest validity threat has been related to my use of Jungian psychology, which has also connected to my personal preference in the study. Considering the fact, that Jung was never included in the world of science when he lived, I wanted to make the process as transparent as possible as a way to validate the findings.

12.10 Replicability

12.10.1 Introduction

The clinical art therapy process was a combination of a research study and a real life situation. When discussing replicability this becomes important, because there is a different contract between the participants and the researcher/ therapist than between a client and therapist, which I have addressed in the following table.

Table 83. Differences in therapeutic contracts

Participant / researcher/ therapist	Client and therapist
The participant contributes with data (instead of money) in exchange for therapy	Client pays a certain amount of money for the therapy
Therapeutic strategy is more systematic because researcher's need for data is important	Focus is on client's needs and therapist can work more flexibly and "in the moment" with the client
There is a video (witness)	There is no video (no witness)
Participant creates artwork (data) also for a second purpose than their own therapy	Client is creating artwork for self-development only
I don't think transference issues are so important when the therapist is also a researcher, because the researcher has a more neutral position, and will also be experienced by the participant as a person with "other interests". Some participant's in a research project might want to contribute with good results to the researcher. This can become a situation where "counter-bias" can appear in the process	Transference issues are very important, as the therapist represents a possibility for change. In art therapy I think the beginning of the therapy is most important, while the ego-self relation in the client becomes stronger. Counter-bias can also appear when the client tries to meet expectations from the therapist instead of listening to inner needs

To replicate good findings from research into real life depends on the therapist since the relationship between therapist and client is so important for the outcome (Cooper, 2008). A focus only on the method may therefore not lead to the expected outcome.

To replicate the findings in this research I therefore discuss both the art therapy method and the therapeutic approach used in the dialogues with the participants.

12.10.2 Replicability of art therapy method

To replicate the research all domains need to be included as a first precondition for a similar outcome related to therapeutic change. The directives used in this research are related to the specific client group but can, in my opinion, be used with any group motivated to strengthen the ego-self relationship because of the general character of each directive connected to the core concepts in Jungian psychology. From these directives many other exercises and individual suggestions can become part of the therapeutic development. Examples of this can be found in my other 3 books on art therapy (1991, 1997, 2009). Pearson & Wilson (2009) also describe a number of exercises that can inspire art therapists and other psychotherapists to use expressive media in therapy based on a depth psychological foundation. Not all art therapists use a theoretical foundation in their work to make directives from, or as a meaning-making process related to the artwork. Most often a theme or specific need becomes the starting point of a creative activity, which is then reflected upon afterwards using the artwork in the dialogue.

When working with individuals I usually don't plan in advance what the client might paint or express in a coming session. I usually wait for intuitive ideas or suggestions, which I can offer the client after I have listened to the client's need or problem. After 10-15 minutes of verbal dialogue, I suggest a theme or emotion for painting or sculpting. Having a manual, as in this research study, is in my opinion more adaptable to groups than to individual therapy.

12.10.3 Group versus individual therapy related to depression

My reasons for choosing to work with participants as a group and not individually, were first of all based on my experience of working with groups in an educational and self-experiential way, where I have witnessed the importance of group interaction related to therapeutic change. Also I personally like the dynamics of group interaction, and to be able to link personal processes to cultural and mythological themes, when these appear in the psychological processes for the individuals in the group.

During the clinical part of this study it became clear to me how important it was, that the personal and the imaginative realities both needed attention. The directives that were introduced to the participants could all be related to the personal narrative (such as the family portrait, shadow painting, masculine, feminine or the self), but in the participants artwork an archetypal dimension was added through the use of symbols, which were not reducible to the personal reality only. My first priority in the therapeutic dialogues was to explore the imaginative reality in the artwork, and *then* to follow their associations into their personal lives as a way to gain meaning to the symbols. My experience from this study was that the imaginative work opened up to a depth in personal memories and reflections, which we did not have the time in the group to follow through for each participant. From their self-evaluative reports (see appendix 9) several of the participants expressed that they would have liked individual sessions as well as group therapy during the 6-month intervention. One participant (#4) came two times for individual sessions, and I see this as an indication of a need for more personal dialogue and reflection related to the activation of the unconscious and to emotions. I think this is most important during the beginning of a therapeutic process where the unconscious life is re-activated and can seem strange and different from a purely rational perspective. Until the ego and self have regained a trusting relationship I suggest that a combination of individual therapy with group therapy could support therapeutic change in people vulnerable to depression.

An alternative to this could be that the participant starts with individual art therapy sessions and then continues in group therapy.

12.10.4 Replicating themes from the research

Working with the shadow theme expanding it over a longer period with a focus on the *potential* in the shadow personality, might be a frame, which I think, could have relevance for this group of people as a way to lessen the influence of the inner judge.

The inner judge was easy to find from the family paintings as a voice inside the participant and this voice became a referral point in most of the later sessions. I think this could become a replicable structure for art therapists focusing on the shadow theme especially related to developing new self-images.

Another independent theme would be that of the relationship between the inner man and woman. From a Jungian perspective depression can be viewed as a symptom of a passive inner masculine side opposite a more active feminine part. From a neuropsychological point it would be similar to a passive left-hemispheric activity and a more active right hemisphere (Cozolino, 2010). From my perspective, art therapy as a therapeutic method is a good “match” to depression, as both left and right hemisphere are included in the art therapeutic activities, which is not always the case in verbal therapies or expressive therapies without dialogue. A replication of this part of the research will need to include an imaginative attitude towards the unconscious, as a way to use right hemispheric activity in therapeutic processes, which has shown to support therapeutic change more than when only the left hemisphere is active. (Schoore, 2009, 2012).

The shadow is often a more “understandable” inner part, as (s)he relates to childhood memories of rejected ways of being in the world, while the inner couple is more archetypical as figures being closer to the core self.

Finally I think the concept of the self can be a theme of its own with a focus on the spiritual aspect of self. The imagination of an inner self can be found through the longing to be *more* than the ego. The participants in this research made a clay figure as a self-representation in the first workshop and in the following dialogue these figures were also related to potential self-images for the future. The purpose in connecting the figure with future imaginations was to release aspects of the self as a goal and motivation in the therapy. When focusing *only* on the self and the spiritual dimension of the psyche the therapy may end up more compensative than transformative, because issues from the real life circumstances are not included in the therapy.

12.10.5 Replicability of therapeutic approach

To replicate this research I think the therapist needs to be familiar with basic theoretical concepts within Jungian theory and to have some personal experiences of active imagination. Part of my therapeutic strategy was to take the psychic reality for granted in our dialogues by asking imaginative questions expecting to get an imaginative answer. For example I would ask how a figure in a painting was feeling inside, where s(he) was going, and what appears to be happening in the painting. If s(he) has a voice, what would s(he) say or need? In this way I wanted to approach the unconscious with an expectation to find some answers in the imaginative realm before we made the link back to reality. According to Lambert & Ogles (2004) the therapist differences are the second strongest factor for therapeutic outcome, and the therapist’s own belief system therefore becomes important for the outcome. Replicability of this research study therefore depends on the background and personality of the therapist, and the therapeutic training. A study in self-experiential training and development of therapeutic competencies (Lindvang, 2010) also concluded the importance of a self-developmental training as part of the music therapy program at Aalborg University.

Merely to use the directives without any former training in imaginative work with symbols may not show the same outcome. In spite of the fact that more than 1000 students have received art therapy training based on a Jungian approach within the last 25 years at the Institute of Art therapy, they are still struggling to find a way in society where they can use their competency and training. Most often they are not *allowed* to use art therapy methods

within their work as social worker, psychologist, or teacher, because cognitive methods are more trusted at most work places. To integrate art therapy as a treatment modality in institutions will be a challenge for future development of the art therapy profession in Denmark.

Lambert & Ogles (2004) mention, that comparison of different treatment modalities have been made between psychodynamic and humanistic theories on the one side, and here they refer to “verbal” or “insight” therapies, and behavioral therapies on the other side, which they refer to as “action therapies” (p.161). This split leaves out art therapy as a method, which involves *both* verbal and action oriented activities. This would be a major argument for more research within the creative therapies, where the method includes both action related activities as well as verbalization.

12.11 Implications

12.11.1 Introduction

From the analysis and findings related to the first research question an integrative model developed where different themes (self-regulation, integration, belonging and individuation) were connected to different levels of human life (biological, psychological, social and spiritual). From this understanding it became clear to me that art therapy methods, whether these were directives or non-directives, could become much more specific and goal oriented in the attempt to support the development of the ego-self relationship.

The integrative model can be used as a description of compensative patterns in behavioral systems, as well as a model of psychological transformation of consciousness. As a clinician it can become helpful in making decisions related to clients needs and how to use an art therapy intervention most effectively.

12.11.2 Presentation of an integrative model

One purpose of making this separation between different levels is, that people have different needs for creative involvement, and the issue can be to find the match that best fits the individual. In this study, I have tried to combine the different levels choosing a pluralistic and integrative approach based on the attempt to develop the ego-self relationship. As such there are two main purposes of using a four-level structure within an art therapy practice:

1. For *regulation* of a specific need through compensation one level is more relevant than another
2. For consciousness to *change*, all levels are needed for transforming the unconscious into a new awareness of self

Therefore there are two different ways of using the integrative model, depending on whether the need is related to regulation or to transformation.

A different purpose is that art therapy can have many faces in a practical setting. In this study the setting has been focused on the psychological and therapeutic approach assuming that people with a low life quality would benefit from a therapeutic interaction with the unconscious. To my knowledge there has been no research suggesting that similar

improvements take place if the focus had been on a different level like, for example, the biological and flow-related level for people with a low quality of life.

When for example Cooper (2008) mentions art therapy in relation to efficiency, he does not say anything about the art therapy approach that was used in the research. How was the balance between the creative processes versus therapeutic dialogue? Was it group or individual? Was the unconscious included and how was imagination used in the dialogues?

Was the approach directive or non-directive? To me this is important seen from a perspective where the ego-self relationship is the key to well being.

Another issue worth mentioning is the question regarding the goal and expectation of the client. What does the *client* want? Not everyone is attracted to the unconscious, and could there be some magical way to well being that happened without deep confrontations with the unconscious?

Often, when physical illness is added to depression, the focus can very well be on the body and the healing of body symptoms and only later resources are available for psychological well being. In such cases, this would be an argument for starting an art therapy intervention from a biological approach, where the attention is primarily on the expressive process and flow experiences, and from there, if required, open up the psychological domain of well being.

To answer some of these questions I use my data in relation to the integrative model that has developed during this research study as suggested in the following.

Table 84. Integrative model

Level	Art therapy activity	Function of art therapy activity
Biological Compensation	<i>Creative expressive activities</i>	Self-regulation
Psychological Change	<i>Art therapy process</i>	Integration
Social Identity	<i>Creative group interaction</i>	Belonging
Spiritual Meaning	<i>Active imagination through symbolization</i>	Individuation

The main purpose with the model is that creative activity can become more goaloriented according to different needs, whether these needs relate to change of consciousness or to emotional regulation through compensation.

12.11.3 Compensative art therapy

12.11.3.1 Biological level: Self-regulation

The biological level is related to the instincts, to body, to the archetypical part of the psyche, and therefore also to the self (Stevens & Price, 2000). The most important function on the biological level is connected to self-regulation, as it seems to be the self and not the ego that becomes the regulator through the creative activity. This means that self-regulation is beyond

conscious control. We cannot as therapists “decide” what the most healing painting will be for the client but we can offer a space for the person to find out by allowing the creative process to operate.

From looking at the first and last artwork in the comparison analysis (see p.212), a “solution” came forward in the last artwork related to the polarity issue in the first artwork. To me the psyche’s ability to regulate itself towards balance is one of the most central and magical concepts in Jung’s theories and can have a strong influence on how we practice art therapy. Do we trust the self in our client, even when the ego is confused? And how can we know when the ego-self connection has been established in the client enough for self-regulation to begin, without continuous guidance from the therapist?

From a social perspective this can also be related to the increasing control that society has developed in relation to the individual in our time. From a Jungian perspective such an outer control reinforces the split between the ego and the self, and prevents the self from regulating ego conditions from within. This could be part of the explanation to the increase of depression in our culture.

Evolutionary psychology (Stevens & Price, 2000) propose 5 psychodynamic laws, where two of them say that “Mental health results from the fulfillment of archetypal goals“, and that “Psychiatric symptoms are persistent exaggerations of adaptive goals” (p.38). Also Dissanayake (2000) found that humans react with frustration when basic needs are not satisfied, which is a point that I also found in the group analysis in this study, where participants compensated for a frustration in social interaction in their individual art work. The compensation was spontaneous reactions from their bodies. There was no other instruction, than to express their inner experience on to the paper. Participant #1 who painted the group painting over with black was captured by an instinct to act in the group. She did not *consciously* choose it. She had no control of her action. She just *had* to cover the other’s colors with black. She was reacting to an early frustration of not being allowed to be visible in her family. When instincts take over, the ego loses control and self-regulation can take place. Her self was attempting to regulate the many times when she felt invisible as a child and where she was not allowed to express herself, as she told the group afterwards. In some situations instinctive reactions can be damaging to others as well as to one self. Especially because no one really knows what is hidden as unexpressed reactions in the unconscious, and what will happen when the instinct takes control. The expression of impulses through creative activity can support self-regularity on a biological level, as will show in the following case example. The only hindrance seems to be the inner judge, who most often represents the moral voice of the system or culture. The destructive aspect of self-regulation is attached to the past. Built up emotions and unexpressed reactions can blow the ego away when triggered, as was the case for #1 in this group process. Though it would look damaging to the group, it also became a constructive experience, which shows in the group evaluation for that workshop (see p.244). The constructive aspect of the interaction was revealed through the dialogue when other group members recognized themselves in #1’s behavior and the experience moved towards a cultural issue away from the personal. They too had felt invisible when their colors were painted over, only they did not dare to react to the experience in the moment. In this way #1 became a role

model for having the courage to act when an outer power threatened her existence. Part of the constructive aspect is connected to the group reflection of #1's behavior as related to a cultural complex and to their individual narratives. If self-regulative behavior remains on a biological level without any attempt made to learn from the experience through reflection, change of such a pattern of behavior can seem very difficult, and repetition of the compensative activity will be needed to maintain the regulation.

On the other side, flow experiences through art making reduces stress (Kravits, 2008) and can be important biological processes of a compensative nature, which can prepare for a psychological art based interaction. This is an argument for using a holistic approach in art therapy as needs may change. Kaplan (2000) mentions some negative effects of art making referring to cases where creative activity seems to increase emotional unbalance and where it is thought that it would be more supportive to avoid creative activity. This seemed to be the case for participant #4 in this study, as her depression increased at the post-test, but compared to the findings in the qualitative part of the analysis, she did not "complete" her process during the six month intervention as she needed more time to develop her inner potential, before she could make new choices in her life. This was confirmed by the improvements she made in the follow-up 1 and 2. From my perspective an increase of emotional activity is not necessarily a sign of a negative development, which should be avoided, but might as well be a sign of the opposite as the case of participant #4 is a good example of. When emotions have been repressed over longer time I think it is part of a self-regulating activity to unlock the repression allowing the emotional content to be expressed as for example through creative activities.

Related to the negative influence an inner judging voice can have when an individual expresses emotions, which was not allowed to express in early childhood, it can be important to support and sometimes invite clients to express freely while they keep an awareness on the appearance of a negative judgmental inner voice. I often invite clients to express the inner judge on a different piece of paper as colors or maybe sentences, as a "trick" to set the self free in the other painting. When repeated, such a directive can also function as a mental training in recognizing the inner judge and gradually allowing the self to express more in life. From my clinical experience, the art-based approach is self-regulative when the self can be allowed to manifest in the artwork without being dominated by inner judges. Otherwise the artwork is merely a manifestation of a pattern of behavior that is already known, which means that unbalance might increase from being mirrored and confirmed by the artwork.

Recently I invited a client to express his anger towards his mother in a painting. In the painting there was a fire in a closed room, and him sitting isolated in another small room, holding a flower for his mother. He was not ready to confront and express his anger emotionally in a free and self-regulative form – though he often talked about it, - but showed the pattern that he was living by instead. The inner mother judge was stronger than him and prevented him from regulating emotional built up anger. In this way the painting reminded him of the pattern he was living by, showing an alliance with the mother and not with his own individual self.

