WHAT DO YOU SEE?

Studies on time-limited psychodynamic art psychotherapy

KARIN EGBERG THYME
Inside the great Roman Church the tourists found themselves
in the semi-darkness.
Vaults beyond vaults
Flickering candles.
There, the voice of a faceless angel caught me - filled me
whispering into my very body:
“Do not feel ashamed human, be proud!
Inside you, vaults are opening and new vaults beyond these - forever.
Never will it stop. Never shall it stop.”
Blinded by tears I stumbled out on the sunny piazza
together with Mr and Mrs Jones, Master Tanaka and
Signora Sabatini
and inside all of them vaults beyond vaults were opening - forever.

_Tomas Tranströmer, For the Living and the Dead, 1989_
In memory of my mother INGA EGBERG
To ANDREAS and KRISTOFFER,
my beloved sons who have made me so happy and rich.
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ABSTRACT

The main purpose of this thesis is to explore experiences of two different psychological interventions based on art psychotherapy in women with a psychological or physical illness. The two interventions are art psychotherapy and art therapy. The difference between these two interventions is that the art therapist works with the transference in art psychotherapy but not in art therapy. The thesis consists of two studies of art psychotherapy: An art psychotherapy intervention is evaluated in Study 1 (papers III and V) which examines a group of patients diagnosed with depression and Study 2 (paper II) which examines experiences in a group of six patients diagnosed with vulvar vestibulitis. An art therapy intervention is evaluated in the third study (papers I and IV); where experiences in patients diagnosed with breast cancer are examined.

In Study 1, forty-three (n=43) depressed women were randomly assigned to either an intervention group or a control group (verbal psychotherapy). The aim was to examine the outcome of time limited psychodynamic art therapy compared to time-limited psychodynamic verbal therapy for patients with depressive symptoms. Interviews were performed before, immediately after, and three months after the termination of psychotherapy, and self-rating scales which focus on stress reactions, depression and symptoms as well as an observer rating scale on depression were used. The interviews and the art sessions were video-recorded, and the verbal psychotherapy was tape-recorded. The results showed that the art and verbal psychotherapies were comparable. The conclusion was that short-term psychodynamic art psychotherapy could be a valuable treatment for depressed women. In an in-depth content analysis, the method of scribbling was further investigated and exemplified with the therapies of two participants. In this study, the patients' pictures and verbal expressions of progress, along with considerations of how to interpret the pictures were in focus. When leaving therapy the two patients took advantage of the paper, made complete forms, symbolised in words what they have expressed in pictures; in pace with psychotherapy the themes altered towards separation, individuation, and an attempt to relate in a new way. The conclusion was that time-limited psychodynamic art therapy suggests giving a safer place for the self as the cohesion is firmer with better boundaries.

Study 2 is a pilot study, which involved six young patients recently diagnosed with vulvar vestibulitis. The aim of the study was to investigate pain at vestibulum, mental health, and self-image after fifteen sessions of art psychotherapy. Five of the patients were judged to have less pain three months after termination of therapy. The conclusion was that art psychotherapy with its openness seemed to affect young women in their experiences of vulvar vestibulitis in a positive direction.

Study 3 examined the potential benefit of art therapy for women with primary breast cancer. The sample comprised forty-one (n=41) patients who were randomly assigned either to an art therapy group or to a control group. The art therapy was going on during five weeks radiation treatment, one session per week. The aim was to investigate the outcome of art therapy, to quantify and compare the participant coping resources, self-image, and the symptoms with the participant in the control group. Interviews were performed before, immediately after, and six month after inclusion. A set of self-rating scales was used: Coping Resources Inventory, the Structural Analysis of Social Behavior, and Symptom Check List – 90. The result showed that the patients in the art therapy group rated their coping resources, and especially their social resources, higher than the control group, and that the average patients in the art therapy group improved in depressive symptoms and symptoms of anxiety, and that the general psychiatric symptoms improved as well. A linear regression analysis showed a tendency that the coping resources increased in the art therapy group and decreased in the control group or even stagnated in the social domain. A second report on self-image, symptoms, treatment, and social variables showed that art therapy was related to lower ratings of depression, anxiety, and general symptoms after treatment; chemotherapeutic treatment predicted lower depressive symptoms and general symptoms in contrast to axillary surgery and hormonal treatment. The results showed that art therapy could be valuable complementary therapy in routine oncology practise. The conclusion is that art therapy can have a positive long-term effect on the crisis following the primary breast cancer and its consequences.

Conclusion: The results show that time-limited psychodynamic art psychotherapy is valuable for depressed women; that it is a valuable complement for women with vulvar vestibulitis; and that art therapy is a valuable complement in the care and cure of women with primary breast cancer.

Key word: Art psychotherapy, scribble, depression, anxiety, GSI, breast cancer, vulvar vestibulitis, SASB, SCL-90, CRI, Content Analysis, Phenomenology.
SAMMANFATTNING


43 (n=43) kvinnor med diagnosen depression ingick i Studie 1, dessa delades sedan slumpmässigt in i en utvärderingsgrupp eller en kontrollgrupp. Målet var att undersöka resultatet av tidsbegränsad psykodynamisk bildterapi med tidsbegränsad psykodynamisk samtalterapi i arbete med patienter med depressiva symptom. Intervjuer genomfördes före, direkt efter och tre månader efter psykoterapins avslutande och såväl självskattningsskalor av stressreaktioner, depression och symptom som observationsskalor av depression användes. Intervjuerna och bildterapiprocessionerna videofilmades och samtalterapiprocessionerna spelades in på band. Resultatet visade att bildterapi och samtalterapi var jämförbara. Slutsatsen var att tidsbegränsad psykodynamisk bildterapi var en värdefull behandling av deprimerade kvinnor. I en ingående innehållsanalys utreddes klottermetoden vidare och exemplifierades genom en deltagarens samtalterapiprocession i denna studie.

Studie 2 är en pilotstudie som erbjuder sex unga patienter som nyligen diagnosiserats med vulva vestibulit. Studiens mål var att undersöka smärta i vestibulum, psykisk hälsa och självbild efter 15 bildpsykoterapisessjoner. Fem av patienterna sade sig uppleva mindre smärta tre månader efter avslutad terapi. Slutsatsen av denna pilotstudie är att bildpsykoterapi med dess underliggande tillåtande struktur tycks påverka unga kvinnors upplevelser av vulva vestibulit i positiv riktning.

Studie 3 undersökte bildterapi som arbetsmetod för kvinnor med bröstcancer. Studien bestod av 41 (n=41) kvinnor som slumpvis fick delta i antingen en bildterapigrupp eller en kontrollgrupp. Bildterapi genomfördes en gång i veckan under en fem veckor lång strålningstid. Målet var att undersöka resultatet av bildterapi, att mäta och jämföra deltagarnas coping-resurser, självbild och deras symptom med kontrollgruppen. Intervjuer genomfördes före, direkt efter och sex månader efter undersökningens start. En uppsättning självskattningsskalor användes: Coping Resources Inventory (CRI), the Structural Analysis of Social Behavior (SASB), and Symptom Check List – 90 (SCL-90). Resultatet visade att patienterna i bildterapigruppen skattade sina coping-resurser, särskilt sina sociala resurser, högre än personerna i kontrollgruppen och att genomsnittspatienten i bildterapigruppen konstaterade att självbild och självskattning hade förbättrats. Resultatet visade att bildterapi kan vara ett värdefullt komplement till traditionell terapi inom cancerbehandling.

Resultaten visade att bildterapi är ett värdefullt komplement till onkologisk vård och behandling. Slutsatsen är att bildterapi kan antas ha en positiv påverkan på den kris som uppstår efter en nyupptäckt bröstcancer.

Resultaten visade att tidsbegränsad psykodynamisk bildterapi är värdefull för deprimerade kvinnor och som en kompletterande behandling för kvinnor med vulva vestibulit; och att bildterapi är ett betydelsefullt komplement i vård och behandling av kvinnor med nyupptäckt bröstcancer.

Key word: Bildpsykoterapi, klotter, depression, ångest, bröst cancer, vulva vestibulit, SASB, SCL-90, CRI, Content Analysis, Fenomenologi.
LIST OF PUBLIKATIONS

This thesis is based on the following papers, which will be referred to in the text by Roman numerals. Reprints of original papers were made with approval of publishers.


ABBREVIATIONS

AT Art psychotherapy/Art therapy
BDT Brief Dynamic Therapy
BT Behavioural-Therapy
BPO Borderline Personality Organisation
BST Brief Supportive Therapy
CBT Cognitive-Behavioural Therapy
CRI Coping Resource Inventory
BDI Beck Depression Scale
GLM General Linear Model
GSI Global Symptom Index
HRSD Hamilton Rating Scale of Depression
IES Impact of Event Scale
NPO Neurotic Personality Organisation
PO Personality Organisation
RCT Randomised Control Trial
SCL-90 Symptom Check List -90
SPSS Statistical Package for Social Sciences
SASB Structural analysis of Social Behavior
STPP Short-Term Psychodynamic Psychotherapy
VT Verbal psychotherapy
VV Vulvar vestibulitis
On creativity for joy and self-insight

To start from the very beginning in my hometown. I met a very interesting art teacher already at seven years of age. Her name was Herta Olivet (cf. Holger, ed., 2005); she was a consultant teacher and an interesting woman for a little girl; she seemed so creative, independent, yet personal. ”Måla säger Hertha, som det kommer från ditt hjärta” (p. 37) (Paint, says Hertha as it comes from your heart). She wanted to relate to her pupils in the forms and colours; she differed from our teacher, and her hair was sometimes dyed blue sometimes pink.

She commuted between the schools and come to our class once a year. Then we could paint for a whole school day. We had great respect for her; still, we called her “Fröken Oljeskvätt” as her surname onomatopoetically sounded as “a drop of oil” in Swedish. Olivet founded a school for art, design, and handicraft in 1955; Nyckelviksskolan, Lidingö is still at work (idem).

Later on, art creative work became of special interest when I met a pioneer at heart, the late art therapist Anne-Marie Lagercrantz (cf. Theorell, Kornarski, Burell, Engström, Lagercrantz, Teszary et al., 1995). For many years, she had worked with the movement educator and psychotherapist Jacques Dropsy in annual workshops. They trained us to encounter our selves. Now, I understand that we worked with how to recognise our innate affects and express them in relation to one another. Lagercrantz inspired us to make masks of plaster that expressed a certain feeling or inner representations, and Dropsy offered us to make role-play in pairs with the masks on. The aim was to let the masks become alive with the wearer’s intrinsic non-verbal messages in relation to a mate in the role-play.
INTRODUCTION

Background
As a clinician, working with psychotherapy for many years, I have noticed in the news throughout the years that it is more difficult to get psychotherapy today than it was twenty years ago. At that time, a patient could herself simply phone to the psychiatric clinic and ask for psychotherapy, which is not possible today. Today a doctor must refer the patients to the clinic. Even if medical centres provide a great deal of therapy, trained psychotherapists are rare. This was my pre-understanding of my motives to initiate the present project.

- My belief is that the public health system should offer psychotherapy, since psychotherapy is not a staring at the belly button (which is a popular misbelief) but provides an alternative work on personal mental problems and on relations to others. With this background, it was in my interest to explore and offer art psychotherapy to women with depression (including anxiety, and burn out syndrome in our design).
- My frustrations brought up the idea of exploring time-limited art psychotherapy; a model that should be possible to be used in the hands of an art psychotherapist at the psychiatric clinic as well as in primary care.
- The results of the study, that are presented in this thesis, are based on a broadened group of women as compared with the initial approach; by time I realised that in order to obtain a deeper insight of art psychotherapy and its usefulness it was necessary. Thus, the thesis is based on women with depression, women vulvar vestibulitis, and women with primary breast cancer.

This is what I found in the newspaper the other day. “The pressure on out-patients clinics in the county councils is greater than ever; in spite of promises of increasing financial s. The NGO, Stadsmissionen, Stockholm, Sweden, offers free psychotherapy when the county council cannot make it” (DN, April 11, 2008, p. 18) (translation of the author).

Psychodynamic theory

The body-mind
Malchiodi writes about art therapies “... [they have] been defined mind-body interventions as those which are designed to facilitate the mind’s capacity to influence bodily functions and symptoms” (p.17) and vice versa as well (Stern, 1985). However, before we go on with this line of thoughts, we want to return to the history of man to look at the movements of the body in the long perspective.

