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Art Therapy. Prevention Against the Development of Depression

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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.*

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Art Therapy

Prevention against the development of depression

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Autumn 2013

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 are to focus on art therapy as a method to explore the inner life as prevention for 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 is 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 is 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 is based on a holistic approach, including the biological, psychological, social, and spiritual domains in life. The pre-understanding is that these domains are constantly interchanging with each other. Art therapy processes in the clinical part of this study aim 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:

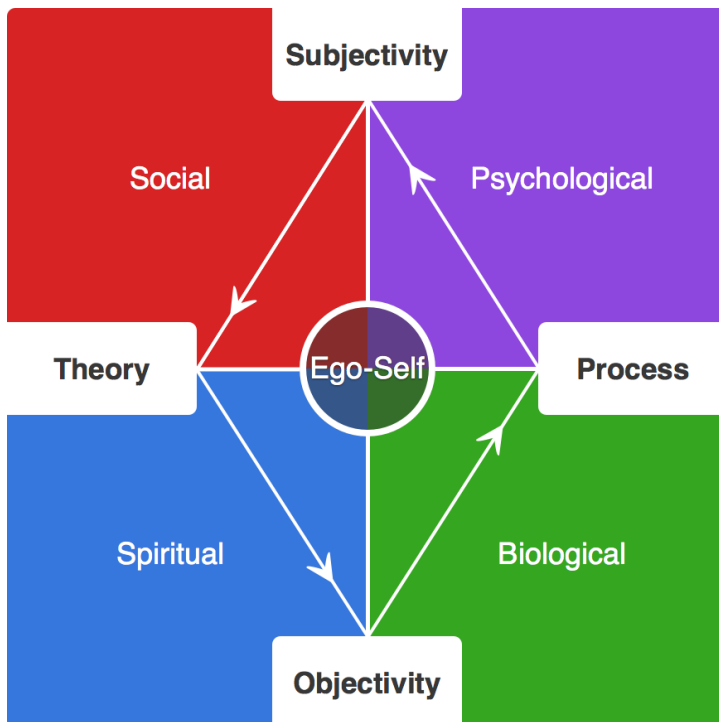
3. Do changes in quality of life show in pre-post and follow up tests?

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)



The meta-model describes 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.

The meta-model also relates to the "Integrative model" as one of the unexpected findings in the research study.

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 is carried out as a mixed-method design, with the quantitative part imbedded in the qualitative part. The purpose of the quantitative part is to validate the results in the qualitative part. Triangulation of data is 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 criterion was 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 rapports.

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 will be to see if and how the self as a regulative function has been active during the process of change. Part of this level includes 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	<ol style="list-style-type: none"> 15. From ego towards self through art therapy

method	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	24. A methodology for analytical procedure
Unexpected finding 2	25. An integrative model related to (a) change and (b) self-regulation
Comparing participants development with researcher/therapist	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 as well.



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 has been very influential in this study, both as a meta perspective of the overall subject, which primarily is based on Jungian psychology, but it has also influenced in more details, 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 schemas 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.