Referring to the group analysis in this study, the compensations made in the individual artwork increased conscious awareness of body reactions that developed during the group

interaction, so that they became more aware of their inner frustration by looking at the artwork. The inner frustration of being painted over was released from their bodies, and in that way helped them to regain some physical balance. This is all biology. In order to understand the effect that such a non-verbal interaction can have, I find it relevant to bring in the psychological approach to that process. As I have mentioned earlier, the verbal exchange in the group became very important for emotional experiences to process in a self-reflective way. In that specific situation, each participant did not know what had caused participant #1 to paint the group image black. They could only speculate, but was clearly left in an emotional state provoked by the experience as shown in their artwork. To me this becomes a core paradox in the art based art therapy approach. A physical compensation during the creative process may reduce psychical tension in the body but instead increase emotional tension in the mind and in the social system. Without the following dialogue in the group participant #1 might have felt the shame of not being able to control her emotions and sad that she hurt the others. The other members in the group might have excluded her as part of the social system, and then a social pattern becomes repetitive. Is the group strong enough to include emotional reactions towards itself, as a way to develop the system as well as the individual, or is the vulnerability factor of the group too strong for change to be allowed?

An example

As an example of working on the biological level I use a dream and related images from participant #5. It will also show how the interaction between dreams and symbolization can support the transformation from the biological to the psychological level.

Table 85. An example. Self-regulation through the creative activity

Therapist's comments	Self-regulation through the creative activity
<p>Comment: I was surprised that she did not have <i>any</i> words to describe her strong bodily reaction. I did not feel that she was holding information back, more like she just did not know.</p> <p>Comment: The drawings she made from dreams would usually start with a black colorless drawing, but her reverse drawings would always be</p>	<p>For participant #5 it was especially drumming and painting activities, which she liked as expressive media.</p> <p>1. Drumming We were drumming at the beginning of every workshop for 10 minutes. In the first two workshops she would cry throughout the whole drumming activity, and when I asked her after the drumming had finished, she had no idea about what she was feeling or why she cried. From the third workshop she began to enjoy drumming much more, and she said, "something happens in my head". Her conscious experience was a <i>bodily</i> experience unconnected to her psychological understanding.</p> <p>2. Painting</p>

very colorful as shown in the following example.

The connection between the drumming experience (something moves in the head) and the dream experience where she recalls a memory where she did not speak up (like the parrot) makes me wonder whether the *drumming* activates withheld anger from being attacked in school. Participating in a group can also activate experiences from being in a group earlier, giving her the opportunity to regulate repressed emotions.

Comment:

The dream activates the psychological aspect related to the biological level by bringing back unresolved memories connected to emotions. Her body feels the experience then gets connected to an object-related narrative, which can be shared and reflected upon. This is a good example of the interplay between the biological and the psychological level, as it brings further the transformative process of change.



Fig 156. Dream image

Dream: I was on a psychology school. It was difficult and I felt outside and attacked. Not a nice feeling being very different. I felt heavy in my head when I woke up, and very empty inside.



Fig 157. Reverse 1: Talking parrot, that can express everything



Fig 158. Reverse 2: Anger

In her second reverse drawing she felt that a lot of anger were released. *“It was fantastic to draw... I can not say what it looks like, but it was a really good feeling to get all the anger inside out... an enormous power”*. She associates the anger from her time in school, but it

was not then expressed.

The reverse images show compensative symbols associated to her past experiences of being attacked. First the parrot as having the voice she did not have in school and then the expression of anger, which transforms into “a really good feeling” of power.

Working creatively on a biological level using the reverse method as a tool can support self-regulation as the reverse images in this example show. The transferred lines from the first

image function as an invitation for the self to project into the lines images that are counterbalancing the emotional ego position. A certain reflection back to consciousness like “aggression can be a good and powerful experience” can support a psychological development of ego strength, especially when repeated many times, and eventually help the depressed individual to reconnect with aggression which eventually can lead to a more active and assertive behavior in living.

From my clinical experience I have noticed, that making reverse drawings most often do *not* activate inner judges, which might be because it is the transferred *lines* that becomes the authority instead of the inner judge. I also think it has to do with the symbolical nature of the method which leaves the memory system and personal emotions outside the activity while doing the drawings.

Individuals who want to work on the biological level may not want to know *why* they are not feeling well in life. As participant #3 said, “*What should I do if I did not have anything negative to think about... I always react in a negative way, so it would feel terrifying to react positively.*”

Using art therapy on the biological level can facilitate experiences of images, which can have a positive and spiritual influence like when participant #5 experienced the positive aspect of aggression.

12.11.4 Psychological level: Integration



Working with creativity on the biological level can also bring up repressed emotions and memories in the artwork and thereby bringing the process further on to the psychological level.

The psychological level is related to the emotional and integrative aspect of well-being and most importantly includes a motivational aspect related to change. As in all psychotherapeutic approaches client's goals are important contracts to make before beginning the therapy. Siegel (2010) also mentions, that conscious integration is the beginning of psychological change. When it comes to art therapy the transformative process includes the artwork as a transformative and physical place of focusing the mind. The motivation to participate in this group was for some very diffuse, like “I want to get my life back” (#5), or “I just want to feel better” (#3). Not all individuals are able to formulate specific needs that they want the therapy to fulfill, and very often the images come with surprising and healing suggestions to new directions in life. In my experience it is a motivational factor (and a first step towards conscious integration) to feel a *need* to change without necessarily specifying what the need is. Especially when it comes to depressive states of mind, there can be certain emptiness or confusion in consciousness, as was the case for participant #3 related to her first clay figure. In such situations I suggest that the therapist initiates the therapeutic process by giving a directive to work from.

The therapeutic process of change in this research study involves the relationships between biological, psychological, social and spiritual processing. As Schore (2012) is pointing out, there is a new paradigm within the field of psychotherapy to day, which is more integrative indicating that the relationship between the mind and the brain must include the unconscious and right brain processing in order for emotional regulation to take place. Working on

psychological integration therefore includes all the other levels (biological, social and spiritual) as part of the transformative process. An example from participant #1 demonstrates how art therapy can support change of consciousness.

Table 86. An example. Integration through art therapy

Therapist's comments	Integration through art therapy
<p>Comment:</p> <p>The pattern in this family excludes the father as someone who is there for the children during their development. The strange part in the dream is, that her son is calling out for his father, which he never did in reality. To me that indicates, that her son (in her) had a longing for his father, which he was not able to express while he was alive, as they did not get along very well.</p> <p>In her actual life she began to confront her husband more as an expression for her need for more intimacy and dialogue.</p> <p>This can also be seen as a change of her independent role as a mother in the family.</p>	<p>Dream: I was in France with my mother, my sister and my nephew. In the hallway I discovered that the entire ceiling had fallen down. There was crushed glass everywhere. I turned to the bathroom and saw that all the porcelain had been smashed as if with a sledgehammer. Then I heard a voice from the floor calling out "Dada, Dada". It was X. (her dead son) on the floor. Amidst the calling for his father. I hurried to him and took him into my arms. He said he was not doing very well, and I told him that I was here now, and I would take care of him.</p>  <p><i>Fig 159. Dream image</i></p> <p>The image illustrates the place in the dream where her (dead) son is lying on the floor calling his father. The feeling in the dream was double. It felt good to hold him but something was very wrong.</p> <p>We talk about the family pattern, where her husband was not at home much to take care of the children. <i>"He would never call his father. It was always me"</i>.</p>
<p>Comment:</p> <p>In the first reverse drawing the focus is on the root, which can be a compensation for her lack of roots in life, as they always moved around. However, she says, that she feels at home in the</p>	 <p><i>Fig 160. Reverse 1. Olive tree</i></p> <p>The first reverse image reminds her of an olive tree they planted in their garden in France.</p> <p>To the second reverse image she says, that it is snakes that come from a small container into a bigger container. <i>"They become free, they move, they get space."</i> We discuss the dream in relation to her own life and she says that she cannot remember having called for her father, in spite of the cold mother. She says, <i>"Normally it is not practical to miss someone who does not come or is not around"</i>. And related to the scene in the dream where she holds her son, she says, <i>"My mother would never react as I did. She would not hold me. She would say,</i></p>

house in France, which was her association to the tree.

Comment:

This image shows the change of consciousness through the symbol of moving from a small container to a bigger one, which is not visible in the drawing, but is an imaginative reality for her.

“Stop it”.



Fig 161. Reverse 2. Snakes

We talk about her son as a representation of her own inner child and she realizes that she wanted her son to have the freedom she herself had missed, which is represented in the last drawing.

Her realization from the therapeutic dialogue centered on the theme of “longing for dada”, which was a longing she had repressed in her own life, because her father was seldom at home to replace her cold mother. Therefore she had not given it much thought, that her own sons might have a need for their father, who was seldom home either. The dream and the images together with the therapeutic dialogue bring forward these reflections. I think that the dream also indicates that her husband is needed in the family. Her last image of the snakes in the container has a parallel to alchemical psychology where the vessel is used as the transformative container for psychological change (Edinger, 1985).

12.11.5 Social level: Belonging



The social level is described in the group analysis part, where the core issue became connected to the frustration of becoming invisible through the group interaction in the painting process. The ritual of creative interaction came to represent a more psychological pattern of feeling invisible in life, both related to the past and the present. All except #7 (who had a “project” of avoiding the inner judge) had felt overruled in the interaction with a following inner frustration. Kaplan (2007) has described how art therapy can be used to solve social problems and conflicts, such as aggression, through community healing of traumas. She also thinks, that art therapy in social settings should be art-based, which I think depends on the method used. In this study I found it very important that verbal dialogue was added to the art experience of painting together. Otherwise the participants would not have been able to share their individual experiences and discover cultural issues related to identity and social interaction. Another activity we did in the group that related to the social level was the drumming ritual. Apart from the individual body experience of the drumming activity, there was a social togetherness and interaction in the drumming ritual, which they did not feel a need to discuss in the same way, maybe because there was no social conflict during the drumming interaction to be discussed.

In that sense there can be two different purposes in social art intervention. One where dialogue is more important because conflict is activated in the group, and the misuse of power

might become present. And another where creating art together as a group can support and strengthen the experience of belonging to a group without verbalization but based on a positive experience.

I use examples from participant #3 and #7 to illustrate this level.

Table 87. An example. Belonging through art therapy

Therapist's Comments	Belonging through art therapy	
<p>Comment:</p> <p>From this participant her confusion regarding her social identity refers to the split between the inside and the outside as being two different personalities. By expressing the inner invisible personality in the artwork, she became seen by other group members.</p> <p>Comment:</p> <p>Participant #7 also felt a difference between the inside and the outside of herself. In her dream she is back in Greenland where her self-confidence was high, which is not the case for her in Denmark. I wonder which cultural issues it is in</p>	<p>As an actress #3 felt that other people only saw her front and never the back.</p>  <p><i>Fig 162. The spiral as connecting symbol</i></p> <p>This was similar to her mother who only wanted to show the front of their family, and never the back and therefore she “<i>did not know her very well, because it was a facade</i>”. In relation to friends she says, “<i>Most friends and relatives don’t see how restless I am. They think I am calm and structured with lots of energy.</i>” The mask she shows to the outside does not fit to her emotional inside.</p> <p>In the return stage of the process, she became less critical of her own work contribution as she began working with groups instead of individual performance. In her last painting she discovered the spiral as a connecting symbol between the inside and the outside.</p> <p>Changing her job gave her a different experience of belonging in a work related setting.</p>	 <p><i>Fig 163. My mask</i></p> <p>Participant #7 said, “<i>I have to wear a mask to survive and I spend a lot of time not showing my sensitivity. I can cry if people are nice to me... It is good and bad – rather exhausting</i>”.</p>

Denmark makes her feel less confident than when she is in Greenland?

From her reverse drawing, there is a sadness connected to the new possibilities.



Fig 164. Dream image

She had the following dream: I am going to be a leader of the school in Greenland, again.

Her first image shows the school in the village.

She calls the last reverse drawing "Blue balloons" because there is a sadness to blue, and then there are possibilities and she says, *"what I am afraid to believe is, the blue balloons and the possibilities in them... I am afraid to be disappointed... It is about believing, that something wants me well"*.

She describes her fear of not being able to accomplish what she wants and says, *"I want to work professionally as an art therapist... it is the fear of not being good enough"*.



Fig 165. Reverse 1. Possibilities


Both participants experienced an opposition between the inside and the outside as a hindrance to feel a belonging to a group. In this research we did not work with projections they had on each other in the group, because the focus was more on the individual development. I think that a group therapeutic method will fit more to people with a belonging issue, especially when the confusion is related to the split between the inside and the outside. From my training groups at the Institute we often take up projections that the students have on each other, and I find these confrontations very supportive related to the group feeling and the experience of belonging. In the research group there was no apparent conflict in the group (except from workshop 9 where the discussion about confidentiality came up), and no directives related to belonging except in workshop 10. The definition of the therapeutic frame was defined to be psychological and not social.

12.11.6 Spiritual level: Individuation

From a Jungian perspective, the spiritual approach to art therapy is related to the self as a center of wisdom and knowledge. When the ego-self relationship is established, for example through a therapeutic process, the interaction between the ego and self can function independently from an outer therapist as guidance can be received directly from the self. This often includes active imaginative rituals like inner dialogues with symbols or other representations of the self (Jung, 2010).

I use images from participant #7 to illustrate this possibility.

Table 88. An example. Individuation through art therapy

Therapist's Comments	Individuation and art therapy
<p>Comment: This image relates to her ego-self connection, where she can “visit” the self and gain knowledge. It also indicates, that the self can come to represent a center of knowledge as a replacement for an outer therapist.</p> <p>Comment: This may indicate, that given more time for the participants to use imagination, it becomes more natural to gain access to the self.</p>	<p>Participant #7 associates her last painting with a jungle. She says, “It is like you can walk into it, and then there is a triangle there...It is like you walk into a treasury...I need to go in there”.</p> <div data-bbox="453 562 759 965">  </div> <p><i>Fig 166. My inner treasure</i></p> <p>Therapist asks if she knows what is inside the treasury, and she says, “there is knowledge”. Therapist asks, if she has been inside before, and she says, “a few times” and when asked to describe the knowledge more she says, “What can you say. It is a lovely kind of knowledge... You can go inside and get an intuitive knowledge... It is a room where you go and meditate... It is a room where I have become better at listening to myself”.</p> <p>Participant #7 was trained as an art therapist more than 20 years ago, and her search for a better quality of life experience in her present life brought up memories from her time in training, which is why I think she had a more easy access to imaginative reality.</p>

The spiritual level within a psychotherapeutic practice involves symbols, because it is through the symbol that we can transcend our usual consciousness and connect with something beyond the ego. The participants in this study were all involved with symbols during the workshops, which became meaningful to them on a personal level, helping them to see their personal situation from a different angle. In that respect the spiritual became part of the psychological process of change.

Compensation relates to human needs within a domain of life, which are not satisfied. In order to change the ego-self relationship, these frustrated needs were found in the individual artwork when space and freedom were given to encourage important expressions, especially during the group intervention when the participants experienced invisibility, which they compensated for in their individual artwork. The need to let go of inner frustrations through a creative outlet seemed to be a possibility that everyone in the group used. When these frustrations were not expressed within the group dynamics, I think it was because of the need to belong in the group together with a mutual care for each other, which was stronger than the individual need to react and compensate within the group.

From a social perspective, I take this to be an important indication of reasons why individuals develop a low quality of life. When frustrations that are built up through the

interaction with the social system or any other groups, cannot be expressed through some creative outlet, an inner tension remains un-resolved within the individual. Self-regulation becomes possible through the expressive creative process, when space to express freely is available. But what if this space is *not* available in an individual's life?

Compensation can also take place on other domains than the social. When participant #4 expressed an image of a woman who kicked ass, it was clearly a shadow aspect, which she needed to integrate in her life in order to cope with her emotions towards her husband. Or when participant #5 made her powerful images of anger, she felt satisfied within herself, but did not know what the anger was about on a psychological level.

Compensative processes in creative expression do not in itself change a pattern of behavior, but makes it possible to maintain it.

This is where art expression can be used as an activity that does not really support either the ego-self relationship or the system to develop and change. Opposite it supports the release of tension within the individual in a way, which does not challenge the system directly and therefore conflicts between the individual and the system can be avoided.

From this perspective the creative compensation is a survival strategy for the ego as well as for the system. It releases the ego from an inner felt tension, which might overwhelm and fuse with the ego from the inside. Through the creative process the emotional content transfers from the inside to the outside becoming the content of the creative product.

The creative process as a compensative process therefore has three functions; (a) it works as a survival strategy for the ego/ social system, (b) it works as a replacement for confrontation and change, and (c) it works as a preparation for the therapeutic process.