On the evolution
The body is our individual room that life brings us and that has developed during evolution. In semiotics, the position of the body is discussed. They propose that, “Many have seen the gestures as the original form of language. They suggest that those were the model for writ-
ing picture-like signs that conceptualised the gestures...long before the alphabet.” (Soneson, 1992 p. 295) (translation of the author).. These gestures are a prehistoric communication in a double sense; a supplement to sounds person to person and communication through art on rocks and caves discovered in Africa, Asia, and Europe. Some of the most famous in Europe are those of Altamira in Spain and Chauvet in France, the former about 14,000 years old, the latter 30,000; the rock carvings in Tanum on the west coast of Sweden are about 4,000 years old. What context these are made in is discussed among researchers, but they are thought of being religious made by shamans or story telling in the Bronze Age.

On phenomenology

Another thought of line involves movements in the phenomenological perspective. Merleau-Ponty (1945/1996) contributes to an understanding of the signs of the body in his phenomenological analysis. He is for example very explicit and detailed when analysing what happens when one stretches out for the receiver: “If I am sitting at a table and I want to take the receiver, my hand will encounter the object, my back will straighten, my legs will pull together, all will match. I want to achieve a certain result and the movements divide naturally between the involved parts of the body. The possible combinations are beforehand given and equivalent: I can remain sitting but in that case, I have to stretch my arm a little further; I can lean forward; or I can even raise half way. All these movements are at ours disposal because of their common meaning...” (translation of the author). (p 114). Merleau-Ponty makes a detailed analysis; still, the different steps in the analysis will look different according to whom the movements belong (Mattsson, Egberg, Armelius, & Mattsson, 1995). Our body unmasks us and show who we are and from where we come (cf. Soneson, 1992) as the dialect betray us when we speak.

On the bodymind

Now, returning to the headline of the paragraph. It is taken from a rapport on psychoanalytic psychosomatic studies (Matthis, Kihlblom, Prawitz, Bryngelsson, & Sallander, 2006). An interdisciplinary collaboration between psychoanalysis and neuro-science is at work due to new technology in neuro-science. However, it is not that easy to overcome the dichotomy of the biological in contrast to the phenomenological approach in psychoanalysis and psychodynamic psychotherapy. Nevertheless, a raising interest during the last decade focuses on the human being as one unite. Matthis and co-writers use the term “bodysoul” as a holistic name on the psyche and soma/body-and-mind; it is possible to translate and use in Swedish as well, “kroppsjäl.”

We join them in our belief of a near connection between body and mind, and that the body movements influence the mind (Mattsson, et al.,1995). In the art psychotherapy study, it shows in the standing position when scribbling (Cane, 1983) and in art therapy; it shows in the work with the body outline (Luzzatto, Sereno, & Capps, 2003).

On the brain

On the other hand, there is another part of the body, the brain and its functions, to consider. “Application of new techniques in brain imaging has expanded the understanding of the different functions and structures of the brain involved in information processing.” (Lusebrink,
Even if all activities of the brain are utterly complicated, new technology has given also the non-professional new knowledge. Today, art psychotherapists emphasise the body-and-mind in connection related to new research, not only to the complementary functions of the left and right hemisphere. “As science learns more about the connections between emotions and health, stress and disease, and the brain and immune system, art therapy is discovering new frontiers for the use of imagery and art expression in treatment.” (Malchiodi. 2003. p. 16) and Lusebrink (2004) reports for example on how we process visual information and reports on colour stimulus. The brain response to abstract colours activates “colour areas” in cortex; however, if the colour stimuli are iconic or representational (is similar to something, or symbolises something) they involve an additional activity of the hippocampus and the right inferior temporal lobe; areas connected to memory.

_on mirror neurons._ Now, we certainly know why a blue mood and a happy mood are contagious. The cause is the mirror neuron found in both infants and adults (Jacoboni, Molnar-Szakacs, Gallese, Buccino, Mazziotta, & Rizzolatti, 2005; Falck-Ytter, Gredebäck & von Hofsten, 2006). The former group of researchers present also neurons they call “logically related” mirror neurons; those neurons code also the intentions of other people’s actions; and Falk-Ytter et al., have investigated the reactions of infants; they suggest that we develop a capacity to predict other’s actions during the second half of our first year.

_on innate affects feelings and emotions._ Damasio (1994/1999, 1999/2002) has rejected the dichotomy of the body once suggested by Descartes due to his believe in unity of God (van Deurzen, March 2008, verbal communication). Damasio regards the body and mind joined together. There is unanimous opinion today inside the psychological sphere that the feelings are the bridge or the glue that keep the cells of body and mind together (cf. Pert, 2004). Stern (1985, 2004) and Nathanson (1992) regard the feelings as the organising principal in the developing self as they are constant, and return regularly. Cohn and Katz (1994, www.cs.cmu.edu/~face/Papers/acm98_bristol.pdf) used computerized programmes systems to analyse facial expression and communication of emotions and pain. Their results suggest that non-verbal communication regulates interpersonal behaviour.

Even if Stern (2004) and Nathanson (1992) have different perspectives, they look upon the feelings similarly. Nathanson describes the normal development as follows. “By this normal activity of imitation the baby now learns how to perform all the displays associated to emotions, weather or not an innate affect mechanism has been triggered. Affects display, initially an involuntary mechanism representing the quality of the physiological experience, [it] begins [then] to operate also as [a] voluntary activity. For the rest of its life, the growing organism will know how to mimic intentionally the expression that originally occurred involuntarily as the result of innate affect” (Nathanson, p. 61). Stern, on the other hand describes both normality and the deviant. His description of the domains for relatedness and later his “present moment” presentations present the normal development but he describes also what happens when something get wrong; when the parental imitation fails too often, an incorrect intonation of the baby takes place. Then, the infant becomes uncertain; it ignores separations or it is difficult to comfort at reunion; patterns recognizable also in adults (Bowlby, 1994).
On symbolisation. Laplanche and Pontalis (1973/1988) explain symbolism hence “[a] mode of indirect and figurative representation of an unconscious idea, conflict, or wish. In this sense, one may in psychoanalysis hold any substantive formation to be symbolic... [a] mode of representation distinguished chiefly by constancy of the relationship between the symbol and what it symbolizes in the unconscious. This constancy is found not only in the same individual and from one individual to the next, but also in the most varies spheres (myth, religion, folklore, language, etc.), and in the most widely separated cultures” (pp. 442).

Matthis (1997) emphasises the importance to be able “... to differentiate between different symptoms that look alike but are not” (p. 222) (translation of the author). Matthis suggests that a symptom on the clinical level is all that differs from what is expected as normal. The symptoms that are a plague in such a way that the owner feels lost and helpless is developmental that is a symptom of the first degree called “proto symbols.” If the individual does not get any help for her or his symptom; the symptom that earlier was possible to develop might freeze and become a “perverse symbol.” Thus the individual’s sentence “I need help” replaces with the victim’s “It hurts, help me.”

“The libido is the driving force of the process of symbolisation. /.../.Though, decisive for the treatment is to what extent the symbolisation of the symptom reaches in the end.” (Matthis, 1997, p. 208) (translation of the author). However, the references of the proto symbol as premature or distorted are uncertain; they are and they will be denied, as they expose the unacceptable.

On the skin-ego. The skin-ego could also be described as the so-called memories of the body (Anzieu, 2000; Matthis, 1997). Anzieu suggests that the skin has at least eight functions. The skin is a holder, a container, a transmitter, it guaranties individuation, is complementary for sexual feeling, is sensational, and it is informative. He regards the boarders of the skin-ego as essential, even if traditionally psychoanalysis has been more interested in the psyche than its container. He takes a step out of the bodily to the mentally function of the skin when he works and suggests for example that breathing in is connected with oral activity and breathing out with anal. Why not, the skin-ego acts within an imaginative and unconscious level; “in” is probably something coming in to the body and “out” in the same line of thought something leaving the leaving it. Anzieu refers to not only severe mental illnesses but also to skin diseases.

Psychic vulnerability

On psychosomatic disorders

Of some complex reason, the body-and-mind will not comprehend its innate affects; this means that when the body-and-mind experiences tensions they ward them off continuously. The tension in the body-and-mind will have no outlet. A terrible situation for the unrecognized feelings as they needs to be treated. Gradually, they might become uninvited guests converted into somatic or mental disorders. Alexithymia in the secondary form is regarded as a natural; it is a phase in the process of crisis.

The restoration of the body-and-mind points to processes of innate affects → feelings → emotions → cognition. The main question is how the perceived affects may be recognized
by the owner, as the history behind this dumbness probably has to do with inadequate intonation as an infant (cf. Ciozza, 1999). Background and present factors of body–and–mind together with social factors are in one way or another intermingled in a symptom.

The approach to psychosomatic symptoms are further developed by Sivik, Theorell, Mattsson, and Sjögren (1995). Their approach is psychodynamic in the way that they finds that patients need to work on their illness and integrate as they often have to adapt to a new life style as a more vulnerable human being than earlier. Professionals have to acknowledge the different bio-psycho-social components and their interrelations manifest in the patients. The aim of the treatment is impinge upon the personality, at least to such an extent that the psychic defences are less rigid. They discuss also psychosomatic influences in different illnesses. Likewise does Chiozza (1999); he reports how he and his co-workers comprise clinical histories with biographical to a “pathobiographical history”; describing all key events that make sense in the entire life of the patient and out of this suggests treatment.

On illnesses distressing the mind

Table 1. Diagnostic criteria for Psychological Factors Affecting Medical Conditions according to DSM IV.

| A. General medical condition (coded on Axis III) is present |
| B. Psychological factors adversely affect the general medical condition in one of the following ways: |
| (1) the factors have influenced the course of the general medical condition as shown by a close temporal association between psychological factors and the development or exacerbations of, or delayed recovery from, the general medical condition |
| (2) the factors interfere with the treatment of the general medical condition |
| (3) the factors constitute additional health risks for the individual |
| (4) stress-related psychological responses precipitate or exacerbate symptoms of the general medical condition. |

There are many risk factors that add to an illness in general and traumatic illness in particular. The risk factors among women with breast cancer are for example: depression and anxiety, sexual problems, pre-existing mental illness of psychological morbidity, comorbid physical conditions, lack of social support and suicide (Institute of Medicine and National Research council, 2004, Björkenstam, Edberg, Ayoubi, et al., 2005). Studies on women with vulvar vestibulitis show that those women have often problems in relations (Danielsson et al., 2001) and in sexual relations (Meana, Binik, Khalifé, & Cohen, 1997; Jantos, & White, 1997) as well as quality of life, symptoms of depression and anxiety (Sellgren, et al., 2000; Nylander Lundqvist, & Bergdahl, 2003).

On stress

Life is full of stressful situations. That may cause a feeling of loss of control. The apprehension of time and place may gradually overwhelm and become a situation that starts a chain of physic and psychic stress reactions (see figure 1, 2 and 3). In such a system, there is no safe place, no meaning, and coherence.
Antonovsky (1987) has suggested what we need to cope with stress. He suggested that a global orientation that experience and endure a dynamic feeling of confidence; gives an internal and external environments are predicted and that there is a high probability that things will work out as expected. Ryff and Singer (1998) suggest that if this expectation is endangered, a person might be distressed. They list several dimensions of autonomy of a) environmental mastery, b) personal growth, c) positive relations with others, d) purpose in life, and e) self-acceptance to adjust to after a period of disease to get control of life and recover.

In the brain, three patterns of reactions are basic (LeDoux, 1996 in Fonagy et al. 2004.) on visual information.

**Figure 1.** *The general way of getting visual information.*

![Figure 1](image1)

**Figure 2.** *The short cut when we act without thinking on visual information.*

![Figure 2](image2)

**Figure 3.** *The brain under stress.*

![Figure 3](image3)
The first pattern includes thoughts and considerations before reactions; the individual acts out according to the situation at hand. The second is a short cut used when an immediate reaction is necessary; the individual acts out without a second thought. The third shows the brain under influence of stress. The amygdale reacts with stress hormones in a stressful situation. If the situation is acute, the normality will return relatively soon when the individual rests and recovers; but if the period of stress extends and becomes more or less permanent the hippocampus may be affected (Arnetz, 1995).

**On depression**

Depressive disorders account for more than 11 percent of the total number of years lived with disability in the world and are not gender equivalent (Üstün, Ayuso-Mateos, Chatterji, Mathers, & Murray, 2004). The numbers in this country have increased during the last decades. The Swedish National Board of Health and Welfare (Socialstyrelsen, 2006) calculates that about forty percent of Swedish women will experience depression once in life. The comparing number for men is one out of four. The gender differences are obvious in prevalence and frequency as intensity of depression.

**Table 2. Diagnostic criteria for Major Depressive Episodes according to DSM IV.**

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent change from previous functioning; at least of the symptoms is either (1) depressed mood or (2) loss of interest of pleasure.

**Note:** Do not include symptoms that are clearly due to a general medical condition, or mood incongruent delusions or allusions.

1. depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observations made by others (e.g., appears tearful). Note: In children and adolescents, can be irritated mood
2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective or observation made by others)
3. significant weight loss not dieting or weight gain (e.g., a change of more than 5% of body weight a month), or decrease or increase in appetite nearly every day. Not: In children, consider failure to make expected weigh gains
4. insomnia or hypersomnia nearly every day
5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings or restless or being slowed down.)
6. fatigue or loss of energy nearly every day
7. feelings of worthlessness or excessively or inappropriate guilt (which may be delusional) nearly every day (not merely self-approach or guilt about being sick)
8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
9. recurrent thoughts of death (not just fear or dying), recurrent suicidal ideation without a specific plan, or suicidal attempt or specific plan for committing suicide

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social occupational or important areas of functioning.
D. The symptoms are not due to direct psychological effects of substance (e.g. a drug of abuse, a medication) or a general medication condition (e.g. hyperthyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e. after loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideas, psychotic symptoms, or psychomotor retardation.

McWilliams (1994) refers to vulnerability when discussing the origin of depression. She advocates also that depression according to psychoanalytic theories have its origin in orality and unconscious guilt that assumes to lead to premature loss. She indicates the historic value of object relations. “Object relations were understood in terms of traumatic loss, inadequate mourning, and parental depression, criticism, abuse, and misunderstanding” (p. 256). Hence, the self-images are vulnerable as well.[...]. The aggression-inward model is consistent with observations that depressed people seldom feel spontaneous or uncomplicated anger on their own behalf. Instead, they feel guilt ... they feel a conscious, ego-syntonic, pervasive sense of culpability.[...]. Sadness, is the major affect of people with a depressive psychology” (p. 230).

Shame has not been discriminated from guilt in the past but is now on the agenda as it is one of our innate affects (Nathanson, 1992). As such, it is experienced, as one is wrong, bad, ugly, and helpless. He has suggested four ways for the individual to handle shame in the “compass of shame”; those characteristics are to withdraw and hide, to attack the self and be utterly considerate, to avoid the affect often with drugs, and to attack others by oppression.

**Psychodynamic psychotherapy**

The influences on the psychotherapy in this thesis is shown in the background above; besides that, the basis is the British object relation school influences of theories on the self, affect theories and art psychotherapy.

**Art psychotherapy vs. verbal psychotherapy**

The time-limited psychotherapy (Mann, 1972) contains a certain amount of sessions. They are counted on and suggested giving energy to the process; what has to be said has to be said in time. The end of therapy or the final separation is always present. Maina, Forner, and Bogetto (2005) explain why a central theme is necessary. They suggest that”...to enhance the patients insight about repetitive conflicts (intrapsychic and interpersonal) and trauma that underlie and sustain the patient’s problems.” In art psychotherapy as in verbal, the patient and the psychotherapist decide what problem is of utmost importance for the patient to process; in art therapy, the scribble and amplifications are in focus together with the theme chosen. The psychotherapeutic agreement between the patent and the psychotherapist is to recognize and explore anxiety, conflicts in both options. The aim of this process is to analyse transference, make interpretation, and clarification.

_The scribbles and amplifications._ Every session there is scribbling and amplifications; an amplification is the painted answer to the question “What-do-you-se?” . In the amplification the patient shows herself and the therapist her earlier hidden colours and forms. Then
she let the scribble affect her emotions and cognitions. Look, further at Figure 4 to see the instructions for each session and at Figure 7 and 8 see the result. The suggestion is that the practice of scribble (Betensky, 1995, Cane 1983) in the form of a time-limited (Mann, 1973) art therapy; it will catch the words and the emotions attached to the diagnoses of depression and of vulvar vestibulitis. Furthermore, that hindering transferences may be channelled via the pictures and shape-goat transference: or may be channelled via the picture as a talisman (Schaverien, 1995); until the emotions and thoughts can be disposed of. Schaverien (2000) emphasizes that the aesthetic dimension of art therapy should not be neglected and Rose (2001, p. 28) puts forward “Our use of images /…/ performs a social function as well as an aesthetic one. It says something about who we are and how we will be seen.” This is a line of thought of Kramer (2000) as well, who believed in the strength of art per se that helps us to open our minds to make life coherent and meaningful (Antonovsky, 1987). In contrast, to the force of the society that closes our mind, as we have to suppress stimuli to survive.

Our hypothesis is that the scribbling makes it possible to escape the defence mechanisms; hence, scribbling as well as the amplification will increase anxiety. However, when the paintings and the words attached to them are worked on emotionally and cognitively, the anxiety will reduce.

Art therapy vs. art psychotherapy

The agreement between these two forms of art practice is that the therapists have a phenomenological (Betensky, 1995) approach to the pictures. The difference is that in the former there is the limitation of time, the theme (Mann, 1973), and the psychodynamic aim described in the earlier paragraph. In art therapy, the unconscious processes are left in silence (Schaverien, 2000). The aim is to process cognitions and feelings that cause the problems or pains.

We regarded the art therapy with the women with breast cancer as a crisis intervention. In a crisis, the therapeutic interventions are the same in art psychotherapy and in art therapy, to support the patient and process feelings on a conscious level.

The studies in this thesis

The women in the thesis

Which groups of women would benefit from art psychotherapy? The result turned out to be three prevalent diagnoses in women. We found that

- approximately two thirds of the depressed are women (Üstün, Ayuso-Mateos, Chatterji, Mathers, & Murray, 2004);
- breast cancer is the most common form of cancer among women in most countries in the western world (Stewart & Kleinhues, 2003); and
- that the results in a Swedish population-based study showed that 13% of women, 20-29 years of age, had long lasting and severe pains at intercourse (Danielsson, Eisemann, Sjöberg, & Wikman, 2001).
These women are at stake being depressed for the first time, or relapse into depression as a reaction to distress in relation their illness.

Another three papers are reported on the women with breast cancer until today (Svensk, Öster, Egberg Thyme, Magnusson, Sjödin, Eisemann, Åström, & Lindh, accepted; Öster, Magnusson, Egberg Thyme, Lindh, & Åström, 2007; Öster, Åström, Lindh, Magnusson, in manuscript). Öster and her co-workers have shown, beside our results, which we will report on later, that art therapy promote well-being; improves the quality of life, have had consequences on boundary strengthening and have given the women a ‘safe space’ when trying to elaborate what has happened earlier in life and prepare for the future life.

The participants in this thesis are exclusively women due to their diagnosis; hence, “a feminist understanding is useful, particularly because we live in a culture, a society, and a time when the experience of so many has been marginalised by the dominant discourse (Hogan, 2003 p.33). The Ambjörnsson (2003) outcome has guided us in our approach solely because our pre-understanding corresponds with what she has found in the teen-aged girls at school. We believe that young women (and men) mirror our time and communicate our society; we believe that there is no impasse between generations, though differences. Ambjörnsson writes, “Drawing on the last decades’ increasing media focus on young girls’ alleged bad body image, ... [the] ‘bad body talk’ is both a form of a social critique, and a way of defining and materialising feminine gender.” (p. 308) (translation of the author). Furthermore, she shows that the girls in her examined groups comprised the paradox idea that “those people who did not conform to norms ... were not seen as free individuals” (p. 209). This leads to a double binding, also noticed in the second paper in this thesis.

When looking at the women in general as a more dependent group of individuals than men are in general; their habit to ruminate becomes a more adequate reaction (cf. Nolen-Hoeksema, 2008, www.faculty.ucr.edu/~sonja/papers/NWLinpress.pdf). The burden of poor ability to manage problems effectively due to learned helplessness, low status, lack of control over life as well as unrecognized female work are factors that weight down when investigating women (Radloff, 1975; Jack, 1991).
On the interventions

Figure 4 overviews the project with its three studies; it introduces the reader to recognise the five papers to their original study.

**Study I** Art psychotherapy with women diagnosed with depression
10 sessions

**Study II** A pilot study of art psychotherapy with women with vulva vestibulitis
15 sessions

**Study III** Art therapy with women diagnosed with breast cancer
5 sessions

- **RCT. Quantitative analysis of IES, SCL-90, IIP, SASB and VAS and qualitative analysis of scribbles and words n=6**
  - Report 2
- **RCT. Quantitative analysis of IES, SCL-90, BDI & HRSD n=18 AT n=21 VT**
  - Report 3
- **In-depth qualitative analysis of two cases from Study I. n=2**
  - Report 5
- **RCT. Quantitative analysis of CRI n=20 AT n=22 CT**
  - Report 1
- **RCT. Quantitative analysis of SCL-90, SASB; Comparisons n=20 AT n=22 CT**
  - Report 4

**Figure 4. Studies, papers, interventions, participants, data, and method of analysis.**

Our idea of time in relation to depressed women (Paper III and V) were, that they were more liable to work therapeutically than the women were with vulvar vestibulitis (Paper II) as the latter diagnosis was suggested to be psychosomatic (Danielsson, et al., 2001; Frisch, et al., 1992; Bodden-Heidrich, Kuppers, Beckmann, Ozornek, Rechenberger, & Bender, 1999). The former group had been looking for psychotherapeutic help; the latter had not. They contacted the gynaecologist for their pains and hoped for a purely medical treatment. As they initially experienced the pain exclusively from the body, the psychotherapist's task became to some extent to motivate the six women to work in psychotherapy. We thought that the participants needed time to get familiar with the psychotherapeutic approach. The decision on time is primary issue in this thesis. The decision on five therapy sessions in the study on women with breast cancer (Paper I and IV), was due to the period of radiation treatment of breast cancer. The participants come from a vast catchment area and stayed near the hospital for a period of five weeks; during this period, it was possible to invite them to the study.

The practice of scribbling (Cane, 1983; Betensky, 1995) was less directive in comparison to the practice of analogue drawings (Edwards, 1987), at least how we used it in the breast cancer
study. However, the paper, whether it was pined on to the wall with the patient standing in
an up right position in front of it as in Study 1 and 2; or the paper was lying on the table and
patient sitting on a chair as in Study 3, the paper was a transitional phenomenon (Winnicott,
1971); the patient had always her preferential right to decide how to look upon it.

The scribbling as well as and the body outline, work on processing emotions and cogni-
tions and psychotherapeutic alliance. In all three studies, the patient had access to oil pastels,
and watercolours, lead pencils, charcoal, tape, scissors, paintbrushes, sheets of paper and
paper rolls during the sessions.

**Scribbling**

Thus, our hypothesis is that scribbling

- without aim, captures playfulness
- horizontally, awakens memories of lying, sexuality, dying, or swimming
- vertically, recalls standing, striving, walking
- with crossed lines, recalls focus, turn-taking, death, torture, Christianity
- The instructions share similarities with Body Awareness (Mattsson et al., 1995). This
  fulfils a function according to the main issue in this study as well as gives the therapist
  an opportunity to formulate a preliminary diagnosis based on the patient’s pictures and
  words.

Sklovskij (1917/1925) suggests that the chore of art is to delay the perception and hinder
that everything becomes familiar in this world. There is a correspondence between art and
art therapies at this point, to prolong perception. Besides, art is for the public and art psy-
chotherapy is made in relationship in a secluded art therapy room. The room is both in the
reality, and in a fictive one on the paper. Within it, the investigation and the organisations
take place with help of the patient’s emotions and cognitions. The work, the therapist in
relation with the patient with her pictures gives a number of possibilities. Forsberg (1996)
proposes, “No at beforehand given problem solves on the paper. The paper gives a possibility
to take in several pictures at the same time” (p. 3). (Translation by the author). Schaverien
(1992) describes art psychotherapy as follows: “…it is not the psychological processes which
are different from other forms of analytical psychotherapy, but the means of their becoming
accessible to consciousness” (s. 38).

The art psychotherapy that was explored in study 1 and 2 were based on psychoanalytical
art therapy (Schaverien, 1995) and the method of scribbling (Betensky, 1995, Cane, 1983).
This approach has its focus on the transference relation that is established between the patient
and the picture. However, a large-size paper pined on to the wall is advantageous because it
enables the patient to stand in front of the paper pined at the wall and thus allows her to
move freely during the scribbling. The individual is also asked to scribble with her eyes closed
to encourage a quiet state comparable to the “alert inactivity state” found in infants (Gezelius,
& Wiberg, 2000).