A research project in art therapy (Teglbjærg, 2011) with schizophrenic patients concludes, that art therapy improves the patient's experience of well being without including therapeutic dialogues where the artwork is included. This is to me an example of art therapy on a compensatory level without the opportunity to move to the psychological level through the use of imagination and personal dialogue. In her thesis she makes a separation between what she calls "creative art therapy" and "analytical art therapy", with a preference for the creative expressive process as *the* healing agent. Personally I see no reason to separate the creative process and the analytical process, as they are mutually dependent on each other as transformative units. According to the integrative model developed in this research study, transformation of consciousness cannot take place in such a division. My findings show, that therapeutic change includes a conscious interaction with the unconscious on several levels, and the participants in this study emphasized the necessity of both creative expression as well as dialogues in their evaluation. A phenomenological approach was used in Teglbjærg's thesis (2009), which might be one of the reasons why it was not possible in her research to include an analytical understanding of self-regulation as a foundation for self-development. It was the same reason why I chose to use a bricolage methodology and a four-level analytical procedure, as I might only have found results related to the descriptive part corresponding to the first level of analysis in this study.

When this is said, I think that compensative processes are important in any social community, as it can be the glue that binds the community together. This was one of the most

important findings made by Dissanayake (2000) as she studied many different kinds of societies. To use art in rituals, where people can experience a belonging to a group and feel included and part of social living is one of the basic human needs, and often the focal person in the group brings forward a new development of group consciousness.

How to use art expression depends very much on the frame and person in charge. What are the rituals after the artwork has finished. Do you say nothing about the artwork? Do you say only what the eyes can see in colors and forms? Do you ask how the figures move and talk to each other in the artwork? Do you ask for associations to the figures or stories in the artwork?

Do you project your own impression into the artwork, as an objective translation to the image, or can you accept the image to go on living as a mythological figure without reducing it to a single meaning?

Each art therapist has her or his individual way of approaching the artwork, depending on training, experience and personality.

12.11.7 Summary

I have used some of the participant's images and experiences to illustrate change on different domains. Including all four levels in an art therapeutic setting can become most effective for the client, as different needs can appear unexpectedly during a group process over time. It might also be most effective for the client to be in a group, where other participants are working with the same issues in life. It can be work related stress (#3), loss of a child (#1 and #5), belonging issues (#7) or relationship issues (#4 and #6). I think they might benefit more from each other's experiences on the matter, and cultural issues could be elaborated with more depth. On the other hand I think the participants in this study learned from each other's differences in a good way and as a change of perspective to their own situation.

12.12 Transformative art therapy

The process of transformative art therapy is described in detail in the case analysis and result section. During data analysis the integrative model had not become clear to me, and therefore the compensative approach was included in the transformative, which is why I wanted to make the compensative part more visible in the discussion as a possibility within an art therapy practice. From my findings related to change I think that compensative processes are always a part of transformative art therapy, but that compensation does not necessarily lead to transformation of consciousness. I also think that compensative processes can prepare transformative processes to happen when given enough time and focus with expressive activities combining with an inner listening approach towards the unconscious. When this happens, there can be a time difference from the inner change to the outer change. The positive improvement from first to second follow-up might indicate such a time interval where inner maturity affects the outer life later than when the actual activities are happening. Bertelsen (1975) has also pointed out, that an outer change manifested after an inner pregnancy lasting 9 months, which would correspond to the initiation phase in this research followed by the return phase (the birth).

The perspective I am suggesting here is, that transformation and change is a holistic process involving biological, psychological, social and spiritual levels. The interconnection

between biological, psychological and social levels is now well documented within neuropsychological findings (Cozolino, 2010; Schore, 2012; Grawe, 2007).

Linking the concept of spirituality with the concept of self in this research, I would like to suggest, that the concept of spirituality becomes an important part of the transformative cycle, as it is connected to individuality, purpose in living, experiences of life being worth living and to other realities beyond ego consciousness (Rosen, 2002).

In the following I show a model of the transformative cycle.

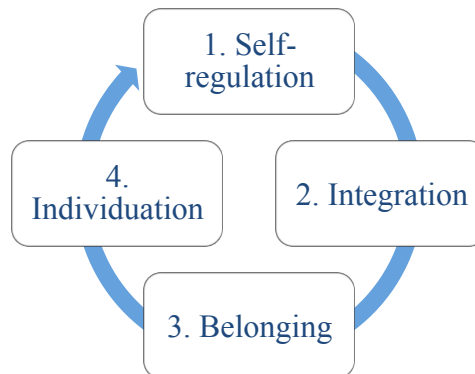


Fig 167. Transformative process of change (Skov, 2013)

Using art therapy as a method of transforming consciousness includes different steps as part of the process:

1. Expressive creative activities activate the biological level and can start the cycle of compensation through self-regulative activities
2. The integrative process is both imaginative and existential in orientation
3. Working with groups can heal the need to belong
4. Working with symbols through active imagination can support the process of individuation

The movement from phase one to phase two is based on a change in awareness from having an extraverted attitude to having a more introverted attitude, which is also a point made related to the process of individuation in general (p.53). It means, that some degree of self-reflectivity is needed before the transformative process can begin. The participants in this study all felt, that they had become more aware of their inner needs and emotional state after the group process than before they started in the group. The question is whether a more introverted attitude towards the inner life and the unconscious *in itself* can start the process of inner change. If that is so, changing the attitude towards a more inner listening approach can be a very important factor related to therapeutic change. The process of inner listening is most often an important part of *any* therapeutic process and method as the therapist initiates a dialogue related to the client's emotions and personal life situation using a "listening" attitude together with the client. This can also explain why there is so little difference in therapeutic effect between different therapeutic orientations (Cooper, 2008) because they all have in common some degree of introverted attention (also caused by the presence of the therapist).

In a clinical practice I find the integrative model useful as a way to make a *focus* in the art therapy process. Focus can be related to the different needs and a suggestion can be the following:

1. Biological domain: Art therapy where individuals keep the focus on the artwork and the creative activity attempting to experience a flow in the process with the purpose of reducing stress through compensative processes. During this process the inner judge can appear in the artwork, and it might be necessary to include some understanding of the inner judging voice in order to free self-expression in the creative expression.
2. Psychological domain: Art therapy where individuals are guided through the stages of egocide, initiation and return as transformative processes leading towards therapeutic change of personal identity and behavioral patterns.
3. Social domain: Art therapy where individuals are working together in a group, with a focus on group interaction through the art media. The purpose would be (1) to discover and change individual behavioral patterns within a social system, (2) to use the group as a way to explore and share projections related to the past, and (3) to develop a system that includes different individualities based on a spiritual holding approach.
4. Spiritual domain: Art therapy related to the process of individuation. Preferably in a group setting where the archetypal reality is explored through symbolization, dreams and methods stimulating the psychoid reality through imaginative work.

To use the model in real life I think there are limitations that I would like to address in the following by bringing the concept of a holistic approach to therapeutic change into play with cultural dogmas that we are living by in western societies. Limitations will first be looked at in relation to the research study and then in relation to the implication of integrating the research study in real life.

12.13 Limitations

12.13.1 Limitations related to the research study

The general discussion in measuring therapeutic change is, that it can be difficult to measure everything that can play a role in a person's experience of a better quality of life.

There can be life circumstances like change of work situation, relationship issues or economical reasons, or there can be inner conditions of how life is perceived by the individual that all can become part of the transformative process. In this research study such existential life circumstances were only a small part of data collection, as information gained from the evaluation reports or issues that came up in the therapeutic dialogues.

The integration between the inner and the outer was made by the participant and not initiated by the therapist. The advantage of such an approach is, that the "solution" to a given

problem can find its own unpredictable way from the participants inner self, as part of the self-regularity process, which in this research has been categorized as a period of “return” (Rosen, 2002). I think it is important, that choices related to outer change are not acted out before it feels *right* from inside the client. In our society today, I think there are many outer expectations and rational attempts to figure out what the best way would be for someone who seems to be stuck in life. Time is not an offer available from the social system, as a period where individuals can listen to their inner needs for direction in life and have the time available to prepare for eventual changes. That can lead to quick decisions, which do not last long because they do not connect with the inner self in the individual.

Last month (June, 2013) there was an interview on television with a director of a big company who said, that he thought that young people were acting selfishly when they chose an education based on what they felt like doing as individuals, instead of what was needed in *society* (who knows what “society” will need 5 years from now). His approach was based on the survival of economy (and his own business) without including the individual’s need for meaning which, as Dissanayake points out, is so important for quality of life experiences (2000). I think that following outer expectations similar to the voice from this businessman, can lead individuals towards depression, where life has lost meaning. The limitations in this research study is, that economical forces and outer expectations may function as a contradiction to the therapeutic processes using a Jungian approach to life quality, where the connection to the inner self has been found to improve quality of life. The individual can be caught in a situation where the inner voice is experienced as irrational and not trustworthy, because there is no clear and logical answer to the low quality of life until it develops from the inside moving from the stage of initiation towards the stage of return (Rosen, 2002). Listening more to the outside expectations than to the inner self may therefore function as a vulnerability factor in the treatment of depression, which is caused by a cultural preference of rational thinking.

The test results show that change did happen, but this does not alone explain why, which is one of the potentials in a mixed-methods design. As I see it, a crisis in the outer situation can become a motivation to change the inner situation, which can then lead to a change in the outer life.

Findings from this study related to inner change suggest connections that were important for outer change to happen, for example between the inner shadow (the unconscious), self-worth (ego consciousness) and existence (social life). I think the main difficulty in having a focus on the inner life in order to change connections to the outer life can be that it does not seem rational to move attention away from where the problem is located in order to solve it. When approached from a circular way of thinking it is easier to understand, that resources to solve a problem lies outside the problem itself. This is described further in the chapter of “Pre-understanding of creativity” in this thesis (see p.70).

Another limitation is, that replicability includes some training of therapists, which is both self-explorative as well as educational within the art therapy method. The integrative model would then need to be used within a teaching frame.

A final limitation is the “therapist factor” of therapeutic change. In this study my identity as a person, therapist and researcher became part of the therapeutic relationship, and other

therapists would have created different connections with the same group of clients. The important part is, that an alliance between the therapist and client *is* created, which becomes the basic platform in the therapy that develops over time (Cooper, 2008). I have addressed this issue in the heuristic part of the thesis (see p.288).

12.13.2 Limitations related to dogmas in our culture

Introduction

I think that integrative art therapy has potentials that could become much more integrated in society on all four levels described in the integrative model. I also think that some of the limitations for this to happen come from dogmas we live by. By dogmas I refer to collective agreements, mostly not reflected upon by the individual, on certain ways of thinking about different aspects of life. Things we imagine as true without knowing.

In the following I discuss some of these dogmas in relation to my findings and I hope this research study will contribute to more reflections and dialogues related to the way we as a collective approach life and the values we live by.

12.13.2.1 Dogma 1. It is dangerous for ego consciousness to confront the unconscious

This pre-understanding of the unconscious as a dangerous reality goes back to Freud's description of the (personal) unconscious based on a lack of trust in the psyche's ability to regulate ego-unbalances (see my chapter on "transition to Methodology" p.58). The self is not to be trusted as a healing agent, and therefore the unconscious is not to be trusted either. Instead of making a relationship with the self the self is avoided.

In clinical practice this dogma works as a protection of the inner and outer parent voice. The same can be found in Freud's early approach to children who told about their experiences of sexual abuse, which he thought was made up phantasies, that should be interpreted on a symbolical and subjective level. Later Alice Miller was one of the first to trust the voice of the child (Miller, 1983), and the protection of parental behavior began to change, as children were taken more seriously. In clinical practice I still find, that client's protect their parents from being "revealed" and willingly sacrifices their own well-being to keep the image of the parent unchanged. From a social perspective the parent's voice represents the voice of moral and of cultural rules and therefore confronting the parent is also a confrontation with culture and with the experience of "belonging". As I see it, there needs to be an inner grown up voice who emphatically can understand the inner child, before a confrontation with the inner negative parent can bring about a change. Otherwise the parent voice can be experienced as too strong compared to the ego (child). An example of this can be found in case 2 with participant #6 (see p.184), who dreamt about finding foster care placements for children in need, and of becoming a mother to a child, and who also felt more self-supportive after the therapy (see appendix 9). This made her more independent in her need for love from an outer man. Using an object relational approach (problem orientation) before the inner resource (the good parent) has been activated may therefore not bring about the needed therapeutic change.

I hope that my findings related to the participants experiences of having gained more confidence and more assertive behavior during the group therapy are convincing results for

changing this statement, and that others will feel inspired to take a more optimistic attitude towards the unconscious, remembering the importance of keeping the balance between a problem oriented and a resource oriented approach in the therapeutic process (Grawe, 2007).

12.13.2.2 Dogma 2. Healing of depression cannot take place through self-regulation

When people experience a depression in their lives, they usually go to their medical doctors for help, and are most often treated medically. In some cases individuals receive a number of dialogues with a psychologist using verbal dialogues for emotional regulation. Many people, unfamiliar with the psychological world and concepts, think there are no alternatives that they can trust and society has no preventative offers unless the depression becomes more serious. Treatment is thereby individualized and not related to the culture we live in. A lack of social belonging becomes part of the depressive spiral, and the individual is often left outside the collective. When the understanding of self-regularity is trusted, depression has a potential for individuation (through motivation and goal orientation), which can be confronted at the beginning stage as a natural part of life. I suggest that this could also become part of our educational system, where psycho-logical and imaginative ways of reflecting becomes part of learning modalities.

12.13.2.3 Dogma 3. There are no potentials in depression

When focusing on the depressive condition, and the individual pain described by those experiencing depression, it can be difficult to see the potentials in depression. From a Jungian perspective, the potential is related to the introvert attitude of the depressed individual. The mind is turned inward, but may not know how to “listen” to the unconscious to get information related to change. Part of the reason can be, that the ego does not *want* to change and to let go of something known, and therefore intuitively blocks further development by listening to the inner (and sometimes outer) judging voice saying, that nothing positive can come out of depression. The approach to depression in this research is, that depression can become the egocide state of mind, where the ego willingly sacrifices part of the old identity, in order to become initiated into the mysteries of the self. From the case analysis in this study the inner patriarch and judge became that voice, which prevented the ego-self connection to be created based on a negative expectation to depression and to the self.

12.13.2.4 Dogma 4. Depression is an illness related to the individual

Referring to the analysis of group process and group dynamics, the participants in this study had different reactions to the experience of being overruled and made invisible by a dominant outer power. When participant #1 painted the group painting over with black (see p.244), three of them reacted with an avoiding behavior and sat down withdrawing from the interaction. One of them hardly noticed, because she was focusing on her own project.

Participant #1 also withdraw after she finished with the black paint, while participant #3 and #6 began to scratch in the black paint to get some of the colors visible again. *No one*

reacted to the power coming from the outside, and in some sense participant #1 became invisible (again) because she was left alone with her “bad” behavior. Their reactions showed all signs of depressive behavior, being submissive, avoiding and unfocused. Their emotional frustration appeared in the individual artwork and had this session happened in a real life situation repeatedly, it could lead the individual towards depression. Using this finding as an indication of the interrelationship between the individual and the social system related to the development of depression, implications could lead to a revision of our cultural understanding of depression, an understanding based on a condition which only concerns the individual. Further research with a focus on this relationship would be a suggestion.

12.13.2.5 Dogma 5. Creativity is mostly for children, psychiatric patients or artists

If people with a low quality of life are to use art therapy methods either to compensate for unfulfilled needs or to transform consciousness, the whole concept of creativity will need revision as activities mostly associated with children, psychiatric patients or artists. To use art therapy as prevention against depression means that individuals should seek psychotherapeutic support before they make contact with medical doctors, as they will in most cases refer to medical treatment. Paying attention to the inner world as well as the outer may be the best prevention against depression, and low quality of life experiences can become the motivation to do so. How to make that link in a society where economy and rational thinking is dominant will be a challenge.

12.13.2.6 Dogma 6. I have released my anger towards my parents so many times, so why do I not change?

This is a dogma I often hear within the psychotherapy field, especially from individuals who have worked with their family background and early relationships in therapeutic processing for many years. Why does change not happen, when they know all about the problem? One suggestion can be, that the transformative process did not happen in relation to the unconscious and therefore nothing new came out of it, except an emotional release to maintain balance. It could be an indication of the necessity to work with the psychic reality through symbolization and imaginative dialogues, as a way to interact with the *potentials* for change. When a child is traumatized, a splitting in the personality can keep the child psychologically alive, by using a wishful phantasy to hold on to. The child can fantasize that mother and father will change and that someday the need for belonging will be fulfilled. I think that this pattern of splitting continues, until reality is confronted emotionally with the acceptance that the reality does not change. In artwork the same wishful fantasy can appear in images and compensate for an unfulfilled need in reality. This became most apparent in the group analysis in this study, where individual artwork compensated for unexpressed emotions in the group dynamic. The individual artwork was related to the group activity and not to the inner self in the participant and therefore the images did not transform consciousness, but rather maintained status quo.

I think the concept and possible experience of a psychic reality is needed in order to take that next step into the transformative process. Imaginative work offers a possibility for

individuals to experience symbols through sensation, emotion and cognitive processing. Imaginative work also activates resources, which Grawe (2007) found was needed for therapeutic change. When behavioral patterns do not change for an individual, would it then be a sign of an imbalance between problem oriented and resource oriented therapeutic intervention? Considering the case with participant #5 who did not seem to make any progress during the group therapy according to the test results, it must be assumed that other factors (than imaginative work) for a good outcome must also be present, such as motivation, goals, expectancy, therapeutic relationship, group versus individual and length of time.

Referring to the case with Bo that I presented in the introduction of the thesis (see p.5), a major change happened for him after 3 months of symbolic work using the reverse method and dreams. Prior to the art therapy, he had been hospitalized for two years, and was pretty much left to himself in the hospital. Considering the little verbal dialogue we had related to his artwork I am sure that it was not the verbal interaction that made his recovery. I doubt, that change could have happened without the images. His images in the reverse drawings were very compensative in the beginning, but then gradually came closer to reality and finally he was able to connect the symbol/allegory directly with himself (Skov, 1991). The compensative content (aggression) *changed* during the 3 months and became less compensative until finally change manifested in real life and he left the hospital. I still don't know why he was able to transform symbolism in such a way, that transformative change became possible, instead of keeping the same intensity of compensation through out the creative processes. Maybe because of his inner listening to his dreams together with my attention and expectation for a change became part of it as well, and maybe he was "motivated" to change without his conscious knowledge.

12.14 Contribution to new knowledge

In psychotherapy research the mainstream approach to change is related to observable changes in the conscious life of the individual and methods are being evaluated in their effects. But if outer change is an effect of inner transformative processes based on imagination as well, as I suggest from this research study, we know far too little about inner psychological transformation to really know how therapeutic change can be initiated in the best possible way for the individual. From findings in this research, working with the judge, the shadow and the inner masculine and feminine parts of the psyche became images that would guide the ego towards the inner self. A condition for therapeutic change seemed also to be connected to motivation. I don't think participant #5 was motivated for therapeutic change during the therapy, but more attached to her loss and her need for compensation. I also think, that if the group had lasted longer, maybe four more months, she would have developed a stronger motivation to change. In the last workshop, where she "saw" the judging eyes in the female figure in her painting, and just had to paint the eyes over, she was confronting the judge for the first time during the therapy.

Basically the contribution to new knowledge from this study is connected to the transformative processes of inner change through imagination. Considering the small number of participants, the results cannot be generalized, but from the analyses and results, especially the

comparison analysis (see p.212), I think that more research within this subject could be very useful for the reasons all ready discussed.

One of the big issues in psychotherapy research is, how we measure therapeutic change, when so many different factors are at play? How can we be sure to include everything? Though I have used a holistic approach in this research many small details from the participant's real-life affect therapeutic outcome, because the participant spends much more time in real-life than in the therapy group. In spite of that I found that the comparison analysis showed similarity of thematic struggle in the artwork, as for example when inner judging voices were recognized in all participants artwork. The ego strength that came out of this confrontation was interesting, because it shows that confronting the unconscious is more effective than avoiding it.

Sometimes depression cures itself without treatment, which is a factor that needs to be addressed when looking at therapeutic change. I think it is important to look at low quality of life experiences as part of being human and as a condition, which is attached to transformative processes in life. From a Jungian perspective; when individuals can use the experiences of low quality of life as an invitation to start an inner journey and reflecting on personal needs, transformative processes may be initiated from the inside as a prevention against depression leading to experiences that depression has cured itself.

Most research on depression focuses on the treatment of major and moderate depression where mild depressive states are included. This means that little is being done to prevent the development of depression, often starting with a low quality of life experience. The difference between *normality* and mild depression can be very small and sometimes difficult to categorize. What can individuals do to change a low quality of life situation by themselves without social support? When does an individual know that help is needed to get back to a good life, and is it then too late to do preventive work? One of the factors in this research, which all the participants had in common when they started, was the lack of care for their inner needs. Somehow it was selfish or forbidden to think of ones own needs before others, and if there is any generalizability in this condition for people with low quality in life, it can be difficult for the individual to become aware of personal needs at all, because it is considered to be a selfish activity and related to guilt.

This discussion is also political and cultural and connected to the collective values, which we are living by. Confronting social values, economical priorities and power related systems are not an easy task for the individual. All around the world confrontations between old systems with rigid leaders and groups of people who all want to live by other values are being fought. At the present moment (August 2013) deadly confrontations in Egypt and Syria are being fought. This may be the beginning of a global cultural revolution?

As a minor contribution, I think art therapy could become part of this collective change both on the individual level as well as on the social level, because of the transformative quality of art therapy processes.

12.14.1 Future research

This research study has left several questions that would be relevant to study in further research.

1. The difference between compensative change and transformative change related to therapeutic outcome? I would expect a short-term effect from a compensative change and a longer effect from a transformative change, because compensation may create balance but not necessarily change in consciousness of self. When the compensative activity stops, the unbalanced state of mind may then come back.

The client group could be similar as in this study. Two groups, where one group worked with the expressive process, but not the therapeutic dialogues, and another group, who worked in a way similar to the approach in this study.

2. This research study could be replicated (with minor changes in directives) using the same structure and methodology.

3. The importance of preparing a change in the psychological attitude towards the unconscious.

How important for therapeutic change is it that the client develops a more introverted attitude towards the unconscious? Research has shown that different therapeutic methods almost have the same therapeutic effect, and that “at the heart of most successful therapies, is a client who is willing and able to become involved in making changes to her or his life” (Cooper, 2008, p.157). From Cooper’s conclusion, the client’s motivation to change has the highest priority for a positive outcome. I think this is most relevant related to verbal therapies, but may not be so important for the expressive arts therapies. An example of this can be found in the case with Bo, which I presented some details from in the introduction to this thesis (see. p.5). He was not motivated to change in his conscious mind. I think he had given up after two years of being by himself at the hospital. In his dreams and images however, he seemed more motivated as he confronted devils and aggressive attacks. When he was invited “inside” with his conscious mind, he feared that he would have a heart attack and became very anxious. It was not possible therefore to use verbal dialogues related to his life situation during the three-months we worked together.

This is where I think that art therapy can make a bridge in building up a motivation to change, by allowing the compensative process to regulate one-sidedness in ego consciousness before confronting the unconscious.

The client group in such a research study could be people living with anxiety related to depression, where verbal therapy is not possible.

12.15 Conclusion

The research findings have shown that art therapy can improve the ego-self relationship and create therapeutic change, which can prevent depression. Changes in the unconscious were found in artwork and dreams, and became meaningful related to the changes in consciousness and social life.

The interaction between the conscious and the unconscious part of the psyche happened through the symbol, because the unconscious is, as the word says, not known to the conscious mind. Considering the influence of unconscious processes in depression, where the conscious ego loses the ability to be actively and socially engaged in life, I find it only natural that the key to understanding depression is related to an understanding of the unconscious. Otherwise we will never really understand why a method is working in a positive way, and how we can make it better.

Art therapy as a method for self-regulation as well as transformation can support future development of art therapy methods related to different client's needs. The ability to *regulate* emotional states through the creative process and to *prepare* transformative processes is an important difference compared to therapeutic methods, which does not include the unconscious in the therapeutic activity. This is a difference that makes it possible to reach individuals before they are *consciously* motivated to change, and depression can then be prevented at an earlier stage in its development.

Many new discoveries and ideas appeared to me during the research process, and some I have implemented in my work with clients and art therapy students. This has been a meaningful way for me to use the research period in a practical way with others, while being absorbed in the research process on my own.

The potential for art therapy in the future is in my understanding huge, because it can be adjusted in different ways to cover a wide spectrum of human needs.

English summary

Title: Art Therapy. Prevention Against the Development of Depression

Introduction

Depression has become a major problem in Western societies and often starts with low quality of life, which can lead to depression when no (efficient) treatment is offered in time.

The aims in this research study was to focus on art therapy as a method to explore the inner life as prevention against the development of depression and to address the possibility for art therapy to be used as an early intervention tool when an individual first starts to pay attention to dissatisfaction in life.

Art therapy may work as a method to increase self-healing processes that prevents such a development and instead transform the condition of low quality of life into *motivation* for personal development. A Jungian epistemology was used as a frame for the overall understanding of well-being. As a pre-understanding, low quality of life is expected to show a lack of connection between the conscious ego and the inner core self, while a high quality of life is expected to be a result of an active and relational connection between ego and self.

The application of expressive and symbolic artwork modalities related to emotional conditions is considered to be a treatment method that separates art therapy from more traditional therapy methods applied within the field of depression, such as medical treatment and cognitive therapies (Cooper, 2008). The bridge between experienced inner and outer life can be difficult to cross, when using purely rational words that are unable to describe the emotional content experienced inside. This is one of the main reasons for including symbols and imagination as a transformative tool to achieve a better life quality.

Purpose of the research study

The proposed potential in using art therapy to strengthen the ego-self connection was based on the possibility of integrating imaginative processes with verbal dialogues. The use of imagination together with interactive processes between the left and right hemisphere of the brain have been found to be important processes, when it comes to the healing of depression (Cozolino, 2010; Schore, 2009; Grawe, 2007). Such processes are not initiated in the mainstream treatment modalities in the health care system in Denmark, where medical procedures and cognitive behavioral treatment are the standard treatment offerings. These offerings all have as their purpose to make the left-brain and rational way of functioning stronger without actively including the right-brain's connection to emotion and imagination (Cozolino, 2010; Shore, 2012). This means that emotional transformation is not part of the method and is often left to the individual alone.

This research study was based on a holistic approach, including the biological, psychological, social, and spiritual domains in life. The pre-understanding was that these domains are constantly interchanging with each other. Art therapy processes in the clinical part

of this study aimed to include all these levels as the activation of these are considered to support therapeutic change.

Research questions

Main question

1. Does art therapy develop the relationship between the conscious ego and the unconscious self for people who are vulnerable to depression?

If so, how is the relationship developed?

2. Can a development of the relationship between the conscious ego and the unconscious self improve quality of life for people who are vulnerable to depression?

If so, can these changes be identified on a holistic (biological, psychological, social and spiritual) level?

Sub questions

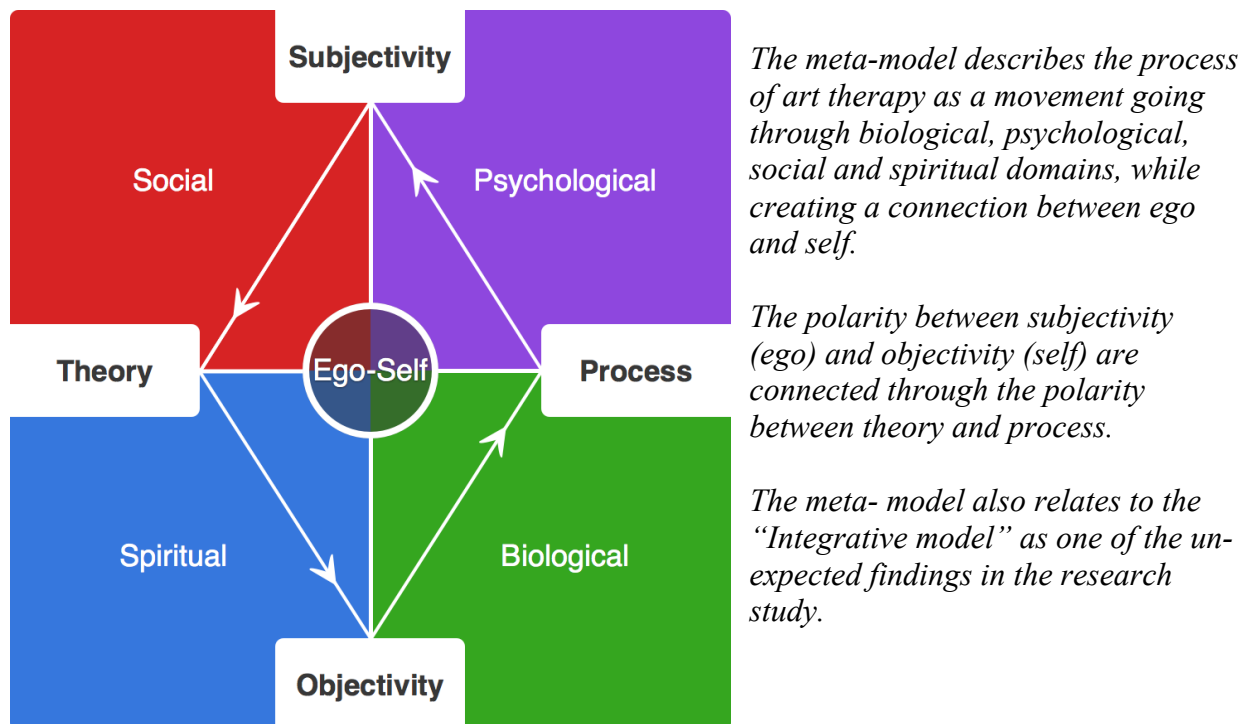
3. Do changes in quality of life show in pre-post and follow up tests?

If so, can these changes be identified as improvements related to a development of the ego-self relationship?

4. Do changes in depression (MDI rating scale measure) show in the pre-post and follow up tests?

If so, can these changes be identified as improvements related to a development of the ego-self relationship?

Fig. 1. Meta model of the research process (Skov, 2013)



Background

My interest in the research topic goes back to the beginning of my professional life as a clinical psychologist, where I wanted to combine art and psychology in an educational setting based on Jungian psychology. In 1987 I founded the Institute of Art Therapy in Denmark and started the first group of students in art therapy education. The 4-year training program is still running. The students who come for the program are all motivated for personal development based on experiences of “something” missing in their lives. They are looking for something, but do not really know for what. The personal changes I have witnessed over the years by following the students in their development and educational training have taught me that confrontation with the unconscious through creative processes and imaginative dialogues can lead to a better quality of life for the person undergoing these processes. This research study has given me an opportunity to systematically collect and analyze data, which again has provided a way to examine in more detail if connections between therapeutic changes related to the unconscious part of the psyche and art therapy methods exist. I hope that art therapy can be applied more in different ways in our society, such as in education, treatment, social interventions, and personal development as prevention against mental imbalance.

Literature

A systematic literature review was carried out using the inclusion criteria (a) art therapy and quality of life, (b) art therapy and individuation, and (c) art therapy for people with low quality of life and individuation. No prior research was found regarding Jungian art therapy for mild

depression, as most research studies focus on moderate and major depressive conditions including minor depression. Most art therapy research studies relate to physical conditions or social changes and not to self-developmental change based on Jungian psychology.

An integrative theoretical approach was used, which included evolutionary psychology, neuropsychology, analytical psychology, transformative learning, and anthropology. Some of the theoretical models that were used in the analysis were chosen after the literature review was finished and were added as transitional chapters unfolding further theoretical ideas as pre-understanding to the analysis chapters in the thesis.

Methodology

In the search for a methodology I was looking for a paradigm that could combine the subjective reality of the ego with the objective reality of the self. I chose to use a bricolage methodology, consisting of (a) a phenomenological approach with a focus on the inner development of the participant, (b) a hermeneutic approach with a focus on the relationship between participant and researcher/ therapist, and (c) a heuristic approach with a focus on the inner development of the researcher/ therapist.

The study was carried out as a mixed-methods design, with the quantitative part imbedded in the qualitative part. The purpose of the quantitative part was to validate the results in the qualitative part. Triangulation of data was used in relation to therapeutic processes, theories and art therapy methods.

Sampling procedure

Out of 17 volunteers, 7 were chosen to participate in an art therapy group during a 6-month intervention with a total of 13 meetings totaling 5 hours each time.

The inclusion criteria were identification of minor to moderate depression based on the test results from the WHOQoL-Bref and Depression MDI. There were no dropouts during the 6-month intervention, but one participant was absent three times and is therefore not included in the analysis.