This approach is comparable to the interest for the human body that is held by other art
psychotherapists as well (Malchiodi, 2003, Luzzatto, 2003) psychotherapists (McDougall,
1989, Anzieu, 2000) and physiotherapists (Mattsson et al., 1995).
Conclusion

“Examination of a single common factor, the working alliance, convincingly demonstrated that this factor is a key component of psychotherapy. The alliance appears to be a necessary aspect of therapy, regardless of the nature of the name of the therapy” (Wampold, 2001 p.158).
AIM

General aims
The general research question of this thesis generates from psychotherapeutic artwork at the Psychotherapeutic Unit at the Psychiatric Clinic at Norrlands University Hospital, Umeå, Sweden. The general aim was to extend the knowledge of time-limited art psychotherapy in different settings and with a special concentration on the practice of scribbling. Circumstances orchestrated that this thesis is on women. Not that depression is only a female illness, but research show that depression is more frequent among women than men; thus, it seemed logic to invite them to participate in a study. Interdisciplinary collaboration opened up for two another female illnesses; hence, this is a thesis about art therapy on women. The time limitation is as follows

• Five sessions art therapy with women recently diagnosed with breast cancer
• Ten sessions art psychotherapy with women with depression
• Fifteen sessions art psychotherapy with women and vulvar vestibulitis

Specific aims

Study 1
PAPER III
This study examines if brief art psychotherapy is helpful for women with depressive problems. Since previous research has shown that brief verbal psychodynamic psychotherapy is efficient for various psychological disorders, this study compared the effects of brief art therapy with the effects of short-term psychodynamic verbal therapy.

PAPER V
The aim of the present study is to show the change in two depressed women in ten sessions of in time-limited psychodynamic art psychotherapy. The understanding of the changes is related to content analysis; an in-depth understanding of the creation of scribbles and amplification; the answer to the question “What-do-you-see?” and how to interpret the changes of emotions and cognitions attached to the scribbles and amplification

Study 2
PAPER II
The primary aim of this pilot-study is to investigate the effect of time-limited art psychotherapy in six young women diagnosed with vulvar vestibulitis. The first research question concerns a quantitative analysis of physical and mental health; well-being and experiences of self and others, measured before, immediately after and after three months after termination of art therapy; and investigate progresses over time in these variables. A second question is to investigate the qualitative analysis of the participants’ narratives in three semi-structured interviews and video-recorded art therapy sessions, and investigate pictures. A third question investigates if the quantitative and the qualitative analysis support each other.
**Study 3**

**PAPER I**

The aim of the present study is to describe the effects of a clinical applicable art therapy intervention program on coping recourses in women undergoing radiotherapy for breast cancer.

**PAPER IV**

The aim of this study is to investigate women’s psychological response to breast cancer; in as much life threatening as the diagnosis of breast cancer itself. The present study explores the psychological responses in terms of self-image and psychiatric symptoms in women with non-metastatic breast cancer participating in five sessions of art therapy; compared with a control group who did not receive art therapy.

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**Figure 5. A mind map for the different studies 1-3 and the papers I-V.**
METHOD

This thesis is based on two randomised clinical trials; the first study is on depressed women, and the third on women recently diagnosed with breast cancer. The second study, a pilot study, was offered to six women recently diagnosed with vulvar vestibulitis.

The presentation is made paper by paper. First are the methods reported, then the results, and finally there is a general discussion.

STUDY 1
Time-limited art psychotherapy on depressed women

Procedure and subjects

The data collection in this one-year study of scribble in time-limited art psychotherapy started in 2001 and ended 2003. Out of forty four (n=44) patients who agree to join, forty three (n=43) were randomly assigned either to verbal or to non-verbal psychotherapy. The result of this procedure was twenty-two (n=22) in the verbal and twenty-one (n=21) in the art therapy group. They were between 19 and 53 years of age (M=33.8 years; SD 8.75 years). The inclusion criteria was depression, anxiety and burned out syndrome and the exclusion criteria antidepressants and a general consideration if the patient would benefit from limited psychotherapy. At the inclusion, twenty-eight (63.6 %) participants were diagnosed with depression disorder according to DSM IV axis 1 by their doctors, and sixteen (36.4 %) participants had depressive symptoms and difficulties. The majority of participants were judged to have a neurotic personality organisation according to Kernberg (1981); four participants (22%) who received AT and three participants (14%) who received VT were judged to have BPO.

Dropouts

Internal dropouts, one (n=1) from the verbal and three (n=3) from the art therapy group. One of these drop outs was referred to long art psychotherapy within the same study. Thirty-nine (n=39) patients completed the study. Eighteen (n=18) in the art therapy group and twenty-one (n=21) in the verbal psychotherapy group.

Interviews

The two art psychotherapists in the study altered between being a psychotherapist and being an interviewer; all interviews were tape and video recorded. The assessments were performed before, immediately after, and finally three months after the termination of psychotherapy. The assessments included an interview (Kernberg, 1981) in order to judge the personality organisation of the participant before psychotherapy. A battery of self-reporting scales as well as one observer-reported were used. The observer-reported, Hamilton Rating Scale of Depression (HRSD), were completed by the interviewer at the three measurements and by the therapist after the first, fifth and tenth sessions.

Instruments

Personality Organisation (Kernberg, 1981). At the initial interview an assessment of the concept of personality organisation was undertaken, this assessment was repeated at the second
and third interviews. The majority of participants were judged to have a neurotic personality organisation. Four participants (22%) who received AT and three participants (14%) who received VT were judged to have a borderline personality organisation. None was found to have a psychotic personality organisation.

Impact of Event Scale (Horowitz, Wilner, and Alvarez, 1979). The IES is a self-rating scale that measures stress reactions after a range of traumatic events. The scores are divided into two patterns of reactions and behaviour: intrusion (I) and avoidance (A). In this study, we used cut-off scores as recommended. The scores below 8.5 on IES Intrusion and/or Avoidance are considered sub-clinical levels of distress; scores between 9 and 18 indicate a moderate stress level probably with clinical significance. Scores of 19 and above indicate severe effects of trauma.

Symptom Check List 90 The SCL 90 is a self-rating scale with 90 items developed by Derogatis, Lipman, and Covi (1973). The 90 symptoms are combined into nine subscales: Somatization, Obsession, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic, Paranoid, and Psychotic symptoms. The subscale of depression measuring the depth of depression and the Global Severity Index, the average of all ten subscales, measuring the general level of distress, are investigated in this study.

Beck Depression Inventory (Beck, Shaw and Emery, 1979). The BDI is a self-rating scale with twenty-one items, which assesses supposed manifestations of depression. Beck and Steer (1987) suggest the cut-off scores used in this study. BDI scores that indicate a minor depression are in the span 10-16, scores that indicate a moderate depression are in the span 17-29, and scores that indicate a severe depression are in the span 30-63.

Hamilton Rating Scale of Depression (Hamilton, 1960) The HRSD is an observer rating scale of depression with 21 items. A mean score of 50 might represent depression.

The psychotherapists
There were five therapist involved as psychotherapists; three verbal psychotherapists and two art psychotherapists. They were experienced in time-limited psychotherapy.

Treatment characteristics
The psychotherapies were psychodynamic, limited in time and they had a central theme (Mann, 1973). The verbal therapy was tape-recorded and the art therapy was tape-recorded as well as video recorded. The length was ten sessions of sixty minute’s for the art psychotherapy and ten forty-five minute’s sessions for the verbal. The extended time for art therapy was due to the arrangements when painting.

The instructions for art therapy were that the participants should always start with scribbling (Cane, 1983; Betensky, 1995) for 1-2 minutes with their eyes shut (Gezelius & Wiberg, 2000); and to scribble without aim, in principal horizontal, in principal vertical and let the lines cross; one instruction per session for the first four sessions and free scribbling the rest of sessions. Then the participant could scribble out of her own mind the following six sessions. After the scribble, the patient looked into the lines she just had made and let her emotions and cognitions pass (Sklovskij, 1917/1925); and out of them make an amplification of what she experienced. The hypothesis was that the patient unconsciously projected conflicts, defi-
cits and emotions in to amplification. Afterwards there was a dialog between the participant and the therapist. The instructions at hand were in order to remember the whole body (Englund, 2004, Luzzato, Sereno, & Capps, 2003).

Additional treatment
Antidepressants were prescribed to a few participants from their doctor during a phase of the study. In the AT group, one (n=1) participant received antidepressants during therapy and one (n=1) between termination of therapy and the 3-month follow-up, and in the VT group, three participants were on antidepressants during therapy (n=1) or between termination of therapy and the follow-up (n=2). Two participants in VT accepted Body Awareness as an additional treatment during psychotherapy.

Study 1; Paper III

Statistical analysis
The sample was parted according to the result of randomisation into a verbal and an art therapy group. The ratings of the BDI, SCL-90, IES, and the HRSD were analysed according to descriptive statistics, T-test and General Linear Model (GLM) repeated measures. The self-rating scales were analysed with GLM repeated measures. The participants’ ratings were entered as a within-subject variable and group was entered as a between-subject factor. The Statistical Package for Social Sciences was used.

Study 1; Paper V

Procedure and subjects
Two patients were chosen out of a stratified selection from the main study according to age, demographic and art expressions to exemplify the method of scribbling in the present case study. They have fictive names and are called Ann and Eve; their anamnesis is distorted. Their anamnesis below is taken from the interviews.

Ann is 33 years old. She is a student, lives together with a woman, and has a daughter of 5 years with another. Her childhood was uncertain due to little unity between her parents. Her grandparents on her father’s side lived nearby; they were important to her. She estimates that her problems started in some years ago in a previous former relationship. It was passionate and she had a baby. However, she broke up, as she felt monopolised. Now, she is depressed and suffers from feelings of having lost her identity as well as her confidence in herself because of the relationship.
Eve is almost fifty; she is the mother of three grown up children, and has one youngster of 8 years. She is a teacher. She has great problems in her relation to her husband; but she has no intentions to divorce him because she has lived alone earlier and felt abandoned. She has professional difficulties at school as well. She was born in Sweden, but grew up abroad. She is reluctant to her parents because of her childhood abroad as well as in Sweden. She feels lonely.

The information from the sessions was systematically prepared and computerised before content analysis. The pictures were photographed true to the original and transformed to text by a phenomenological approach (Betensky, 1995); recorded sessions were transformed to verbatim into Swedish, the analysed sentences were then translated into English, and the video-recorded sessions were looked at. Content analysis were made on all pictures and selected sentences estimated having a relation to the pictures. When looking at the pictures and reading the words the overall intention was to find the words being attached to the pictures.

Table 3. Logistic for pictures and verbatim from the sessions.

<table>
<thead>
<tr>
<th>Step</th>
<th>Scribbles and amplifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The phenomenon of the pictures is transferred into words.</td>
</tr>
<tr>
<td>2</td>
<td>Content analysis of the words describing the phenomenon in the pictures are made.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The words from the sessions are transcribed to verbatim.</td>
</tr>
<tr>
<td>2</td>
<td>Content analysis of the verbatim describing emotions and cognitions attached to the pictures are made.</td>
</tr>
</tbody>
</table>

Content analysis

The content analysis (Krippendorff, 1980; Down-Wambolt 1992; Graneheim & Lundberg, 2004) is interpretive and aims at finding the latent messages out of a manifest message. In Appendix 1 is the content analysis of pictures; i.e. the scribbles and amplifications, and in Appendix 2 the words “before” scribbling and “after” scribbling.
**Figure 6.** The different steps in the content analysis of a “meaning unit” based on a picture.

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Code</th>
<th>Category</th>
<th>Category</th>
<th>Subtheme</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>One picture constitutes a Meaning unit</td>
<td>The phenomenon on the meaning are transferred to words like a Code</td>
<td>The colours are Categorised</td>
<td>The elements are Categorised</td>
<td>The Sub theme hints what the meaning unit tells on a latent level</td>
<td>The Theme hints what a group of meaning units tell on a latent level</td>
</tr>
</tbody>
</table>

**Scribble 1**
- To be lines in the middle of the paper with no own space for each line.
- To be out of contact with other scribble units.

**Amplification**
- To be an unconnected line, a chopped off hand and a connected, a vulnerable butterfly.

**Scribble 1**
- A blue and a lilac scribble; brown space around

**Amplification**
- A green hand on blue and a red butterfly on black. Black watercolour on top of lilac scribble.

**Scribble 1**
- Entangled thorny and bended lines as outlines. Too many lines at same place or no lines at all. Unfilled space in the centre.

**Amplification**
- Two solitary objects: an outlined hand surrounding the scribble and butterfly within a scribble

**Scribble 1**
- Deals with her loss and entanglement

**Amplification**
- Explanation: The entangled butterfly

**Sub theme 1**
- Projects parts of her in two separate bunch of scribble in order to encounter her true Self.

**Sub theme 1**
- Deals with her loss and entanglement

**Amplification**
- Explanation: The entangled butterfly

The following steps are analysed in the content analysis; notice that the step of the “category” is parted into two steps, colours and elements.
Table 4. The different steps in the content analysis of “meaning units” based on sentences.