Ethics

The research study has been approved by the Human Research Board (HREB), Aalborg University, and from Data Protection agency.

The setting

All 13 workshops were conducted at The Institute of Art Therapy, where art materials and drums were available. The procedure during the workshops were:

1. Group drumming for 10 minutes
2. Relaxation/ meditation for 15 minutes
3. A creative process (painting or clay work)
4. Art therapy dialogues between the participant and the researcher/ therapist
5. Group discussion and reflections

Every other time all participants worked with a dream using the “Reverse Method,” and the other times the researcher/ therapist gave a specific directive.

Data collection

The data collection consists of test results from questionnaires for pre, post, follow-up 1 and follow-up 2 test, video recordings of all workshops, video transcription of therapeutic dialogues, dreams, artwork and participants self-evaluative reports.

Analytical procedure

The analytical procedure was based on Jung’s typology and related to sensation, feeling, thinking and intuition. The four psychological functions were used as different ways to relate to the data, which gradually reduced the data into core findings related to (a) the therapeutic processes, (b) theory, and (c) art therapy method. This analytical method was inspired by Abt’s (2005) model of “picture interpretation.”

The first level in the analysis is based on a *descriptive* presentation of the dialogues between participant and therapist as they explored the artwork together during the 13 workshops. All dialogues with each participant are cut out from the transcripts and organized in individual case presentations over time. Each case is then exported to NVivo and coded.

The second level of the analysis has an emphasis on the *emotional* content from the images and the participant’s life situation. I use quotes from the transcripts and nodes from the coding thereby allowing the participant’s own voice to become part of the presentation.

The third level of the analysis consists of a *theoretical* understanding of the participant’s emotional life using an integrative approach. Having described the data from the participant’s perspective at the first two levels of analysis, there is a change of perspective here in using *concepts* and *models* to understand the meaning of the emotional content.

The fourth level of the analysis shows the overall *direction* in the participant’s development as an indication of therapeutic change. One important aspect here was to see if and how the self as a regulative function was active during the process of change. Part of this level included a triangulation of qualitative data with pre-post and follow-up tests results.

Results from the qualitative part

The analysis and results section is structured into three parts: (a) therapeutic process, (b) theory, and (c) art therapy methods. Six individual case analyses were carried out, one comparison analysis, one group analysis and an analysis of my own dreams related to the process of doing this research study. The four-level methodology was used as a procedure in all analysis procedures. Each research question was addressed and responded to in relation to the findings.

Results related to the therapeutic process

From the first case analysis three stages were found from the coding procedure, where I could relate the nodes I found, to Rosen’s (2002) description of egocide, initiation and return. This model became the main structure for the analysis of the therapeutic process in all the other cases, because it was possible to organize the data according to these stages.

Table 1. Summary of qualitative findings

Domain of finding	Findings
Therapeutic process	<ol style="list-style-type: none"> 1. Therapeutic change as a pattern of egocide, initiation and return 2. Inner change as a preparation for outer change 3. Ego consciousness becomes stronger from working with shadow personality 4. A period of inner chaos and “not-knowing” can be necessary for outer change to happen 5. Improvement of self-confidence 6. Improvement of ability to listen to inner needs 7. Change of the primary response behavior 8. Integration of inner polarities 9. Stronger ego-self relationship 10. Individual artwork compensates for emotional experiences in the group 11. The system develops through the focal person 12. Activation of cultural complexes through group art activity
Theory	<ol style="list-style-type: none"> 13. Different theories can bring meaning to different stages in therapeutic process 14. Integrative model related to therapeutic change
Art therapy method	<ol style="list-style-type: none"> 15. From ego towards self through art therapy 16. From self towards ego through art therapy 17. Ego-self relationship through art therapy 18. Group art therapy prepares transformative learning through dialogue 19. Benefits in non-verbal group art activity 20. Drumming as a tool for working with dependency versus autonomy issues 21. Drumming as a tool for development of left brain functioning 22. Drumming as a tool for ego-self development 23. Drumming as a tool for mind-body integration
Unexpected finding 1	<ol style="list-style-type: none"> 24. A methodology for analytical procedure
Unexpected finding 2	<ol style="list-style-type: none"> 25. An integrative model related to (a) change and (b) self-regulation
Comparing participants development with researcher/therapist	<ol style="list-style-type: none"> 26. Lack of agreement between the feminine and masculine 27. The masculine was superior and judgmental to the feminine 28. Change from dependency of outer expectations towards aloneness and independency 29. The ego-self relationship became stronger when the interaction between the masculine and feminine improved

Results from the quantitative part

Of the six participants, three reported increased physical quality of life immediately following the treatment and again at the first follow-up 4-month later. At the second follow-up 11 month after the treatment four of the six reported improvement in physical well-being, one was back to pre-test level, and one was the same as in the first follow-up.

Regarding psychological quality of life, four of the six reported improvement immediately following the treatment and three of the six did so at the first follow-up, while five of the six did so after the second follow-up. One was back to pre-test level.

Three of the six reported improvement in social quality of life post treatment and also at the first follow-up, and four did so at the second follow up, while two was back to pre-test level.

Five of the six reported improvement in environmental quality of life and four did so at the first and second follow-up, while one was back to pre-test level at the second follow-up.

Four of the six reported decreased depression immediately after the treatment. Three of these continued to report improvement in depression through the following four months, one returned to pre-test level, and another who did not initially show improvement did so by the time of the first follow-up and continued at the second follow-up. At the second follow-up 11-month after the treatment, four of the six reported improvement, one was back to pre-test level and one had decreased.

Discussion of qualitative findings

In the therapeutic process findings showed an improvement of ego-self relationship through the therapeutic process. This became most clear in the comparison analysis, where the first and last art work were held up against each other as in this example:



Fig. 2: *This figure has an inside and an outside and they are not connected. She only shows the outside, but long to show the inside*



Fig. 3: *The inside and the outside come together using the spiral as the connecting symbol*

By comparing the first and last image a self-regulation became visible in the artwork, since the participants had not seen their first images since it was created 6 month earlier. The ability to regulate an unbalance in ego consciousness is one of Jung's most important discoveries connected to the function of the self, and I think this provides an important understanding of the self-healing aspects of depression. It shows, that when given the possibility to *actively* relate to

an inner conflict, the healing process begins. Moving through the stages of egocide, initiation and return, which became part of this journey, was identified in dream themes, artwork and therapeutic dialogues. This fact would also indicate, that a low quality of life condition *could* become the starting point of an individuation process, which was one of the issues, I wanted to address. The motivation to change becomes smaller as depression symptoms become bigger, because avoidant, submissive and unfocused behavior increases with the grade of depression (Gray, 1996). This would be an argument for focusing on early interventions before the depression becomes clinical and more severe.

Theory was very influential in this study, both as a meta perspective of the overall subject, which primarily was based on Jungian psychology, but it also influenced other parts, such as planning of directives and meaning making from different theoretical perspectives in the analysis of data.

I found that different theories became important at different *time sequences* during the therapeutic process, which made it easier for me as a therapist to understand the steps in therapeutic change, as each theoretical perspective added something valuable to the process as a whole. Using an integrative theoretical approach instead of a singular paradigm supported the holistic understanding of therapeutic change.

Art therapy method was planned to include stimulation on all four levels of human functioning: the body level (drumming and creative process), the psychological level (therapeutic dialogues), the social level (group interaction and discussion) and the spiritual level (working with symbols and imagination). From the participants' self-evaluative reports after the therapy process, it was clear, that both the creative process with the artwork as well as the therapeutic dialogues were equally important for their experience of an outcome. This response is relevant information regarding the discussion within the art therapy field in Denmark. Does the artwork heal without an art related dialogue with a third person, or is a dialogue necessary for therapeutic outcome. Personally I don't think, it is *always* necessary to discuss the artwork, but in most cases I do think, it is needed for therapeutic change to take place. When it concerns the compensative function of creative expression, I do not think dialogue is needed based on the findings from the group analysis, where all participants were compensating in their own artwork from a feeling of frustration, they experienced in a specific group interaction. This is also based on the self-regulative function i.e. that when given the possibility and space, the body will try to regain balance through creative expression. The following dialogue in the group after the frustrated situation became an important group sharing, where words became connected to non-verbal group processing, and new understanding was created.

Discussion of quantitative findings related to qualitative findings

One participant did not improve in the depression test (26-28 in pre-post), but improved in the psychological domain in QoL test (25-56 in pre-post), the social domain (50-56 in pre-post), and environmental domain (63-69 in pre-post). Compared to pre-test reports the second follow up maintained a contradiction in test results, which can be due to an uncertainty in self-related

awareness of the emotional state of mind and body. An explanation of this can be found in the qualitative analysis, where it showed that she was compensating through the creative process as a way to survive the pain of having lost “a fantastic family” four years earlier. Though she enjoyed the flow experiences of the creative process as a way to get away from the memory of her loss, I think her emotional pain was reactivated when she was not expressing her self creatively. This can also connect to the *motivational* aspect to developmental change, as well as to different purposes of using art therapy methods for individuals with low quality of life. Another participant also dropped in the pre-post test in both the depression test and the QoL test (except in the environment domain), but went up in all her scorings (except in the social domain, which were back to pre-test level) in the second follow-up. An explanation of this could be, that she was still in a process of finding her inner strengths in order to separate from her husband, when the group therapy finished. At the follow-up 2 tests she said, that she now enjoyed her life alone. This case indicates a connection between the inner and outer development, where the inner process of change comes before the outer change in life. This also explains the “delay” in a good outcome.

Unexpected finding

One of the unexpected findings was the development of the integrative model as shown in the following illustration:

Table 4. Integrative model

Level	Art therapy activity	Function of art therapy activity
Biological Compensation	<i>Creative expressive activities</i>	Self-regulation
Psychological Change	<i>Art therapy process</i>	Integration
Social Identity	<i>Creative group interaction</i>	Belonging
Spiritual Meaning	<i>Active imagination through symbolization</i>	Individuation

There are two ways of using the model:

1. For *regulation* of a specific need through compensation one level is more relevant than another.
2. As a transformation of consciousness leading to personal *change*, all levels are needed for transforming the unconscious into a new awareness of the self.

Using art modalities as a compensative tool can activate self-regulative processes and create a better balance in an individual, but it does not necessarily create a new awareness of the self. On the other hand compensative images are needed in the therapeutic process as the first step

towards transformation of the conscious mind. Until the connection between the ego and the self has been restored, I think a third person is needed as a holding environment for the transformative process.

Conclusion

From the findings in this research study, confronting the unconscious through the use of symbols have shown to increase the ego-self connection within the participants. Compensative processes were found to stimulate well-being as well, but the general feedback from the participants was that the creative activity *and* the therapeutic dialogues were equally important for the therapeutic outcome.

In the findings from the case analysis development was related to three stages; egocide, initiation and return, and the use of imagination was seen as most important during the stage of initiation. This suggests the relevance of using an integrative approach in psychotherapy, where some methods are more useful during parts of the development than others, and where an understanding of the different phases in a developmental process can improve the effort made to prevent depression.

Dansk resumé

Titel: Art Therapy. Prevention Against the Development of Depression

Indledning

Depression er blevet et stort problem i Vesten og starter ofte med en dårlig livskvalitet, som kan føre til depression hvis der ikke tilbydes (effektiv) behandling i tide. Målet i dette forskningsprojekt har været at fokusere på kunstterapi som en metode til at udforske det indre liv som en forebyggelse imod depression og at adressere muligheden for at kunstterapi kan bruges som en metode der kan anvendes i den indledende fase når et menneske først begynder at være opmærksom på en utilfredshed i tilværelsen. Forventningen er, at kunstterapi kan bruges til at forebygge en sådan udvikling ved i stedet at bruge den dårlige livskvalitet som en *motivation* til en personlig udviklings proces.

Et Jungiansk menneskesyn er anvendt til forståelse af trivsel. En dårlig livskvalitet forventes at vise sig i en manglende forbindelse mellem det bevidste jeg og det ubevidste selv, mens en god livskvalitet betragtes som et resultat af en aktiv og relationel forbindelse mellem jeget og selvet.

Kombinationen af ekspressive udtryk og brugen af symboler i forhold til emotionelle tilstande anses for at være aktiviteter der adskiller kunstterapi fra mere traditionelle terapi former som for eksempel medicinske eller kognitive metoder (Cooper, 2008).

Formål

Brugen af kunstterapeutiske metoder til forbedring af kontakten mellem jeget og selvet bygger på muligheden for at integrere imaginative processer med verbale dialoger. Brugen af imagination i forhold til samspillet mellem den venstre og højre hjernedel har vist sig at være vigtige processer i behandling af depression (Cozolino, 2010; Schore, 2009; Grawe, 2007). Disse processer er normalt ikke en del af det traditionelle behandlingstilbud, som primært består af medicinske, og kognitive metoder, som begge har til formål at forstærke den venstre hjernedels rationelle funktion uden aktivt at inddrage den højre hjernedels forbindelse til det emotionelle og til imagination (Cozolino, 2010; Schore, 2012). Det betyder at transformation af emotionelle tilstande ofte overlades til det enkelte individ uden vejledning.

Dette forskningsprojekt er holistisk orienteret, hvilket inkluderer det biologiske, psykologiske, sociale og spirituelle område i livet. Det er opfattelsen at disse områder konstant interagerer med hinanden. De kunstterapeutiske processer i den kliniske del af undersøgelsen havde til formål at aktivere alle fire livsområder, som en støtte til terapeutisk forandring.

Forskningsspørgsmål

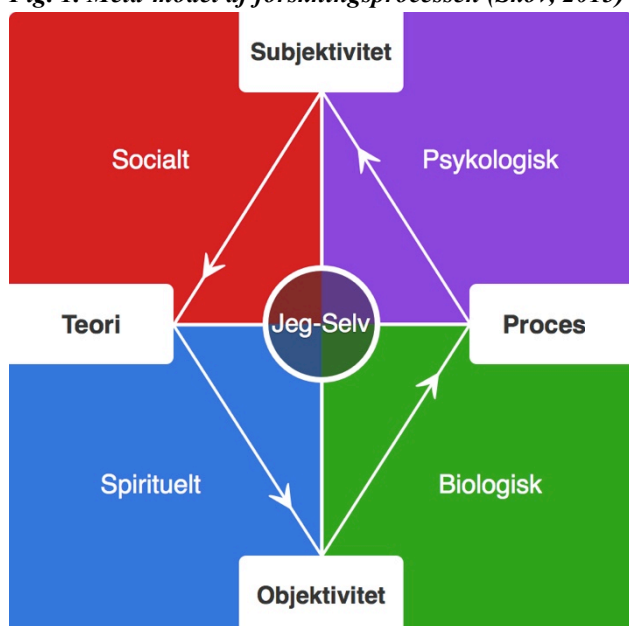
Hovedspørgsmål

1. Kan kunstterapi udvikle relationen mellem det bevidste jeg og det ubevidste selv hos mennesker som er i risiko for at udvikle en depression?
I givet fald, hvordan udvikles relationen?
2. Kan udviklingen af relationen mellem det bevidste jeg og det ubevidste selv forbedre livskvaliteten hos mennesker som er i risiko for at udvikle en depression?
I givet fald, kan disse forandringer identificeres på et holistisk (biologisk, psykologisk, socialt og spirituelt) niveau?

Sidespørgsmål

3. Kan ændringer i livskvalitet afspejle sig i før-efter og opfølgings test resultater?
I givet fald, kan disse forandringer identificeres som forbedringer relateret til en udvikling af jeg-selv relationen?
4. Kan ændringer i depression (MDI rating skala) vise sig i før-efter og opfølgings test resultater?
I givet fald, kan disse forandringer identificeres som forbedringer relateret til en udvikling af jeg-selv relationen?

Fig. 1. Meta-model af forskningsprocessen (Skov, 2013)



Meta-modellen beskriver den kunstterapeutiske proces som en bevægelse der går igennem biologiske, psykologiske, sociale og spirituelle områder i bestræbelserne på at skabe en forbindelse mellem jeget og selvet.

Polariteten mellem subjektivitet (jeget) og objektivitet (selvet) er forbundet igennem polariteten mellem teori og proces.

Meta-modellen er samtidig et billede på den "integrations model" som er et af de uventede resultater fra forskningsprocessen.