<table>
<thead>
<tr>
<th>Meaning unit Selected sentences from the verbatim</th>
<th>Code A condensed sentence; a conceptual label</th>
<th>Category The content of the sentence on a manifest level.</th>
<th>Subtheme The content of a sentence on a latent level.</th>
<th>Theme The content of several sentences on a latent level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before scribble (The sexual identity)... when I met my first girlfriend it was established...</td>
<td>To recognise one’s sexuality</td>
<td>To be processing one’s sexuality</td>
<td>Love</td>
<td>Processing her relations, other life events and her childhood; finding a good object to rely on.</td>
</tr>
<tr>
<td>I /.../was involved in some sort of bad pattern, which I did not notice (with a former girlfriend)</td>
<td>To have invalid pattern in a relation</td>
<td>To be aware of one’s bad pattern.</td>
<td>Not in contact with her feelings</td>
<td>Complementary partnership</td>
</tr>
<tr>
<td>In a way our bad patterns fit together After scribble ...after 3½ years, I was rather quite, introvert, and felt dreadful...</td>
<td>To act within a complementary relationship</td>
<td>To be acting within a bad pattern.</td>
<td>To be lost</td>
<td>Uncontrolled feelings</td>
</tr>
<tr>
<td>...I feel as if I am stuck... I am good in intellectualizing ...I can understand and talk a lot but I am standing outside myself ... And we got a very good contact and we talked a lot...and he died</td>
<td>To feel dreadful</td>
<td>To be without a direction in life</td>
<td>To be without Not in contact with her feelings</td>
<td>Imprisoned Not in contact with her feelings</td>
</tr>
<tr>
<td></td>
<td>To ruminate To intellectualize</td>
<td>To be left</td>
<td>Sorrow and regret</td>
<td>Separation anxiety</td>
</tr>
</tbody>
</table>
Ethics
The ethics review Committee of the Medical Faculty at the University of Umeå, Sweden, approved the project (§ 378/00).

STUDY 2; Paper II

Procedure and subjects
In this 1-year pilot study on individual time-limited (Mann, 1971) psychodynamic art psychotherapy with focus on the practise of scribbling (Cane, 1983; Betensky, 1995.) six (n=6) women participated in fifteen sessions of art psychotherapy. They were offered to participate as they sought help at the clinic for Gynaecology and Obstetrics at Norrlands University Hospital, Umeå. The inclusion criterion was a recently diagnosed vulvar vestibulitis and no treatment beforehand.

The participants called A, B, C, D, E and F were aged 18-25 years, the average age is 21 years (SD=2.56). One woman dropped out as she found that participation was not in line with her working schedule.

The measurements were performed before psychotherapy, immediately after psychotherapy and finally after another three months.

Available data from normative groups has been used as comparison to the ratings of this group of women. The ratings of Impact of Event Scale (IES) were compared to 62 women who have rated the scale without having related their ratings to any event or crisis (Lloyd, Watson, Waites, Meyer, Eeles, Ebbs, & Tylee, 1996). The ratings of the Inventory of Interpersonal Problems (IIP) were compared to 69 individuals who sought medical treatment at a medical centre (Alden, Wiggins, & Pincus, 1990). The normative data for Symptom Check List (SCL-90) are from 707 Swedish women (Fridell, Cesarec, Johansson, & Malling Thorsen, 2002). Furthermore, the ratings of Structural Analysis of Social Behavior (SASB) were compared to means from 52 individuals (24 men and 28 women) (Granberg, Armelius, & Armelius, 2001), and for the ratings of how the mother acted are comparative data available from a group of 20 individuals (8 men and 12 women) (Armelius, & Armelius, 1999).

Data were investigated qualitatively as well as quantitatively; the former aimed at an in-depth understanding of quantitative data from the ratings of scales.

Medical examination
A specialist doctor at the Clinic of Gynaecology and Obstetric diagnosed the participants and administrated the VAS pain scale before art therapy and three months after termination of therapy. Visual Analogue Scale (VAS) (Carlsson, 1983) is a self-rating scale on pain; the scale measures between 0-10 points.
Interviews
Data were collected before, after the psychotherapy, and at a 3-months follow-up. The semi-structured interview constructed for this study (Wikman, 2001) includes questions on the participants’ psychosocial situation, general health, coping strategies, and capacity to express feelings. The interview was tape and video recorded.

Instruments
Impact of Event Scale (IES). IES measures subjective experiences of crises on the scales of Intrusive experiences and Avoidance behaviour. Critical limits according to Horowitz Vilner, & Alvarez (1979) are 8.5 for a normal functioning individual. Individuals who have experienced trauma rate between 8.5 and 18, and those who have suffered from PTSD rate 19 or more.

Symptom Check List 90 (SCL-90). The SCL 90 is a self-rating scale with 90 items developed by Derogatis, Lipman, and Covi (1973). The 90 symptoms are combined into nine subscales: Somatization, Obsession, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic, Paranoid, and Psychotic symptoms. The reference group consisted of 707 women (Fridell, et al., 2002).

Inventory of Interpersonal Problems (IIP). IIP includes 127 items parted in 8 subscales that measure different aspects of individuals interpersonal functioning. A shortened version of IIP was used made by Alden, Wiggins, and Pincus (1990).

Structural Analysis of Social Behavior (SASB). With the instrument of the SASB (Benjamin, 1974), self-ratings were made on the self-image and the impressions on how mother and father acted to the responder when s/he was 5-10 years old.

The Inventory with focus on vulvar vestibulitis (Wikman, 2001) was constructed for this study; it includes questions on the pain of vestibulitis, sexual life and other activities of daily living.

The psychotherapist
The art psychotherapist was experienced also in time-limited psychotherapy.

Treatment characteristics
The art psychotherapy was psychodynamic, limited in time and had a central theme (Mann, 1971). The length of the session was sixty minutes. The art therapy sessions were tape and video recorded. The instructions for art therapy were that the participants were invited to start with scribbling (Cane, 1983; Betensky, 1995) for 1-2 minutes with their eyes shut (see Gezelius & Wiberg, 2000). Then they scribble without aim, in principal horizontal, in principal vertical and let the lines cross; one instruction per session for the first four sessions and free scribbling the rest of sessions. Then the participant could scribble out of her own mind the following eleven sessions.

After the scribble, the patient looked into the lines she just had made and let her emotions and cognitions pass (Sklovskij, 1917/1925); and out of them make an amplification of what she experienced. The hypothesis was that the patient unconsciously projected conflicts, deficits and emotions into the amplification. Afterwards there was a dialog between the partici-
pant and the therapist. The instructions at hand were to enclose the whole body (Englund, 2004; Luzzato, Sereno, & Capps, 2003).

**Methods of analysis**

*Qualitative data.* Analysis of the recorded narratives from the three semi-structured interviews was performed according to experiences of change in the social situation; symptoms of vestibulitis; coping strategies; and capacity to express feelings.

The participants’ art process was examined in relation to what was scribbled/painted de facto of colours, forms and movements in the picture; and how the elements were placed and how they related to each other.

*Quantitative data.* Data from the self-reported scales at three measure points were analysed for each participant by help of the comparative data from standardised normal values. The result was discussed according to each scale and its normative values.

**Ethics**

The ethics review Committee of the Medical Faculty at the University of Umeå, Sweden, approved the project (§ 123/02).

**STUDY 3**

**Time-limited art therapy on women with breast cancer**

*Procedure and subjects*

Data in this paper derives from a randomised controlled clinical trial called “Experiences in words and pictures of women with breast cancer”. It concentrates on mental health; the paper compares five sessions of brief art therapy intervention with a no psychological intervention control condition. The period of intervention is during five weeks of adjuvant radiation treatment for breast cancer. The inclusion criterion was that the participants were recently diagnosed with a primary breast cancer without distant metastasis; and exclusion criteria were dementia and severe psychiatric illness. The randomisation procedure made sure that both groups contained an equal number of participants who were treated with chemotherapy.

A convenient sample of one hundred and forty three (n=143) women responded to our invitation. Fifty-five (n=55) were interested to participate but thirteen (approx. 24%) women dropped out; five (n=5) assigned to the intervention group and eight (n=8) to the control group. The reasons for declining to participate were experiences of too much strain (n=7), disease complications (n=2) and dissatisfaction with the randomisation (n=4). Hence, forty-two women (n=42) participated; half of the participants (n=20) in the art therapy group and the remaining participants (n=22) to the control group.

Participants were between 37 and 69 years of age; six participants in each group were below 50 years. Data from one participant were incomplete and discarded. Hence, the analyses presented in this report were based on data from forty-one participants. Data from two previous studies served as comparison. The set of SASB data (Benjamin, 1974) was collected from female mental health workers (n=679) (Armelius, unpublished data) and the set of SCL-90 data (Derogatis, Lipman, and Covi, 1973) was collected from Swedish females (n=707) (Fridell, Cesarec, Johansson, and Malling Thorsen, 2002).
Demographic data

Table 5. Summarising groups, median age, civil status, and number of children, domestic children, mastectomy, chemotherapy, and hormone treatment

<table>
<thead>
<tr>
<th>Group</th>
<th>Median Age</th>
<th>Range</th>
<th>Civil status</th>
<th>Children</th>
<th>Mastectomy</th>
<th>Chemo-therapy</th>
<th>Hormone treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>59.5</td>
<td>37-69</td>
<td>Married</td>
<td>17</td>
<td>3</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>55</td>
<td>40-69</td>
<td>Single</td>
<td>16</td>
<td>5</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>37-69</td>
<td></td>
<td>33</td>
<td>8</td>
<td>35</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: Group 1 = Breast cancer patients who received art therapy (n = 20)  
Group 2 = Breast cancer patients who did not receive art therapy (n = 21)

Interviews

The two art therapists in the study, Inger Öster Karin and Egberg Thyme, altered between leading the art therapy sessions and interviews; all interviews were tape-recorded. They performed a thematic interview before art therapy, after two months after the first interview and finally six months after. The interview focused on perceived physical, emotional, and social experiences of self and other. At the first interview, the interviewers were blind to the result of the randomisation.

Instruments

Coping Resource Inventory (CRI) (Hammer & Marting, 1988). (CRI). The CRI is a self-rating scale, identifying resources present in individuals for stress managing. The questionnaire consists of 60 statements parted into five domains: cognitive, social, emotional, physical, and spiritual/philosophical domain.

Structural Analysis of Social Behavior (SASB) (Benjamin, 1974). The SASB is a self-rating scale with 36 items that measures perceived self-image. In the cluster version of the instrument, which is used in this study, the 36 items are grouped into eight clusters: Spontaneous and impulsive self, Accepting and exploring self, Self-loving, Helping and nourishing self, Controlling and restraining self, Accusing and blaming self, Self-hating, Ignoring and neglecting self. The three loving clusters (Accepting and exploring self, Self-loving, Helping and nourishing self) are grouped into the subscale of Attachment group of clusters (AG) and the three negative (Accusing and blaming self, Self-hating, Ignoring and neglecting self) are grouped into the Disruptive attachment group of clusters (DAG).

Symptom Check List-90 (SCL-90) (Derogatis, et al., 1973) The SCL 90 is a self-rating scale with 90 items that measures perceived symptoms. The 90 symptoms are combined into nine subscales: Somatisation, Obsession, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic, Paranoid, and Psychotic symptoms, and into a General Severity Index (GSI). In this study, GSI along with the subscales of Depression, Anxiety and Somatisation are used.

Treatment characteristics

The basic idea with art therapy was to let the paintings be a new mode of expression; let habitual as well as new chains of emotions and ideas be created in colours, lines, and forms (cf. Betensky, 1995). The art therapy was meant to encourage the participants to communicate
their feelings and thoughts in pictures and in word together with an art therapist. The material offered at all therapy sessions was oil pastels, watercolours, lead pencils, charcoal, tape, scissors, paintbrushes, sheets of paper and paper rolls.

The first session of art therapy focused on visualisation of feelings set up as analogue drawings (Edwards, 1987); that is to draw a stroke of a pen on an impulse after heard a read word.

The participant got a sheet of paper divided into 16 sections for the 16 word she was about to hear. The therapist then read 16 words loudly approximately every 10-th second; the words represented feelings, for example “love,” “hate” and “shame” or words such as “female,” and “male.” After each word, the participant drew a stroke with her lead pencil. Afterwards, she named each mark she made with the word it represented. Next, the woman was encouraged to choose one or several of her strokes responses to the red words and make one or several images.” Stern (1985) shows a “happy” line, a sad line, and an angry line (p. 67) to explain how the little child experiences perceptual qualities.

The second session focused on life-size body outline (Luzzato, 2003). The participant selected a colour for the therapist to use when she made her body outline on a large sheet of paper nailed to the wall. As this was done, the participant painted her different feelings in colours, figures, and forms within the outline expressing her feelings in the different parts of her body.

During the third and fourth sessions, the participant painted whatever she wanted in several pictures.