Baggrund

Min interesse i det valgte forskningsemne går tilbage til begyndelsen af mit professionelle liv som klinisk psykolog, hvor jeg ønskede at kombinere kunst og psykologi i en uddannelsesmæssig sammenhæng, baseret på Jungiansk psykologi. I 1987 grundlagde jeg Institut for Kunstterapi og startede det første hold studerende, og det 4-årige uddannelsesprogram eksisterer stadig.

De mennesker som starter på uddannelsen er alle motiveret til en personlig udvikling baseret på oplevelsen af, at der mangler ”noget” i deres liv uden helt at vide hvad det er. De personlige forandringer som jeg har bevidnet gennem årene ved at følge de studerende igennem deres udvikling og uddannelse har lært mig, at konfrontationer med det ubevidste igennem kreative processer og imaginative dialoger, kan føre til en bedre livskvalitet.

Dette forskningsprojekt har givet mig en mulighed til systematisk at indsamle og analysere data med henblik på at undersøge terapeutiske forandrings processer i forhold til det ubevidste og til kunstterapeutiske metoder.

Jeg håber dermed at kunne medvirke til at kunstterapi kan bruges på mange forskellige områder i vores samfund, som f.eks. indenfor uddannelse, behandling, sociale interventioner, personlig udvikling og som forebyggelse imod psykologiske ubalancer.

Litteraturgennemgang

En systematisk litteraturgennemgang er anvendt med inklusions kriterierne (a) kunstterapi og livskvalitet (b) kunstterapi og individuation, og (c) kunstterapi for mennesker med dårlig livskvalitet og individuation. Der blev ikke fundet nogen relevant forskning vedrørende Jungiansk baseret kunstterapi for mennesker med en dårlig livskvalitet, eftersom forskningsmajoriteten relaterer sig til moderate og kroniske depressive tilstande og derfor inkluderer den lille depression i deres resultater. Størstedelen af den forskning som er lavet indenfor kunstterapi knytter sig til depression som følge af fysiske sygdomme eller sociale forandringer, og ikke til en udvikling af selvets potentialer som beskrevet af Jung.

En integrativ teoretisk forståelses ramme er anvendt, hvilket inkluderer evolutionpsykologien, neuropsykologien, analytisk psykologi, transformativ læring og antropologi. Nogle af de teoretiske modeller som er anvendt i dataanalysen blev valgt efter litteraturgennemgangen blev afsluttet, og er tilføjet som overgangs kapitler der indeholder forforståelse af centrale begreber og modeller.

Metodologi

I min søgen efter et metodologisk grundlag ledte jeg efter et paradigme som kunne kombinere jegets subjektive virkelighed med selvets objektive virkelighed (i henhold til Jungiansk terminologi) og valgte at bruge en bricolage metodologi, bestående af (a) en fænomenologisk tilgang med fokus på deltagerens indre udvikling (b) en hermeneutisk tilgang med fokus på dialogerne mellem deltager og forsker/terapeut samt (c) en heuristisk del hvor fokus ligger på den indre udvikling hos forskeren/terapeuten.

Et mixed-methods design er valgt, hvor den kvantitative del er indeholdt i den kvalitative del. Triangulering af data er anvendt i forhold til den terapeutiske proces, teori samt kunstterapeutiske metoder.

Fremgangsmåde ved dataindsamling

Syv deltagere ud af sytten interesserede blev valgt til at deltage i en kunstterapeutisk gruppe i et 6-måneders forløb med i alt 13 sessioner á 5 timer. Inklusionskriterier var lille til moderat depression baseret på test resultaterne fra WHOQoL-Bref og Depression MDI (rating skala). Der var ingen frafald i løbet af de 6 måneder, men en deltager var fraværende 3 gange, og er derfor ikke inkluderet i analysen.

Etik

Forskningsprojektet er godkendt af Humanistisk Fakultets Etikudvalg (HREB), Aalborg Universitet og af data tilsynet.

Placering

Alle 13 workshops blev afholdt på Institut for Kunstterapi, hvor kreative materialer og trommer var tilgængelige. Følgende fremgangsmåde blev anvendt ved hver mødegang:

1. Trommespil i gruppe i 10 minutter
2. Afslapning/ meditation i 15 minutter
3. En udtrykkende kreativ proces
4. Kunstterapeutiske dialoger mellem hver deltager og forsker/ terapeut
5. Gruppe diskussion og refleksioner

Hver anden gang arbejdede deltagerne med en drøm og anvendte bagsidemetoden, og hver anden gang fik de en opgave relateret til forskellige niveauer i det ubevidste (skyggen, det indre parforhold og selvet).

Data indsamling

Data indsamlingen består af test resultater fra før-efter og opfølgings 1 og 2, video optagelser af samtlige workshops, transskription af terapeutiske dialoger, drømme, kreative arbejder samt deltagernes evaluerings rapporter.

Analytisk fremgangsmåde

Den analytiske fremgangsmåde var baseret på Jungs typologi og relateret til sansning, følelse, tænkning og intuition. De 4 psykologiske funktioner blev anvendt som 4 forskellige tilgange til data, som gradvist blev reduceret til essenser der var forbundet med (a) den terapeutiske proces (b) teori, og (c) kunstterapeutisk metode. Denne fremgangsmåde var inspireret af Abt's (2005) model om billedanalyse.

Det første niveau i den analytiske proces er en beskrivende præsentation af dialogerne igennem de 13 mødegange. Alle dialoger med hver enkelt deltager er klippet ud af transskriptionerne og organiseret som individuelle cases. Hver case er eksporteret til NVivo og kodet.

Det andet niveau i analysefasen har fokus på det emotionelle indhold i de imaginative dialoger samt fra deltagerens associationer til den personlige livssituation. Der anvendes citater fra udskrifter samt fra kodning for at deltagerens egen stemme kan indgå som en del af præsentationen.

Det tredje niveau i analysefasen indeholder en integrativ teoretisk forståelse for deltagerens emotionelle liv. Efter at have beskrevet deltagerens proces fra en oplevelsesmæssig vinkel på de første to niveauer, antages her en anden synsvinkel ved brug af teoretiske *begreber og modeller* i bestræbelserne på at udlede meningen med den emotionelle proces.

Det fjerde niveau i analysefasen beskriver den overordnede retning i deltagerens udviklingsproces som en indikation på terapeutisk forandring. Det blev vigtigt her at undersøge hvordan selvet som en regulerende funktion i psyken var aktiv igennem forandrings processen. En triangulering af kvalitative og kvantitative resultater indgår som en del af dette analyseniveau.

Resultater fra den kvalitative del

Analysen og resultater er struktureret i tre dele (a) terapeutisk proces (b) teori, og (c) kunstterapeutiske metoder. Seks individuelle case analyser blev udført sammen med en sammenligning af cases, en gruppeanalyse samt en analyse af mine egne drømme relateret til forskningsprocessen.

Den firdelte metodologiske analysemodel blev anvendt i alle analyser. Hvert forskningsspørgsmål blev relateret til resultaterne.

Resultater relateret til den terapeutiske proces

Igennem analysen af den første case blev der fundet 3 faser i den terapeutiske udvikling hos deltageren, som kunne relateres til Rosen's (2002) beskrivelse af egocide, indvielse og tilbagekomst. Denne model udgjorde den grundliggende struktur i alle de andre cases, fordi det blev muligt at relatere de andre deltagers data til de 3 faser i udviklingsprocessen.

Tabel 1. Sammenfatning af de kvalitative resultater

Område	Resultater
Terapeutisk proces	1. Terapeutisk forandring som en udvikling igennem egocide, indvielse og tilbagekomst
	2. Indre forandring som en forberedelse til ydre forandring
	3. Jeg bevidstheden bliver stærkere igennem arbejdet med skygge personligheden
	4. En periode af indre kaos og forvirring kan være nødvendig for ydre forandring
	5. Forbedring af selvtillid
	6. Forbedring af evnen til at lytte til indre behov
	7. Forandring af den primære respons adfærd
	8. Integration af indre polariteter
	9. Stærkere relation mellem jeget og selvet

10. Individuelt kreativt udtryk som kompensation for emotionelle oplevelser i gruppen
11. Gruppen udvikler sig igennem "focal" personen
12. Aktivering af kulturkomplekser igennem gruppe kunstterapi

Teori	13. Forskellige teorier kan beskrive forskellige stadier i den terapeutiske proces 14. Den integrative model relateret til terapeutisk forandring
Kunstterapeutisk Metode	15. Kunstterapi skaber en bevægelse fra jeget mod selvet 16. Kunstterapi skaber en bevægelse fra selvet mod jeget 17. Jeg-selv relationen forbedres igennem kunstterapi 18. Gruppe kunstterapi forbereder transformativ læring igennem dialog 19. Fordele ved non-verbal gruppe kunstterapi 20. Trommespil som et redskab til at arbejde med afhængighed versus selvstændigheds problematikker 21. Trommespil som et redskab til at udvikle venstre hjernedels funktion 22. Trommespil som et redskab til at udvikle forholdet mellem jeget og selvet 23. Trommespil som et redskab til integration af hoved-krop polariteten
Uventet resultat 1	24. En metodologi til analytisk fremgangsmåde
Uventet resultat 2	25. En integrativ model relateret til (a) forandring og (b) selv-regulering
Sammenligning af resultater mellem deltagerne og forsker/ terapeut	26. Manglende overensstemmelse mellem det feminine og det maskuline 27. Det maskuline som merværdigt og dømmende i forhold til det feminine 28. Afhængighed af ydre forventninger forandrede sig til alenehed og uafhængighed 29. Jeg-selv relationen blev stærkere når samspillet mellem det maskuline og feminine blev bedre

Diskussion af resultater fra den kvalitative del Terapeutisk proces

Fra analysen af den terapeutiske proces hos deltagerne viste det sig at jeg-selv relationen var blevet forbedret. Det fremgik mest tydeligt af sammenligningsanalysen, hvor f.eks. det første og sidste kreative udtryk blev sammenholdt, som vist i følgende eksempel:



Fig. 1 Figuren har en yderside og en inderside og de er ikke forbundet med hinanden. Hun viser kun ydersiden og længes efter også at vise indersiden .



Fig. 2 Det indre og det ydre forbindes ved at bruge spiralen som symbol

Ved at sammenligne det første og det sidste udtryk blev det synligt at en selvregulering havde fundet sted i det terapeutiske forløb, forstærket af at deltagerne ikke havde set deres første udtryk siden de lavede det 6 måneder tidligere. Evnen til at regulere en ubalance i bevidstheden var en af Jungs vigtigste opdagelser relateret til selvets funktion, og jeg mener i dette projekt at have påvist det selv-helende aspekt ved depression. Projektet viser, at når der gives mulighed for *aktivt* at forholde sig til indre konflikter, så begynder selvregulerings processen at arbejde. Bevægelsen igennem egocide, indvielse og tilbagekomst, kunne findes i drømmenes temaer, kreative udtryk samt terapeutiske dialoger. Det antyder, at en dårlig livskvalitet kan blive starten på en individuations proces, hvilket var et af de temaer som jeg ønskede at undersøge.

Motivationen til at forandre sig bliver mindre jo dybere depressionen er, fordi adfærd som viser et vigende, eftergivende og ufokuseret mønster forstærkes med graden af depression (Gray, 1996).

Dette ville være en argumentation for tidlig indgriben som forebyggelse af depression.

Teori

Teori har haft en stor betydning i dette studie, både som en overordnet perspektivering i forhold til emnet, som primært bygger på Jungiansk psykologi, men også i forhold til andre områder, såsom i planlægningen af kreative aktiviteter forud for de terapeutiske samtaler samt i bestræbelserne på at analysere data fra forskellige teoretiske perspektiver.

Jeg opdagede at forskellige teorier blev vigtige på forskellige *tidspunkter* i den terapeutiske proces, hvilket gjorde det lettere for mig som terapeut at forstå de trin der førte til terapeutiske forandringer, eftersom hvert teoretisk perspektiv bidrog med noget værdifuldt til denne forståelse. Ved at bruge en integrativ teoretisk tilgang i stedet for et enkelt paradigme blev en holistisk forståelse for terapeutiske forandrings processer mere tilgængelig.

Kunstterapeutisk metode

De kunstterapeutiske metoder havde til formål at stimulere alle 4 funktions niveauer. Det biologisk/ kropslige niveau (trommespil og den kreative proces), det psykologiske niveau (terapeutiske dialoger), det sociale niveau (gruppesamspil og diskussioner) samt det spirituelle niveau (arbejdet med symboler og imaginationer). Fra deltagernes selv-evaluerings skemaer efter terapiforløbet stod det klart, at deltagerne oplevede både de skabende processer og de terapeutiske dialoger som vigtige i forhold til deres oplevelse af et udbytte. Når det drejer sig om kunstterapiens *kompensatoriske* funktion, synes behovet for verbal udforskning af billeder at være mindre, baseret på gruppeanalysen i dette studie, hvor deltagerne kompenserede for en frustration i det sociale felt ved at male den ud i deres individuelle billeder. Dette baseres også på psykens selv-regulerende funktion; at når muligheden byder sig vil kroppen instinktivt søge at genskabe balance igennem det kreative udtryk. Anderledes forholder det sig vedrørende terapeutiske *forandringsprocesser*, hvilket synes at inkludere den imaginative og terapeutiske samtale som en del af processen.

Diskussion af kvantitative og kvalitative resultater

En af deltagerne (#5) viste ingen forbedring i depressionstesten (26-28 i før-efter) men viste forbedring i livskvalitetstesten på det psykologiske område (25-56 i før-efter), det sociale område (50-56) samt på det miljømæssige område (63-69 i før-efter). Sammenlignet med før-testen fastholdt den anden opfølgningstest en modsætning i testresultaterne, hvilket kan skyldes en usikkerhed vedrørende deltagerens bevidsthed om egne følelser.

En forklaring på dette kan ses i de kvalitative resultater hvor det viste sig, at hun brugte den kreative proces til at kompensere for tabet af sin søn og mand. Hun viste stor begejstring for de flow oplevelser hun havde igennem de kreative processer, men jeg tror hun ville have haft større udbytte på det psykologiske område, hvis hun havde suppleret gruppeterapien med individuelle sessioner.

En anden deltager (#4) viste ingen forbedring hverken på depressionstesten eller i livskvalitetstesten i før-efter, men stor forbedring i begge test ved opfølgning 2. En forklaring kan være, at hun ved gruppeforløbets afslutning stadig var i færd med at udvikle sin *indre* styrke som en forberedelse til at forlade sin mand. Ved opfølgning 2 testen, 9 måneder senere, fortalte hun at hun nu nød sin alenetilværelse. Denne case antyder en sammenhæng mellem den indre og den ydre forandring, hvor den indre forandring sker *forud* for den ydre forandring. Casen forklarer også den ”forsinkede” forbedring af testresultaterne.

Uventet resultat

Et af de uventede resultater var udviklingen af den integrative model som vist i den følgende tabel:

Tabel 5. Integrativ model

Niveau	Kunstterapeutisk aktivitet	Formål med kunstterapeutisk aktivitet
Biologisk Kompensation	<i>Kreative</i> udtrykkende aktiviteter	Selvregulering
Psykologisk Forandring	Kunst- <i>terapeutiske</i> processer	Integration
Social Identitet	Kreative <i>gruppe</i> samspil	At høre til
Spirituel Mening	<i>Aktiv imaginationer</i> igennem symbolisering	Individuation

Der er to måder at bruge modellen på:

1. Til *regulering* af et specielt behov, hvor et niveau kan være mere relevant end et andet
2. Som en transformation af bevidstheden der fører til personlig *forandring*, hvor alle niveauer er nødvendige i den forandringsproces der fører til ny selv-relateret bevidsthed.

Brugen af kreative medier som et kompensatorisk redskab kan aktivere selvregulerende processer og forbedre den indre balance hos et menneske, men skaber ikke nødvendigvis en ny bevidsthed om selvet. På den anden side er kompensatoriske processer nødvendige i den terapeutiske proces som et første skridt mod forandring af bevidstheden. Indtil forbindelsen mellem jeget og selvet er genetableret, mener jeg at en tredje person er nødvendig for at skabe transformations processer.

Konklusion

Fra resultaterne I dette forskningsprojekt har det vist sig, at en konfrontation med det ubevidste igennem symboliserende processer kan forbedre jeg-selv relationen.

Kompensatoriske processer igennem kreative udtryk stimulerede til en vis grad oplevelsen af livskvalitet, men den generelle tilbagemelding fra deltagerne var, at såvel den kreative aktivitet som den terapeutiske samtale var lige vigtige for det terapeutiske udbytte.

Igennem case analyserne blev det fundet, at udviklingsprocessen forløb igennem tre karakteristiske faser, egocide, indvielse og tilbagekomst, og hvor brug af imaginative processer var mest nødvendig i indvielsesfasen. Det antyder relevansen af en integrativ tilgang til psykoterapeutiske processer, hvor nogle metoder er mere egnede i dele af udviklingsprocessen end andre og hvor en større forståelse for udviklingsprocessens forskellige faser kan bidrage til en forbedring af indsatsen på depressions området.

References

- Abraham, L. (1998). *Alchemical Imagery*. Cambridge: Cambridge University Press
- Abt, T. (2005). *Introduction to Picture Interpretation*. Zurich: Living human Heritage Publ.
- Alister, I., Hauge, C. (1998). *Contemporary Jungian Analysis*. London: Routledge
- Ansdell, G., Pavlicevic, M. (2001). *Beginning Research in the Arts Therapies*. London: Jessica Kingsley
- Antai-Otong, D. (2004). The art of prescribing. poststroke depression: Psychopharmacological considerations. *In Perspectives in Psychiatric Care*, 40(4), 167-170.
- Apuleius (1999). *The Golden Ass*. Oxford: Oxford University Press
- Bager-Charleson, S. (2010). *Reflective Practice in Counselling and Psychotherapy*. Cornwall: Learning Matters
- Banazak, D. A. (2000). Minor depression in primary care. *In The Journal of the American Osteopathic Association*, 100(12), 783-787.
- Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *In Psych Oncology*, 16(11), 980-984.
- Battafarano, M. N. (2008). La logoterapia: Breve reseña de una psicoterapia centrada en el sentido. [logotherapy: A short description of a psychotherapy based in the meaning.]. *In Acta psiquiátrica y psicológica de América Latina*, 54(2), 122-125.
- Beebe, J. (2010). Psychotherapy in the aesthetic attitude. *In The Journal of Analytical Psychology*, 55(2), 165-186.
- Bernstein, J.S. (2005). *Living in the borderland*. London: Routledge
- Berry, P. (1990). *Fathers and Mothers*. New York: Spring Publ.
- Bertelsen, J. (1975). *Individuation*. Kbh.: Borgen
- Bertelsen, J. (2003). *Dzogchenpraksis*. København: Rosinante
- Beutler, L.E., Malik, M. et al. (2004). Therapist variables. In Lambert, M.J., *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons
- Binderkrantz, A.S. & Andersen, L. B. (2011). *Guide til NVivo 9*. Kbh.: Hans Reitzels Forlag
- Bliss, S., & Wilborn, B. (1992). The art process in therapy. *In TCA Journal*, 20(2), 3-8.
- Borg, W., Andersen Nexø, M., Viktoria Kolte, I., Andersen M.F. (2010). *Hvidbog om mentalt helbred, sygefravær og tilbagevenden til arbejde*. Kbh.: Det nationale forskningscenter for arbejdsmiljø
- Boyd, R.D. (1991). *Personal Transformations in Small Groups*. East Sussex: Routledge
- Bosnak, R. (2007). *Embodiment*. London: Routledge
- Bowlby, J. (1969). *Attachment and Loss*. London: Pimlico
- Bowlby, R. (2004). *Fifty Years of Attachment Theory*. London: Karnac
- Bowling, Ann. (2005). *Measuring health*. New York: Open University press

- Branch, J. (1992). Depression and feminine personality development. In *Pratt Institute Creative Arts Therapy Review*, 13, 9-15.
- Burckhardt, T. (1967). *Alchemy*. Worcester: Element Books
- Burt, H. (2012). *Art Therapy and Postmodernism*. London: Kingsley
- Burton, A. (2009). Bringing arts-based therapies in from the scientific cold. In *The Lancet Neurology*, 8(9), 784-785.
- Cagnoletta, M. D. (1983). Art work as a representation of object relations in the therapeutic process. In *Pratt Institute Creative Arts Therapy Review*, 4, 46-52.
- Cashdan, S. (1988). *Object Relations Therapy*. New York: W.W.Norton & Company
- Cavalli, T.F. (2002). *Alchemical Psychology*. New York: Penquin
- Chodorow, J. (1997). *Jung on Active Imagintion*. London: Routledge
- Church, J. (2003). Depression, Dephts and the Imagination. In Phillips & Morley (Eds.), 2003. *In Imagination and its Pathologies*. London: MIT Press
- Creswell, J. W. (2007). *Qualitative Inquiry & Resarch Design*. Thousand Oaks: Sage
- Creswell, J. W. (2009). *Research Design*. Thousand Oaks: Sage
- Cooper, M. (2008). *Essential research Findings*. London: Sage
- Cooper, M.& McLeod, J. (2011). *Pluralistic Counselling and Psychotherapy*. London: Sage Publ.
- Costello, M. S. (2006). *Imagination, Illness and Injury*. London: Routledge
- Cozolino, L. (2010). *The neuroscience of Psychotherapy*. New York: W.W.Norton
- Creek, J. (2008). Creative leisure opportunities. In *NeuroRehabilitation*, 23(4), 299-304.
- Csikszentmihalyi, M. (1996). *Creativity*. New York: Harper Collins Publ.
- Cuijpers, P., Smit, F., Oostenbrink, J., de Graaf, R., ten Have, M., & Beekman, A. (2007). Economic costs of minor depression: A population-based study. In *Acta Psychiatrica Scandinavica*, 115(3), 229-236.
- Dacey, J. S. & Lennon, K. H. (1998). *Understanding Creativity*. San Francisco: Jossey-Bass Publ.
- Damasio, A., (2000). *The feeling of what happens*. London: Vintage
- Dansk psykolog Nyt, (2009) nr. 21. *Kbh: Dansk Psykologisk Forlag*
- Dansk psykolog Nyt. (2010) nr.7. *Kbh: Dansk Psykologisk Forlag*
- Darewych, O. (2009). The effectiveness of art psychotherapy on self-esteem, self-concept, and depression in children with glaucoma. In *Canadian Art Therapy Association Journal*, 22(2), 217.
- Davis, M.,Wallbridge, D. (1987). *Boundary and Space*. New York: Brunner/ Mazel, Inc.
- Dirkx, J. M. (1991). Understanding Group Transformation through the Focal Person concept. In Boyd,R.D. (1991). *Personal Transformations in Small Groups*. East Sussex: Routledge
- Douglas, C. (2008). The Historical Context of Analytical Psychology. In Yong-Eisendrath, P & Dawson,T.. *The Cambridge Companion to Jung*. Cambridge: Cambridge University Press.
- Boyd,R.D. (1991). *Personal Transformations in Small Groups*. East Sussex: Routledge
- Dissanayake, E. (1988). *What is Art For?* Washington: University of Washington Press
- Dissanayake, E. (2000). *Art and Intimacy*. Washington: Washington Press

- Doidge, N. (2007). *The brain that changes itself*. New York: Penguin
- Dommermuth-Gudrich (2004). *50 klassiske myter*. Gjerlev, DK: Aschehoug
- Donfrancesco, F. (2009). *Soulmaking*. London: Karnac
- Dougherty, M. (1998). Duccio's prayer: Meditating destruction and creation with artists in analysis. *In The Journal of Analytical Psychology*, 43(4), 479-491.
- Dougherty, N. J., West, J. J. (2007). *The Matrix and meaning of Character*. London: Routledge
- Edelman, G, Tononi, G. (2000). *Consciousness*. New York: Penguin
- Edinger, E.F. (1985). *Anatomy of the psyche*. Chicago: Open court
- Edinger, E.F. (2000). *Ego and Self*. Toronto: Inner City
- Edinger, E. F. (1994). *The Mystery of the Coniunctio*. Toronto: Inner City
- Edinger, E. F. (1984). *The creation of Consciousness*. Toronto: Inner City
- Edinger, E.F. (1972). *Ego and archetype*. New York: Penguin
- Edwards, M. (2010). *A Jungian Circumambulation of Art & Therapy*. Great Britain: Insider Art Publ.
- Eisendrath, P. (1977). Active imagination: A separate reality. *In Art Psychotherapy*, 4(2), 63-71.
- Elkins, D. N. (1995). Psychotherapy and spirituality: Toward a theory of the soul. *In Journal of Humanistic Psychology*, 35(2), 78-98.
- Feldman, E. L., Robbins, A., & Jaffe, A. (1998). Selections from current literature: depression. *In Family Practice*, 15(3), 275-281.
- Ferrier, L. (1992). *Dance of the Selves*. New York: Firesides
- Fisher, J. V. (2004). 'Love looks not with the eyes, but with the mind': The death and rebirth of imagination. *In Journal of the British Association of Psychotherapists (BAP)*, 42(2), 101-115.
- Fournier, J. C., DeRubeis, R. J., Hollon, S. D., Dimidjian, S., Amsterdam, J. D., Shelton, R. C., et al. (2010). Antidepressant drug effects and depression severity: A patient-level meta-analysis. *JAMA : In The Journal of the American Medical Association*, 303(1), 47-53.
- Franz, M. L. v. (1997). *Alchemical active imagination*. London: Shambhala
- Franz, M. L. v. (1980). *Alchemy*. Toronto: Inner City
- Franz, M. L. v. (1985). *Dreams*. London: Shambhala
- Franz, M. L. v. (1984). *On Dreams and Death*. London: Shambhala
- Franz, M. L. v. (1980). *Projection and Re-collection in Jungian Psychology*. Chicago: Open court
- Fordham, M. (1969). *Children as Individuals*. New York: G. P. Putnam's Sons
- Fosha, D., Siegel, D., M. Solomon (2009). *The Healing Power of Emotion*. New York: Norton
- Gadamer, H.G. (1975). *Truth and Method*. London: Continuum
- Gilbert, P. (2007). *Psychotherapy and Counselling for Depression*. London: Sage
- Gilbert, P. (2000). Varieties of submissive Behaviour as Forms of Social Defense: Their Evolution and role in Depression. In Sloman, L.& Gilbert, P. (2000). *Subordination and Defeat*. Mahwah, N.J., Lawrence Erlbaum Associates.
- Gilbert, P. Bailey, K. G. (2000). *Genes on the Couch*. East Sussex: Brunner-Routledge
- Gilroy, A. (2006). *Art Therapy, Research and Evidence-based Practice*. London: Sage

- Grawe, K. (2004). *Psychological Therapy*. Cambridge: Hogrefe & Huber
- Grawe, K. (2007). *Neuropsychotherapy*. East Sussex: Taylor & Francis Group LLC
- Gilroy, A., McNeilly, G. (2000). *The changing shape of Art Therapy*. London: Kingsley
- Grbich, C. (2007). *Qualitative Data Analysis*. London: Sage
- Grey, R. M. (1996). *Archetypal Explorations*. London: Routledge
- Golden, R. N. (2004). Making Advances where it Matters: Improving Outcomes in Mood and Anxiety Disorders. In *CNS Spectrums*, 9(6 Suppl 4), 14-22.
- Gussak, D. (2007). The effectiveness of art therapy in reducing depression in prison populations. In *International Journal of Offender Therapy and Comparative Criminology*, 51(4), 444-460.
- Gussak, D. (2009a). Comparing the effectiveness of art therapy on depression and locus of control of male and female inmates. In *The Arts in Psychotherapy*, 36(4), 202-207.
- Gussak, D. (2009b). The Effects of Art Therapy on Male and Female Inmates: Advancing the Research base. In *The Arts in Psychotherapy*, 36(1), 5-12.
- Hall, P. (2008). Painting Together. An Art Therapy Approach to Mother-Infant Relationships. In C. Case, & T. Dalley, (Eds.). *Art therapy with children: From infancy to adolescence*. New York NY, US: Routledge/Taylor & Francis Group.
- Hanes, M. J. (2001). Retrospective Review in Art Therapy: Creating a Visual Record of the Therapeutic Process. In *American Journal of Art Therapy*, Vol. 40. November 2001
- Hass-Cohen, N., & Carr, R. (2008). *Art Therapy and Clinical Neuroscience*. London: Kingsley
- Hauke, C. (2000). *Jung and the Postmodern*. East Sussex: Routledge
- Haule, J. R. (2011). *Jung in the 21st Century*. New York: Routledge
- Henderson, P., Rosen, D., & Mascaro, N. (2007). Empirical Study on the Healing nature of Mandalas. In *Psychology of Aesthetics, Creativity, and the Arts*, 1(3), 148-154.
- Heron, J. C. (1992). *Feeling and Personhood*. London: Sage Publ.
- Higgins, R. (1996). *Approaches to Research*. Wiltshire: Cromwell Press
- Hillman, J. (1979). *The Dream and the Underworld*. New York: Harper and Row
- Hillman, J. (1989). *A Blue Fire*. New York: HarperCollins
- Hinz, L.D. (2009). *Expressive Therapies Continuum*. New York: Routledge
- Hobson, J. A. (1988). *The Dreaming Brain*. Massachusetts: Basic Books
- Hollis, J. (2000). *The Archetypal Imagination*. Texas: A&M University
- Horovitz, E. G. (1998). A leap of faith: The call to art. (Ph.D., Union Institute). , 188 p. (UMI Order AAI9910827.)
- Hubback, J., (1989). Depressed Patients and the Coniunctio. In Samuels, A. (Ed). *Psychopathology*. Eastbourne: Karnac
- Hughes, E. G. (2010). Art therapy as a healing tool for sub-fertile women. In *Journal of Medical Humanities*, 31(1), 27-36.
- Huskinson, L. (2008). *Dreaming the Myth Onwards*. London: Routledge
- Ingram, R.E., Atchley, R.A., Segal, Z.V. (2011). *Vulnerability to Depression*. London: The Guilford Press
- Jacoby, M. (1994). *Shame*. London: Routledge
- Jacoby, M. (1999). *Jungian Psychotherapy & Contemporary Infant Research*. New York:

Routledge

- Jeavons, T. (2011). *Healing Art and Young People*. London: Regal Litho Limited
- Johnson, R. (2008). *Inner Gold*. Hawai: Koa Books
- Jones, P. (2005). *The Arts Therapies*. East Sussex: Brunner-Routledge
- Jones, R. A., Clarkson, A., Congram, S., Stratton, N. (2008). *In Education and Imagination*. London: Routledge
- Jung, C. G. (1959a). *Aion*. London: Routledge & Kegan Paul LTD
- Jung, C. G. (1959). *The Archetypes and the Collective unconscious*. New York: Princeton University
- Jung, C. G. (1987). *Childrens Dreams*. New York: Princeton University
- Jung, C. G. (1954). *The Practice of Psychotherapy Vol. 16*. London: Routledge
- Jung, C. G. (1963). *Mysterium Coniunctionis Vol. 14*. London: Routledge
- Jung, C. G. (1984). *Dream Analysis*. London: Routledge
- Jung, C. G. (1953). *Psychology and Alchemy*. London: Routledge
- Jung, C. G. (1989). *Aspects of the Masculine*. New York: Princeton University
- Jung, C. G. (1982). *Aspects of the Feminine*. New York: Princeton University
- Jung, C. G. (2009). *The Red Book*. London: W.W. Norton & Company
- Kaufmann, y. (2009). *The Way of the Image*. New York: Zahav
- Kaufman, J. C. & Sternberg, R. J. (2010): *The Cambridge Handbook of Creativity*. Cambridge: Cambridge University Press
- Kapitan, L. (2010). *Introduction to Art Therapy research*. New York: Routledge
- Kaplan, F.F. (2000) *Art, Science and Art Therapy*. London: Jessica Kingsley
- Kaplan, F.F. (2007) *Art Therapy and Social Action*. London: Kingsley
- Kasl, E. & Yorks, L. (2012) Learning to Be What we Know. The Pivotal Role of Presentational Knowing in Transformative Learning. In Taylor, E.W., Cranton, P.: (2012): *The Handbook of Transformative Learning*. San Francisco: John Wiley & Sons. Inc
- Kessing, L. V. (2007). Epidemiology of Subtypes of Depression. *In Acta Psychiatrica Scandinavica*, 115, 85-89.
- Keyes, M. F. (1976). Art processes evoking awareness of the shadow archetype. *In Art Psychotherapy*, 3(2), 77-80.
- Kirsch, T., Rutter, V. B., Singer, T. (2007). *Initiation*. London: Routledge
- Kleifaras, G., Psarra, E., & Kalantzi-Azizi, A. (2007). [Meaning in life: A comparative study among individuals with low, moderate and high depressive symptomatology.]. *In Psychology: The Journal of the Hellenic Psychological Society*, 14(3), 311-325.
- Knox, J. (2003). *Archetype, Attachment, Analysis*. London: Routledge
- Kravits, K. (2008). The Stress Response and Adaptation Theory. In Hass-Cohen, N., Carr, R. (eds.), *In Art Therapy and Neuroscience*. London: Jessica Kingsley
- Kruse, E. (2003). *Kvalitative Forskningsmetoder*. Kbh.: Psykologisk forlag
- Kugler, P. (2008). Psychic imaging: A bridge between subject and object. In Yong-Eisendrath, P & Dawson, T.: *The Cambridge Companion to Jung*. Cambridge: Cambridge University Press.