Taken together, final sessions formed a conclusion. The paintings made throughout the sessions were shown. The participant reflected upon the themes; and then she made a final picture, which aimed to summarize her experiences.

Adjuvant therapy
The randomisation procedure was stratified for chemotherapy but not for hormone or anti-depressive medication. In the intervention group and the control group nine (n=9) and ten (n=10), had had chemotherapy, respectively; seven (n=7) and ten (n=10) have hormones respectively.

The third medication of interest was antidepressants. As it was self-reported, this information may be incomplete. At the first, the second and the third measurement the number of antidepressants in the intervention group was four (n=4), two (n=2) and one (n=1) respectively and in the control group three (n=3), three (n=3) and three (n=3) respectively.

Statistical analysis
Data analyses were conducted using SPSS 11.5 for Windows (SPSS Inc., Chicago, IL, USA) in both papers. The results were continually evaluated and the proceedings were discussed among the researchers attached to the project.
Study 3; Paper I


Statistical methods

The analysis of group differences on the CRI were performed as well. The ratings of the CRI were analysed according to descriptive statistics and T-test. An analysis of the variances was performed (ANOVA) on the intervention group and controls regarding art therapy or not and on chemotherapy or not. A linear regression was made on the different domains in the instrument and for the total scored to investigate if the coping resources increased or decreased in either group from baseline to the third measurement.

Study 3; Paper IV


Statistical methods

The analyses of group differences on the SASB and SCL-90 are presented in tables. Changes over time were analysed using General Linear Model, Repeated Measure. Four hierarchical regression analyses were performed using the backward elimination method. The examination concerned whether Group (women who received art therapy/women who did not receive art therapy), age, psychosocial variables (marital status, parenthood, childrearing), different treatment modalities, and symptom ratings at the initial measurement contributed to the participants’ experience of symptoms of depression, anxiety, somatic symptoms, and GSI at Measurement 3.

The ethics review Committee of the Medical Faculty at the University of Umeå, Sweden, approved the project (§ 386/00).

Ethical considerations

The ethics in psychotherapy is strong. It should be conducted as a moral practise with regard to its specific context; not to the hospital context per se. The participants have given their informed consent according to Helsinki declaration. Special ethical considerations have also been taken according to the crisis of the participants especially with women with breast cancer. One has to have in mind that art therapy may be trying as well as an advantage. To protect the participants’ names in the case studies they have been changed and facts are distorted.
RESULT

Study 1; Paper III

The outcome of short-term psychodynamic art therapy compared to short-term psychodynamic verbal therapy for depressed women.

Stress-related symptoms

When the participants rated their psychological stress reactions on the Impact of Event Scale (IES), they were asked to specify stressful events during the past seven days. Participants reported ordinary life events such as personal loss, injury, interpersonal conflicts, and unsuccessful personal strivings at work or studies.

Table 6. Ratings of intrusive reactions (IES Intrusion) before therapy (Mmnt 1), at termination of therapy (Mmnt 2) and at 3-month follow-up (Mmnt 3)

<table>
<thead>
<tr>
<th>group</th>
<th>Measurement 1</th>
<th>Measurement 2</th>
<th>Measurement 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>IES Intrusion</td>
<td>AT 18</td>
<td>22.89 (8.78)</td>
<td>17.44 (9.25)</td>
</tr>
<tr>
<td>VT 21</td>
<td>20.38 (7.06)</td>
<td>16.43 (8.90)</td>
<td>16.19 (9.51)</td>
</tr>
</tbody>
</table>

Table 7. Ratings of avoidant reactions (IES Avoidance) before therapy (Mmnt 1), at termination of therapy (Mmnt 2) and at 3-month follow-up (Mmnt 3)

<table>
<thead>
<tr>
<th>group</th>
<th>Measurement 1</th>
<th>Measurement 2</th>
<th>Measurement 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>IES Avoidance</td>
<td>AT 18</td>
<td>18.78 (8.18)</td>
<td>10.61 (8.45)</td>
</tr>
<tr>
<td>VT 21</td>
<td>16.62 (9.15)</td>
<td>11.67 (7.64)</td>
<td>8.14 (5.97)</td>
</tr>
</tbody>
</table>

Table 6 and 7 show that the intrusive reactions persist on a high level at the third measurement, in contrast to the scores of avoidance that approximated normality.

Depressive symptoms and GSI according to the SCL -90

In table 7, the mean scores on the SCL-90 subscale depression and the General Severity Index (GSI) obtained at three measurements from the AT and VT group are shown. As a comparison, data from a group of normal females (n=707) (Fridell, Cesarec, Johansson, Malling Thorsen, 2002) are included.

Table 8. Ratings of depressive symptoms (SCL-90) before therapy (Mmnt 1), at termination of therapy (Mmnt 2) and at 3-month follow-up (Mmnt 3) in comparison to a group of normal females (n=707)

<table>
<thead>
<tr>
<th>group</th>
<th>Mmnt 1</th>
<th>Range</th>
<th>Mmnt 2</th>
<th>Range</th>
<th>Mmnt 3</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean (SD)</td>
<td></td>
<td>Mean (SD)</td>
<td></td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>AT 18</td>
<td>2.19 (.74)</td>
<td>2.39</td>
<td>1.53 (.88)</td>
<td>3.31</td>
<td>1.48 (.76)</td>
</tr>
<tr>
<td>VT 21</td>
<td>2.27 (.63)</td>
<td>2.54</td>
<td>1.17 (.92)</td>
<td>3.08</td>
<td>1.08 (.81)</td>
<td>2.92</td>
</tr>
<tr>
<td>C.gr. 707</td>
<td>.72 (.74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSI</td>
<td>AT 18</td>
<td>1.46 (.55)</td>
<td>1.55</td>
<td>1.10 (.55)</td>
<td>1.94</td>
<td>1.01 (.45)</td>
</tr>
<tr>
<td>VT 21</td>
<td>1.36 (.49)</td>
<td>1.77</td>
<td>.77 (.60)</td>
<td>2.12</td>
<td>.75 (.59)</td>
<td>2.12</td>
</tr>
<tr>
<td>Cont. group</td>
<td>707</td>
<td>.49 (.44)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A t-test for independent groups indicated that there was no significant difference in level of depression and the GSI between the two groups. However, the average participant in both treatment groups scored higher compared to the group of normal individuals.

To examine if treatment accounted for a decrease in depressive symptoms, a GLM for repeated measures was computed as well as for GSI; i.e. the subscale scores from SCL-90. Depression were analysed as a within-subject variable and group was entered as a between-subject factor.

**Depressive symptoms according to the BDI**

Table 8 presents the average participants’ level of depression, as measured with the Beck Depressive Scale (BDI) before therapy (Mmnt 1), at termination of therapy (Mmnt 2) and at 3-month follow-up (Mmnt 3)

**Table 9. Ratings of depressive symptoms (BDI) before therapy (Mmnt 1), at termination of therapy (Mmnt 2) and at 3-month follow-up (Mmnt 3).**

<table>
<thead>
<tr>
<th></th>
<th>Mmnt 1</th>
<th>Mmnt 2</th>
<th>Mmnt 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
<td>N</td>
<td>Mean (SD)</td>
<td>Range</td>
</tr>
<tr>
<td>BDI</td>
<td>AT</td>
<td>18</td>
<td>22.00 (7.49)</td>
</tr>
<tr>
<td></td>
<td>VT</td>
<td>21</td>
<td>22.00 (7.55)</td>
</tr>
</tbody>
</table>

Table 8 shows that after therapy the groups’ mean scores were in the span of a minor depression, 14.44, and 13.38 respectively. Finally, at the follow-up, the mean BDI scores suggested a strong decrease of depressive symptoms in both groups.

**Observer-rated depressive symptoms according to HRSD**

To get an observers’ opinion on the depressive symptoms of the participants two observers rated the same participant three times each. At measurement 1, 5 and 6 the interviewer rated and at measurement 2, 3, and 4 the therapist rated the depressive symptoms.

A GLM analysis was computed to examine a possible decrease in the observer-rated depression over time. Thus, HRSD ratings were analysed as a within-subject variable and group (AT/VT) was analysed as a between-subject factor. Due to one missing observations in the AT group and one in the VT group, the GLM for HRSD was computed based on a smaller sample (n=37).
The observer ratings of the art psychotherapists are remarkably low at the second and third measurement in comparison to the ratings of the interviewer (Mmnt 1) and to the ratings of the verbal therapists at the same time points. This explains as an effect of the method. The communication is through the paintings, information of symptoms from body-and-mind come in due time during therapy.

**Summing up.** All GLM made on the self-rating scales followed the same tendency but for IES Intrusion. The intrusive scale of IES was only significant on within-subject effects. The other scales: the IES avoidance, the SCL-90, and the BDI show decreased symptoms over time significant as well as within-subject effects. The observer-rating scale shows the same tendency as the self-rated scales; the data of HRSD agree on the self-rating scales.

Results showed that art and verbal psychotherapies were comparable, and at follow-up, the average participant in both groups had few depressive symptoms and stress related symptoms. The conclusion was that short-term psychodynamic art therapy could be a valuable treatment for depressed women.
Study 1; Paper V
The entangled butterfly and the blue cactus. Two case studies on time-limited psychodynamic art psychotherapy.

Summary of Ann’s and Eve’s psychotherapies
In this summary the paintings presents in turn. As the content analysis showed phases the pictures are presented according to these three phases in therapy. Out of the ten sessions Ann and Eve produced scribbles and amplifications from nine each. Ann talked her fifth session and Eve her tenth. If there is no disadvantage for the context, the pictures and amplifications will be called pictures.

The scribbles were always made with crayons; with a colour of one’s own choice. The numbers, letters, and instructions under the pictures indicate the order in the session and art material. The citations from the sessions with Ann and Eve are marked with italics in the text. A content analysis of the pictures and the words are presented in Appendix 1 and 2.*

ANN’S PSYCHOTHERAPY

Phase 1

1,1a Without aim 2,2a Horizontally 3,3a Vertically 4,4a Crossing lines

Phase 2

6,6a 7,7a 8,8a
Summary of Ann’s therapy
Ann has been referred to the study from a medical centre. She is in despair; she can neither sleep nor study. She has no energy, and she feels as if she is a bad mother and that worries her. She is a lesbian and she blames all her troubles on her earlier relationship. She had her little girl in that relation. She feels as if she lost her confidence and her self-esteem in that relationship. Her scribbles and amplifications are parted from the beginning. As an answer to the question, “What-do-you see”? she sees a cut off hand and an entangled butterfly. She manages to overcome the space between her scribbles the first time with some help of the therapist. In the second session her scribble and amplification is ambiguous. Partly she is delighted that she makes lilac when scribbling with blue and reddish colour; and the simple lines of the flower on top but (this she tells in the end of the therapy) she sees also a grave with a flower on top. Next time she scribbles, she cannot overcome the space between the two clusters. She was disconsolate when the session was over. She could not support herself when processing the picture. Next time, the scribble starts with her not scribbling crossed lines following the instructions. Yet, she processed the visual perception of two energetically painted clusters leaning towards each other and made a yellow boundary around the scribble. This is a turning point (Böhm 1992; Carlberg 1999). Further on during her art psychotherapy she investigates her inner objects. She discovers her inner object and learns what they stand for. She discovers her creativity like room inside herself.
EVE'S PSYCHOTHERAPY

Phase 1

1, 1a Without aim  1b  2, 2a Horizontally  2b

Phase 2

2c  3 Vertically  3a  4, 4a Crossing lines  4b

5, 5a  5b  5c  6, 6a  6b

7, 7a
Phase 3

Figure 9. Eve’s scribbles and amplifications in session 1-10. Amplification with oil pastels but for 5b and 5c. Those are made with watercolours.

Summary of Eve’s therapy

Eve’s has been separated a lot from her parents during childhood and youth as the family lived abroad: She and her siblings attended boarding school far from home.

Eve’s scribbles and amplifications (Figure 16) are pale and scattered all over the paper from the beginning. When being asked “What-do-you-see?” she tells she has made a safe place for her to act from. She tells about her different trauma and difficulties in life. She has handled them in her own way. Eva had felt that none listens to her; she has guided herself as good as she has been able to. She is processing her bad relationship and in the second session (Figure 2, 2a, 2b, 2c) and she gets in contact with her anger. The following session the scribble is gathered in the middle of the paper and she works on her relation to her parents (Figure 3, 3a, 3b). She gets insight in her way of dealing with her problems, being afraid of others and doing mischief in revenge. In the fifth session (Figures 5b, 5c) when she gets the question What-do-you-see”? She works on a sexual abuse she experienced before ten years of age and on how her mother who denied and minimized what had happened. In session 7, she works on a medical abortion at seventeen that also set feelings free in relations to her parents. She feels unhappy and when working on the abortion she feels devastated. In the eighth session, the crucial question show that she works on how she want to be, and she gets an insight in how she relates to her mother as well as to other people, and how she would like to relate. She finishes her therapy making a complete form in the middle of the paper as well as she takes advantage of the paper.