- Kvale, S. (1997). *Interview*. Kbh.: Hans Reitzels Forlag
- Lacroix, L., Peterson, L., & Verrier, P. (2001). Art therapy, somatization, and narcissistic identification. *In Art Therapy: Journal of the American Art Therapy Association*, 18(1), 20-26.
- Lambert, M. J. & Ogles, B. M. (2004). The Efficacy and Effectiveness of Psychotherapy. In Lambert, M.J.: *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, Inc.
- Lambert, M.J., Bergin, A. E., Garfield, S. L., (2004): Introduction and Historical Overview. In *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, Inc.
- Launsø, L., & Rieper, O. (2000). *Forskning om og med mennesker*. Kbh.: Nyt Nordisk Forlag
- Lazarus, R.S. (2006). *Stress og følelser*. Kbh.: Akademisk Forlag
- Lawry, S. S. (1997). Healing the splintered self: A look at creativity in healing from childhood sexual abuse. US: ProQuest Information & Learning). *In Dissertation Abstracts International: Section B: The Sciences and Engineering*, 57 (12-), 7733.
- Lawson, T.T., (2008). *Carl Jung, Darwin of the Mind*. London: Karnac
- Lederarc, J. P. (2005). *The Moral Imagination*. New York: Oxford University Press
- Leonard, L. S. (1993). *Meeting the Madwoman*. New York: Bantam Books
- Leonard, L. S. (1998). *The Wounded Woman*. Boston: Shambhala
- Lesmeister, R. (1998). The Super-Ego, the Voice of the Self and the Depressive Position. *In The Journal of Analytical Psychology*, vol. 43, nr. 2. Oxford: Blackwell Publ.
- Levine, S. K. (2009). *Trauma, Tragedy, Therapy*. London: Jessica Kingsley Publ.
- Lev-Wiesel, R., & Doron, H. (2004). Allowing clients to choose their preferable nonverbal therapeutic modality. *In The Arts in Psychotherapy*, 31(4), 261-269.
- Liebmann, M. (2008). *Art Therapy and Anger*. London: Jessica Kingsley Publ.
- Lindvang, C. (2010). *A field of Resonant Learning*. Dissertation, Department of Communication: Aalborg University
- Main, S. (2008). *Childhood re-imagined*. London: Routledge
- Maisel, E. (2002). *The Van Gogh Blues*. London: Rodale
- Malchiodi, C. A. (2013). *Art Therapy and Health Care*. New York: Guilford Press
- Mathers, D., Miller, M. E., Ando, O. (2009). *Self and no-Self*. London: Routledge
- Mathers, D. (2009). *Vision and Supervision*. London: Routledge
- McLeod, J. (2010). *Case Study Research*. London: Sage Publ. Inc.
- Miller, A. (1983). *The drama of the gifted child and the search for the true self*. London: Basic Books inc,
- Moustakas, C. (1990). *Heuristic research. Design, Methodology and Applications*. Newbury Park: Sage
- Moustakas, C. (2004). *Loneliness, Creativity & Love*. USA: Xlibris Corporation
- McGlasson, T. D. (2012). Alternative treatments for adolescent Depression. *In The prevention researcher*, Vol. 19(4)

- McNiff, S. (1998). *Art-based Research*. London: Jessica Kingsley
- McNiff, S. (2004). *Art heals*. London: Shambhala
- McNiff, S. (1992). *Art as Medicine*. London: Shambhala
- Meyerhoff, H. (1976). The Story of Michal. *In Art Psychotherapy*, 3(2), 87-102.
- Miller, J. C. (2004). *The Transcendent Function*. New York: SUNY Press
- Mitchell, P. B., & Malhi, G. S. (2004). Bipolar depression: Phenomenological overview and Clinical characteristics. *In Bipolar Disorders*, 6(6), 530-539.
- Nagy, M. (1991): *Philosophical Issues in the Psychology of C.G.Jung*. New York: State University of NY Press.
- Neumann, E. (1954). *The Origins and History of Consciousness*. New York: Princeton University Press
- Neumann, E. (1956). *Amor and Psyche*. New York: Princeton University
- Neumann, E. (1973) *The Child*. New York: Harper Colophon Books
- Oxman, T. E., & Sengupta, A. (2002). Treatment of Minor Depression. *In The American Journal of Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry*, 10(3), 256-264.
- Papadopoulos, R. K. et.al., (2006): Jungs Epistemology and Methodology. *In The Handbook of Jungian Psychology*. East Sussex: Routledge.
- Paris, G. (2002). *Wisdom of the Psyche*. London: Routledge
- Pearson, M. & Wilson, H. (2009). *Using Expressive Arts to Work with Mind, Body and Emotions*. London: Jessica Kingsley Publ
- Perera, S. B. (1986). *The Scapegoat Complex*. Toronto: Inner City
- Perera, S. P. (1981). *Descent to the Goddess*. Toronto: Inner City
- Peteet, J. R., (2010). *Depression and the Soul*. New York: Routledge
- Pedersen, I. N. (2007). *Counter transference in Music Therapy*. Ph.D. Thesis Aalborg: Aalborg University (Unpubl.)
- Pickering, J. (2008). *Being in Love*. London: Routledge
- Pillari, V. (1991). *Scapegoating in Families*. London: Bruner/Mazel
- Pirani, A. (1988). *The Absent Father*. New York: Arkana
- Phillips, J., Morley, M. (2003). *Imagination and its Pathologies*. London: MIT Press
- Poncè, C. (1988). *Working the Soul*. Berkely: North Atlantic Books
- Poncè, C. (1983). *Alchemy*. Berkely: North Atlantic Books
- Ponteri, A. K. (2001). The effect of group art therapy on depressed mothers and their children. *In Art Therapy*, 18(3), 148-157.
- Pope, R. (2005). *Creativity*. London: Routledge
- Puig, A., Lee, S. M., Goodwin, L., & Sherrard, P. A. D. (2006). The Efficacy of Creative Arts Therapies to enhance Emotional Expression, Spirituality, and Psychological Well-being of newly Diagnosed stage I and stage II Breast Cancer Patients: A Preliminary Study. *In The Arts in Psychotherapy*, 33(3), 218-228.
- Qualls-Corbett, N. (2002). *Awakening woman*. Toronto: Inner City
- Raff, J. (2000). *Jung and the alchemical imagination*. Lake Worth: Nicolas-Hays
- Raff, J. (2003). *The wedding of Sophia*. Lake Worth: Nicolas-Hays

- Raff, J. (2006). *Ally Work*. Lake Worth: Nicolas-Hays
- Rapley, M. (2003). *Quality of Life Research*. London: Sage
- Reis, P., (2006). *Daughters of Saturn*. New Orleans: Spring Journal Books
- Richards, R. (2010): Everyday Creativity: Process and way of Life- Four Key Issues. In Kaufman, J. C. & Sternberg, R.J. (2010): *The Cambridge Handbook of Creativity*. Cambridge: Cambridge University Press
- Riley, S. (2003). Using art therapy to address adolescent depression. In C. A. Malchiodi (Ed.), *Handbook of Art Therapy*. (pp. 220-228) New York: NY, US: Guilford Press.
- Rose, G. (2012). *Visual Methodologies*. London: Sage
- Rosen, D. (2002). *Transforming Depression*. Lake Worth: Nicolas Hays
- Rowe, S. K., & Rapaport, M. H. (2006). Classification and Treatment of Sub-threshold Depression. In *Current Opinion in Psychiatry*, 19(1), 9-13.
- Rubin, A. J. (2001). *Approaches to Art Therapy*. London: Routledge
- Rubin, A. J. (2010). *Introduction to Art Therapy*. New York: Routledge
- Robbins, A. (1997). *Bridging Expression and Form*. London: Jessica Kingsley
- Robbins, A. (1999). *Between Therapist*. London: Jessica Kingsley
- Robbins, A. (2000). *The Artist as Therapist*. London: Jessica Kingsley
- Robson, C. (2002). *Real World Research*. Oxford: Blackwell
- Rose, G. (2012): *Visual methodologies*. London: Sage.
- Rowland, S. (2008). *Psyche and the Arts*. London: Routledge
- Salerno, F. (2011). Risk processes implicated in the development of depression and anxiety spectrum disorders. US: ProQuest Information & Learning). In *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 71 (7-), 4507.
- Salman, S. (2008): The Creative Psyche. Jung's major contributions. In Yong-Eisendrath, P & Dawson, T.: *The Cambridge Companion to Jung*. Cambridge: Cambridge University Press
- Samuels, A. (1989). *The Plural Psyche*. London: Routledge
- Samuels, A. (1985). *Jung and the Post-Jungians*. London: Routledge
- Sandler, J. (1988). *Projection, Identification, Projective Identification*. London: Karnac
- Sanguineti, V. (2007). *The Rosetta Stone of the Human Mind*. New York: Springer
- Schaumburg, B. (2009). *Meditative Kunst- und Atemtherapie. (MKA) zur Förderung der Persönlichkeitsentwicklung*. [meditative art and breath therapy (MAB).]. In *Musik-, Tanz- Und Kunsttherapie*, 20(2), 67-89.
- Schnetz, M. (2003). The healing flow: Artistic expression in therapy (creative arts and the Process of healing: An image/word approach inquiry). US: ProQuest Information & Learning. In *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64 (4)1915.
- Schwartz-Salant, N. (1995). *Jung on Alchemy*. New York: Princeton University
- Schwartz-Salant, N. (1998). *The Mystery of Human Relationship*. London: Routledge
- Schwartz-Salant, N. (2007). *The black Nightgown*. Wilmette: Chiron
- Schore, A. (1994). *Affect Regulation and the Origin of the Self*. New York: Psychology Press
- Schore, A. N. (2012): *The Science of The Art of Psychotherapy*. New York: W.W.Norton

- Schore, A. N. (2009): Right Brain Affect Regulation: An essential mechanism of Development, Trauma, Dissociation, and Psychotherapy. In Fosha, D., Siegel, D. J., & Solomon, M. (2009): *The Healing Power of Emotion*. New York: W.W. Norton Company
- Scott, S. S. (1987). Dreams and creativity in women. *In The Arts in Psychotherapy*, 14(4), 293-299.
- Sedgwick, D. (2001). *Introduction to Jungian Psychotherapy*. London: Routledge
- Shamdasani, S. (2003). *Jung and the Making of Modern Psychology*. Cambridge: Cambridge University Press
- Shepherd, L. J. (1993). *Lifting the Veil*. Lincoln: iUniverse, Inc.
- Siegel, D. J. (2010). *Mindsight*. New York: Bantam
- Singer, T. & Kimbles, S.L. (2004). *The Cultural Complex*. New York: Routledge
- Skov, V. (1991). *Det Skabende Menneske*. Kbh.: Munksgaard
- Skov, V. (1997). *Be-coming Creative*. Vejle: Marcus
- Skov, V. (1997). *Helteudvikling i Parforhold*. Vejle: Marcus
- Skov, V. (2003). *Glaskunst*. Vejle: Marcus
- Skov, V. (2004). Omkodning af Forladthedsgebaerder ved brug af Kunstterapeutiske Metoder. *Pilotprojekt ved Videns- og Forskningscenter for Alternativ Behandling, unpubl.*
- Skov, V. (2009). *Kunstterapi*. Vejle: Marcus
- Skov, V. (2010). Kunstterapi og Symbolanvendelse. *I Psykoterapeuten 2010, nr. 3*. Kbh.: Combi Print
- Skov, V. (2013). Kunstterapeutisk Supervision: Med Fokus på Individuationsprocesser. I Pedersen, I. N. (red.). *Kunstneriske medier i supervision af Psykoterapi*. Aalborg: Aalborg Universitets Forlag
- Slife, B. D. (2004). Theoretical challenges to Therapy Practice and research: The Constraint of Naturalism. In Lambert, M.J.: *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, Inc,
- Sloman, L. & Gilbert, P. (2000). *Subordination and Defeat*. Mahwah, N.J.: Lawrence Erlbaum Associates.
- Sloman, L. (2000a). The Syndrome of Rejection Sensitivity: An Evolutionary Perspective. In Gilbert, P. & Bailey, K. G. (2000). *Genes on the couch*. East Sussex: Brunner-Routledge
- Smith, A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage Publ
- Smith, L. (2003). *Tilknytning og børns udvikling*. Kbh.: Akademisk Forlag
- Staples, L. H. (2009). *The Creative Soul*. Carmel: Fisher King Press
- Stein, M. (1993). *Mad Parts of Sane People in Analysis*. Wilmette: Chiron
- Stein, M. (1993a). Bild, traum und phantasie. [image, dream, and phantasy.]. *In Analytische Psychologie*, 24(92), 92-102.
- Sternberg, R. (1999). *Handbook of Creativity*. New York: Cambridge University
- Stern, D. N. (1973). *The Interpersonal World of the Infant*. New York: Basic Books
- Stern, D. N. (2010). *Forms of Vitality*. Oxford: Oxford University Press
- Stevens, A. (2002). *Archetype Revisited*. London: Routledge
- Stevens, A. (1995). *Dreams and Dreaming*. Massachusetts: Harvard University Press

- Stevens, A. (1993). *The Two Million-Year-Old Self*. Texas: A&M University press
- Stevens, A. and Price, J. (2000). *Evolutionary psychiatry*. New York: Routledge
- Sullivan, B. S. (2010). *The Mystery of Analytical Work*. London: Routledge
- Swartz-Salant, N. (2007). *The Black Nightgown*. Wilmette, IL: Chiron Publ.
- Tansey, M. J. & Burke, W. F. (1989). *Understanding Countertransference*. London: The Analytic Press
- Taylor, E.W., Cranton, P. (2012). *The Handbook of Transformative Learning*. San Francisco: Jossey-Bass Publ.
- Teglbjærg, H. S., (2009). *Kunstterapi I Psykiatrisk Behandling*. Aarhus: Det sundhedsfaglige Fakultet (Afhandling)
- Teglbjærg, H. S., (2011). *Skabende Kunstterapi*. Aarhus: Aarhus Universitets Forlag
- The Journal of Analytical Psychology* (1998). Vol. 43 No 2 April. Oxford: Blackwell Publishers
- Thyme, K. E., Sundin, E. C., Stahlberg, G., Lindstrom, B., Eklof, H., & Wiberg, B. (2007). The Outcome of Short-Term Psychodynamic Art Therapy compared to Short-term Psychodynamic Verbal Therapy for Depressed Women. *In Psychoanalytic Psychotherapy*, 21(3), 250-264.
- Todd, Z., Nerlich, et. Al., (2004). *Mixing Methods in Psychology*. East Sussex: Psychology Press
- Toukmanian, S. G. & Rennie, D.L. (eds.), (1992). *Psychotherapy Process Research*. Newbury Park: Sage Publ.
- Valcarengi, M. (1997). *Relationships*. Lake Worth: Nicolas Hays
- Vedfelt, O. (1992). *Drømmenes dimensioner*. Kbh.: Gyldendal
- Wadeson, H. (1980). *Art Psycho-Therapy*. New York: Wiley
- Wallace, B. A. & Hodel, B. (2008). *Embracing Mind*. Boston: Shambhala
- Waska, R. (2004). *Projective Identification in the Clinical Setting*. London: Routledge
- Whigman, M. (2004). *Pregnant Darkness*. Lake Worth: Nicolas-Hays
- Whright, K. (2009). *Mirroring and Attunement*. London: Routledge
- Wilkinson, M. (2006). *Coming into Mind*. London: Routledge
- Wilson, J.P. (2006). *The Posttraumatic Self*. London: Routledge
- Zinkin, H., Gordon, R., Haynes, J. (1998). *Dialogue in the Analytic Setting*. London: Jessica Kingsley
- Zweig, C., Abrams, J. (1991). *Meeting the shadow*. New York: Penquin
- World Health Organization (1997). *WHOQOL Measuring Life*. World Health organization
- Woodman, M. (1990). *The Ravaged Bridegroom*. Toronto: Inner City Books