The therapy is regarded as too short as Eve in the last session tells the therapist that she has medicated with antidepressant during therapy. This acting out of her is not worked on, as time is too short.
Study 2; Paper II
Art psychotherapy with women with vulvar vestibulitis

The expansions in scribbles and amplifications

The common tendency was that the scribbles and amplifications grew and took advantage of the paper in pace with psychotherapy. The pictures from session 1 and 15 show this change. Participant E on both occasions had the instruction to let her breathing be an engine for the movements of her arms.

Figure 10, 1st session

Figure 11, 15th session

Figure 10 from session 1 showed an original thick zigzag scribble in blue and pink. The left one got after that a wavy round line with small circles within, and over the right scribble an upside down U with little circles on one level under the valve was painted. A sun was added to the scribble to the right. E told that this was the apple tree at her grandmother’s; the only still living in the older generation. The ghost expressed fright and the sun was a natural part of the picture. In her fifteenth session (Figure 11), the participant used her arms fully; both in a vertical as well as a horizontal direction. After the questing “What-do-you see?” E saw a body with its picture in a mirror. When the lines were amplified with crayons and water colours there were an orange coloured women seen from the front and a blue coloured one from the side. The arms connected the two bodies. According to E, the women were self representations. The orange one was open to the world and the blue one hided her personality, but at the same time the blue one represented friends who support E.

The figures 12 and 13 show another tendency in the six participants’ work with scribbles and amplifications. The lines and forms expand from a bit stiff, cautious and in search of forms to more flowing and powerful lines. A third tendency is that the pictures show a framework, exemplified by C’s scribbles made in the first, fourth, and fifth sessions (Figure 12, 13 and 14).
Besides, these figures 12, 13 and 14 show transformations in distance between the forms on the paper. The scribble of figure 10 is C’s first scribble and the instruction was to use the breathing as an engine. The picture shows a green heart to the left and a red one with a blue boarder to the right. The red heart is split at the bottom. C thought that the split revealed “thinking of oneself (green)” and “thinking of others” (red). The red heart with two thorns described C’s Janus faces, one turned to the outside and one turned to the inside. C wished for one heart that could contain both colours. In figure 13, from session 4, the instructions were to let the lines cross each other. The scribble was made by a grey scribble in the left hand and a black one in the right and was painted on big parts of the paper. When the scribble deepened with the amplification after the question “What-do-you-see?” the participant C took watercolour and painted three blue triangles in the middle of the painting. Then she put an orange colour within the areas of two black lines around the blue triangles. Finally, she put a green colour on the right body and red colour on the left one. The green colour returned on the left side of the red. Participant C saw that the big body had a tear of blue colour under the right eye and she said that the body cries. However, she told that the tear was a tear of love because the big body loved the little one very much. At the following session, C scribbled without instructions; she used a green and a lilac crayon. She answered to the question “What do you see?” that she saw two bodies in the scribble. She used watercolours and started to colour the right face at first and the left afterwards. The left body became blue and the right one green. C comments on the two bodies were that they were equal this time compared to earlier sessions (figure 14) and that they showed each other something they carried in their arms.

The capacity to relate to the symptoms of vestibulitis and to express feelings.

Before the art psychotherapy, the group of five felt bad when they felt the symptoms, and they thought that the symptoms showed that something was missing them and that they would never feel all-right. Most of them stated that the symptoms were less intrusive when they felt content. Participant B felt the pain as a punishment, and she felt more pain when she was happy. Immediately after the art psychotherapy the large group reported that they less often felt pain of vestibulitis. Participant B thought that her life would be much better
without her pain. At the 3-month follow-up, some of the women in the lager group expressed that the symptoms of vestibulitis were not that bad any longer and that the pain was not that central any longer; they thought it was important to feel content inside themselves. In general, it seemed easier to talk about them now. It was easier to express feelings in words. B still had her symptoms of vestibulitis and they were worse when she felt all-right.

The results of the instruments used in this study will be summarized up but for the SCL-90 that will be presented more in details. The scales are the IES, the IIP, the SASB (self), the SASB (“How mother related to you at 5-10 years of age” and “How father related to you at 5-10 years of age”); The results of IES showed that four participants had more “avoidant behaviour” and “intrusion reactions” than recommended, and that two participants were truly stressed. The result indicated that the scales measuring “exploitable” and “overly nurtur-ant” were issues that were more sensitive than the others. In the scale of the SASB (self) the participants did not differ from the normative group; however, they had a better self-image immediately after therapy than before therapy and this continued at the follow-up. On the scales showing parental actions at 5-10 years of the SASB the participants apart from B scored high on the negative clusters and low on the positive ones. B-s ratings were a par with the normative figures.

**Symptoms according to the SCL-90**

**Table 10. Ratings of the SCL-90 at measurements before, immediately after and three months after termination of art psychotherapy in comparison with Swedish normative ratings.**

<table>
<thead>
<tr>
<th>SCL-90 Subscales</th>
<th>Normative ratings</th>
<th>Mmnt 1 Before</th>
<th>Mmnt 1 After</th>
<th>Mmnt 3 3 months follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpers. sens</td>
<td>.55</td>
<td>.91</td>
<td>.44</td>
<td>.69</td>
</tr>
<tr>
<td>Hostility</td>
<td>.39</td>
<td>.39</td>
<td>.27</td>
<td>.25</td>
</tr>
<tr>
<td>Paranoid</td>
<td>.41</td>
<td>.44</td>
<td>.17</td>
<td>.63</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.56</td>
<td>.67</td>
<td>.30</td>
<td>.65</td>
</tr>
<tr>
<td>Phobic</td>
<td>.16</td>
<td>.10</td>
<td>.11</td>
<td>.25</td>
</tr>
<tr>
<td>Somatization</td>
<td>.49</td>
<td>.71</td>
<td>.45</td>
<td>.69</td>
</tr>
<tr>
<td>Depression</td>
<td>.72</td>
<td>1.13</td>
<td>.51</td>
<td>.96</td>
</tr>
<tr>
<td>Psychotic</td>
<td>.23</td>
<td>.32</td>
<td>.10</td>
<td>.13</td>
</tr>
<tr>
<td>Obsessive</td>
<td>.65</td>
<td>1.07</td>
<td>.40</td>
<td>1.08</td>
</tr>
<tr>
<td>Other symp.</td>
<td>*</td>
<td>.74</td>
<td>.62</td>
<td>.89</td>
</tr>
</tbody>
</table>

* föreligger ej

Table 10. shows that the participants in this study differ from the normative group with high means of “Interpersonal sensitivity,” “Somatisation,” “Depression,” and “Obsessiveness” at the first measurement. At the second measurement immediately after psychotherapy intervention data are more comparable with the normative group, but at the 3-months follow-up the means are similar to the initial scores. A slight reduction might remain from the measurement immediately after therapy in the scales of “Interpersonal sensitivity” and “Depression.”
Summing up the results. The patients with vulvar vestibulitis had a too short psychotherapy. Even if they had progressed during therapy, their retention to progress was not stable. However, they have caught something they call a “distance to their pain”, which made them freer in relation to themselves at the 3-month follow-up.

**Study 3; Paper I**

*Results on the CRI*

The aim with this paper was to describe how individual art therapy influence on coping resources measured by Coping Resources Inventory. The intervention was performed during five weeks of radiation treatment for twenty participant (n=20) in an intervention group, and twenty-one in a control group. The statistical analyses showed that the women in the study rated comparable with women in a normative group (Hammer & Marting, 1988). The results indicated that the intervention group rated significantly higher in the social domain at both the second and third measurement.

![Figure 15](image15.png)

**Figure 15. Comparisons of results in the social domain (SOC) between the study group (n=20) and the control group (n=21) on the first, second and third measurement.**

Furthermore, the total score was higher at the second measurement for the intervention group than the control group.

![Figure 16](image16.png)

**Figure 16. Comparisons of the total scores between the study group (n=20) on the first, second and third measurement.**
Summing up, the women who participated in the art therapy intervention group rated their coping resources higher, especially their social resources than the control group. The result remained even when the result was controlled for chemotherapy.

The linear regression analysis showed a not significant tendency of increasing ratings of the intervention group in all five domains as well as in the total score. For the control group there were not significant lower ratings in all domains but for the physical; the ratings were indifferent there.

**Study 3; Paper IV**

Individual brief art therapy can be helpful for women with breast cancer. A randomised controlled clinical study

*Results on the SASB and the SCL-90*

According to SASB, both groups of women, the intervention group and the control group, had a self-image similar to a group of health workers. (n=679) (Armelius, unpublished data). Thus, the women’s global perception of themselves seemed to be unaffected by the cancer.

In addition, both groups had approximately the same amount of depression, symptoms, anxiety, and somatisation symptoms as a group of generally healthy female individuals (n=707) (Fridell et al., 2002).

**Table 11. Ratings of depressive symptoms, anxiety, somatic symptoms, and general distress using the SCL-90.**

<table>
<thead>
<tr>
<th>Measurements</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>n</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>.59 (.54)</td>
<td>.50 (.57)</td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>.59 (.48)</td>
<td>.61 (.57)</td>
</tr>
<tr>
<td>3</td>
<td>707</td>
<td>.72 (.74)</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>n</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>.42 (.46)</td>
<td>.33 (.41)</td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>.49 (.44)</td>
<td>.49 (.48)</td>
</tr>
<tr>
<td>3</td>
<td>707</td>
<td>.56 (.54)</td>
<td></td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>n</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>.52 (.50)</td>
<td>.59 (.65)</td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>.75 (.72)</td>
<td>.83 (.77)</td>
</tr>
<tr>
<td>3</td>
<td>707</td>
<td>.49 (.48)</td>
<td></td>
</tr>
<tr>
<td>GSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>n</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>.35 (.31)</td>
<td>.32 (.31)</td>
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<tr>
<td>2</td>
<td>21</td>
<td>.39 (.29)</td>
<td>.40 (.31)</td>
</tr>
<tr>
<td>3</td>
<td>707</td>
<td>.49 (.44)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Group 1 = Breast cancer patients who received art therapy (n = 20)
Group 2 = Breast cancer patients who did not receive art therapy (n = 21)
Group 3 = Female comparison group (n = 707) from Fridell et al., 2002

*At Measurement 3, Group 2, which is the group that did not receive art therapy had significantly higher ratings of depressive symptoms, anxiety, somatic symptoms, and also significantly higher GSI ratings compared to the group who received art therapy (p < .05)
The patients' general severity symptom (GSI) level was also a par with the comparison group.

However, the group of women that received art therapy showed a decrease in symptoms over time, while the symptom level for the group who did not receive art therapy remained on the same level. Thus, at the third measurement, the group who received art therapy showed a significant decrease in depression ($p=.002$), anxiety ($p=.009$), somatic symptoms ($p=.049$), and in GSI scores ($p=.005$) while the group who did not receive art therapy showed no significant change in symptoms.

Relations between art therapy/no art therapy, perceived symptoms, psychosocial variables, age, treatment modalities, and self-image

To examine whether Group (women who received art therapy/women who did not receive art therapy), age, psychosocial variables (marital status, parenthood, childrearing), different treatment modalities, and symptom ratings at the initial measurement contributed to the patients' experience of symptoms of depression, anxiety, somatic symptoms, and GSI at Measurement 3, four different hierarchical regression analyses were performed. The analyses were performed using the backward elimination procedure.

The first analysis examined the relation between the regression model and depressive symptoms. Thus, the more depressive symptoms a patient had at the first measurement, the more depressive symptoms she had at the third measurement. Having received mastectomy predicted higher depressive symptom ratings than having received lumpectomy, and chemotherapy predicted lower ratings. Not being a parent and belonging to the group that received art therapy predicted lower ratings of depression at Measurement 3.

In the second multiple regression analysis, the same regression model was used to predict anxiety. The result indicated that the more anxiety a patient had at the first measurement, the more anxiety she had at the third measurement. Axillary surgery and hormonal treatment predicted higher ratings of anxiety at Measurement 3. Belonging to the group that received art therapy predicted lower ratings of anxiety at Measurement 3.

The third MRA analyzed the relation between the regression model and somatic symptoms. There were only two variables that contributed significantly to the model, somatic symptoms and group. This result suggested that the more somatic symptoms a patient had at the first measurement, the more somatic symptoms she had at the third measurement. Patients who belonged to the group who received art therapy experienced fewer somatic symptoms at the third measurement compared to those who did not receive art therapy. Neither the psychosocial variables nor cancer treatment modalities seemed to have an impact on the patients' somatic symptoms.

The final analysis examined the relation between the regression model and the women's general psychiatric symptoms as measured with GSI. The result indicated that the more GSI a patient had at the first measurement, the more GSI she had at the third measurement. Axillary surgery and hormonal treatment also predicted higher symptoms. Belonging to the group that received art therapy predicted lower ratings on the GSI.

Summing up, the hierarchical regression analyses suggested that art therapy was related to lower ratings of depression, anxiety, and somatic symptoms, as well as a lower level of gen-
eral symptoms after treatment. Chemotherapy and not being a parent were related to lower ratings of depressive symptoms and general symptoms while axillary surgery and hormonal treatment were related to higher levels of general symptoms.
DISCUSSION

“What do you see”? The answers to this question provide a starting point for the patients´ therapeutic processes in the sessions of art making; it provides also a starting point for seeing the patients´ therapeutic art processes in our two practices of the art method. This question is crucial, as it is the main thread throughout all three studies and makes them comparable. The therapeutic fundament for both methods is the phenomenological approach (Betensky, 1995; Merleau-Ponty, 1972).

The main results focused on the quantitative outcome:

• After ten sessions of psychodynamic art psychotherapy, the women with depression reported fewer depressive symptoms immediately after art psychotherapy compared to before psychotherapy; and they reported even fewer symptoms over time. Observer-rated depressive symptoms showed a similar decline.

• After five sessions of art therapy, the women with breast cancer improved their coping resources over time compared to the patients in the control group. Their social resources were significantly higher in comparison to the control group over time.

• After five sessions of art therapy, significantly lower ratings of depression, anxiety, and somatic symptoms and less general symptoms compared to the control group; observed among the women with breast cancer reported.

• After fifteen sessions of art therapy, the ratings on the subscale of “interpersonal sensitivity” and “depression” from six women with vulvar vestibulitis maintained on a lower level over time.

The main results focused on the qualitative outcome:

• After ten sessions of art psychotherapy, an in-depth analysis of the pictures and words showed how different the aetiology of depression could be; observed in the two women in the case study.

• After ten sessions of art psychotherapy, an in-depth analysis of the pictures and words showed that it seemed as if the scribbles and amplifications rather than the words paved the way for progress.

• The processes of the in-depth content analysis exemplified by two depressed women and the processes of the women with vulvar vestibulitis resemble one another. The pictures transformation; how the patients´ words altered in connection to the pictures; and how the patients related to the pictures and themselves in a new way show that the result is comparable. The process found in the in-depth analysis suggests to have taken place among the women with vulvar vestibulitis as well.

• When leaving therapy the women took advantage of the paper, made complete forms, symbolised in words what they have expressed in pictures; in pace with psychotherapy the themes alter towards vitality, separation, and individuation.

In our first study, we compared time limited art psychotherapy with verbal time limited psychotherapy; our results are in line with previous psychotherapeutic research; there are no dif-
ferences. Thus, we conclude that the therapeutic relation plays a decisive role. “Examination of a single common factor, the working alliance, convincingly demonstrated that this factor is a key component of psychotherapy, the alliance appears to be necessary aspect of therapy, regardless the nature of therapy” (Wampold, 2001, p.158).

Reynolds, Nabors, and Quinlan (2000) report in a meta-study on art therapies. They found 17 studies; their conclusion was that the design made it difficult to compare the outcome, as in other meta studies, but that art therapy was useful in general. Green, Wehling, and Talsky (1987) made a randomised study. They compared art therapy with verbal therapy with the same amount of sessions as we did. The difference in outcome between the groups of chronic psychiatric patients was that those who participated in art therapy improved significantly in their attitudes to self and to others. Besides those differences, the outcome was comparable.

A general finding across studies is that the patients gain a better capacity to regulate their affects, which relates to an improved regulation of the self (Fonagy, Gergely, Jurist, and Target, 2004); this progress we found in the in-depth analyses of Ann and Eve as well. This means that they increased their ability to recognize their feelings and to discriminate when there were several at the same time. We agree with McWilliams (1994), and state that the depressed patients process her negative emotions and cognitions. In this connection, we return to our results in our in-depth analysis; we emphasise how different the aetiology to depression is. We suggest that, as far as we understand, Ann becomes helpless when she in her teens discovers her attraction to her own sex; she feels different and alone. On Eve’s behalf, we propose that the foreign environment of her childhood has had an impact on her depression. Her emotional reaction is that she feels different and alone.

We make the conclusion that if women in general are inclined to become depressed (Üstün, et al., 2004); women with breast cancer and women with vulvar vestibulitis are at high risk to either become depressed for the first time or relapse into depression. Burgess et al. (2005) report on the risk for women with breast cancer to become depressed and Cylinder et al. (2003) report that women with vulvar vestibulitis are at risk too.

In our study on women with breast cancer, (Egberg Thyme, Sundin. Wiberg, Öster, Åström, Lindh, in press)), we found that at least seven patients (17%) reported that they medicated with antidepressants at the first measurement. At the final, six months later, three women in the intervention group had stopped medication, only one medicated, in the control group three still medicated. Even if the research team was focused on the women and their capacity when we discussed different variables, we neglected the data that showed that a number of patients medicated with antidepressants. Our neglect may be one consequence of the complicity of a life threatening diagnosis (cf. Andræ, 1994). Earlier, and there is no contradiction in that, however unknown, we speculated if those 24% of women (n=13) who dropped out might be those who were more distressed than others were and at risk to become depressed.

Another common reaction in women is to ruminate. That leads to the perception of a poor ability to manage problems effectively, which aggravates the depressive process (Nolen-Hoeksema, Larson, Grayson, 1999). However, self-reflection counteracts rumination (Nolen-Hoeksema, Wisco, Lyubomirsky, (2008). The impact of rumination suggests having an avoidant function and can lead to depression, as well as keeping the depression on stage. They
mean that rumination is a process of thinking on one’s problems more than a response style; it leads to pessimism and negative attitudes. This may in turn lead to social isolation in the end and that will fuel the depression further. This is what happened to Ann and Eve (paper V). Ann showed in her first picture (Figure 8:1,1a) how she understood herself as an “entangled butterfly” and as a “cut off hand.” Her words attached to the picture were about her situation; she ruminated. Still she suffered the injustice she had felt in an earlier relationship. She tells about her situation and she realises that even if she had talked about it, she cannot leave it behind. “It is as if I have been in this damn soup far too long” (session, 3 lines 2). Eve talks a lot of her relationship to others; she has great difficulties to leave unpleasant situations and feels often misunderstood; then she thinks of the situation repeatedly. Her comments: “...I am so sick of it, sick of everything” (Session 6 line 688).

Nolan-Hoeksema et al. (2008) point out that if rumination does not simply lead to depression; they have found associations to other forms of mental problems such as anxiety, binge eating, and drinking as a way to avoid the real problems. Signs that we interpreted as signals on rumination to master depression, we found in the outcome of the group of depressive women (paper III). The two patterns of reactions and behaviour termed as intrusion (I) and avoidance (A) of the IES showed that the scores of avoidance decreased. Before art therapy the average member of the intervention group was at the boarder of being much stressed (18.78 [SD 8.18]) and three months later she was a par with the key value of 9 (10.83 [SD 8.19]). Nolen-Hoeksema and co workers suggest that distraction and positive appraisals are a way of getting away from rumination; and we understand that art therapy encourage to a positive appraisal through the awakened vitality affects (Stern, 1985).

The outcome illustrates the intrusive reactions or “flashbacks” as still active in spite of less avoidant behaviour. Before therapy the intervention group scored above 19 (22.89 [SD 8.78]) which indicate severe effects of trauma. Three months after art therapy the group scored lower, but still the scores show reactions of stress (16.22 [SD 7.67]). As intrusive stress reactions mostly decrease linearly with the avoidant behaviour (Sundin, & Horowitz, 2003); we suggest that these symptoms will decrease over time as symptoms of depression have decreased. However, it can also be an indicator that the therapy intervention was too short.

The information, the self-rating of the pain of the vulvar vestibulitis and the patients stories in the interviews, indicates that the experiences of the pains have mitigated. In line with other researchers (Danielsson, et al., 2001; Bergeron, et al., 1997), the explanation might be connected to a general experience of distress; the feelings of distress might have been affected in a positive direction of the art psychotherapy. We understand that the teamwork between the clinic of gynaecology and obstetrics and the psychotherapist was important for the patients to believe in the approach. Other researchers meeting women with vulvar vestibulitis have also made this observation (Danielsson, et al., 2001; Sellgren, et al., 2000; Nylander Lundqvist, & Bergdahl, 2003).

The new modus of art gives new energy to work in therapy whatever reason for therapy. Mattsson et al. (1995) compared body awareness and treatment as usual. They found that working with the body “...increases the ability to gain from verbal therapy by activating the patient’s vitality and control and thereby speeding up the integrating process of the crisis” (p. 109). We suggest that they are talking about vitality affects (Stern, 1985). He describes that there are many forms of feelings and that they are best captured dynamically or in
kinaesthetic terms. He uses terms as “explosive” or “extracted”; we suggest that painting encourages the patient to express feelings in this way. In the content analysis of Ann and Eve the most compelling is that, they are processing emotions all the time. Not only when the picture expresses a long forgotten memory (Figure 8:3 and 8:7,7a) in the past but also when it emanates from the present situation (Figure 7:1, 1a). Of course, we do not regard the different scribbles ever isolated from the past; we are true to our conviction that the picture is a transitional phenomenon (Winnicott, 1971); hence, the patient has the priority to decide what it is about. Damarell (2007) show how a therapist can talk about pieces of art therapy sculptures or paintings. “Notions of the inside and the outside [in a sculpture or a picture] take on different quality associated, I suggest with haptic (touch) sense that informs and gives depth to our perception of space. Negative and positive space, tension, dynamic, object(s), texture, surface and forms are all terms that are not exclusive to sculpture but nevertheless find a uniquely power[ful] expression through that medium” (p. 23). A picture or a sculpture per se may be powerful but in the therapeutic setting, the transference gives it a life of its own, this is called the life of the picture (Schaverien, 1992).

In the paper on women with breast cancer (paper IV), we encounter them in their fears and strength in the statistical regression analysis. The four analyses that were made showed how the patients reacted on their treatment. They showed that art therapy related to lower ratings of depression, anxiety, and general symptoms; chemotherapeutic treatment and not being a parent predicted lower depressive symptoms. In contrast, axillary surgery and hormonal treatment predicted higher ratings of anxiety and general symptoms. This showed that the variety of treatments all related to the treatment of breast cancer was experienced emotionally. This suggests to show that they value each treatment in an existential perspective (Luzzatto et al., 2003; Badger, Braden, Mishel, & Longman, 2004; Burgess, Cornelius, Love, Graham, Richards, & Ramirez, 2005; Hanson Frost, Suman, Rummans, Dose, Taylor, Novotny, et al., 2000). Furthermore, the result of the regression analysis suggested that creative expressions give the personal somatic symptoms a form and a colour instead of the somatic or depressive symptoms (cf. McDougall, 1989). Our tentative interpretation is that the togetherness in actions and reflections in art making are playing a necessary role. It is promoting for the participants process of understanding herself and her current situation (Sugerman, 2006).

The picture in art psychotherapy is a process as well as a product (Englund, 2004); thus, we advocate the standing position to embrace the body in this process. The third step of the picture is discovering it as “the life in the picture” and “the life of the picture” (Schaverien 1995). A fresh scribble, at least for a while is new for the spectator. Sklovskij (1917/1925) advocates a delayed perception in order not to familiarise art but let it surprise before it is symbolised emotionally and cognitively; and labelled. We agree with his line of thoughts in the art approach in this thesis. Not a new psychotherapeutic approach; but we want to highlight the minutes after the painting is made; when the patient and the therapist are tuning in the phenomena on the paper. It is easy for either to rush to run the phenomena and start talk, neglecting the fragility of the newborn quality of picture and as such regard it as a turning point (Böhm, 1992; Carlberg, 1999).

In all three studies, art therapy has worked over time whether the focus has been on the practise of scribbling as in the study 1, and 3 or on themes of emotions in relation to the body outline as in study 2. Leichsenring, Rabung, and Leibing, (2004), inquiries about research in
the in-depth processes of short-term psychodynamic psychotherapy (STPP) to find the active ingredients. Our suggestion is that in time limited psychodynamic art psychotherapy adds to the processes of emotions, and cognitions the visual and spatial dimensions.

We notify that the amount of sessions are less in comparison to most other studies in time limited psychotherapy (Svartberg, Stiles, & Seltzer, 2004; Maina, et al., 2005). Leichsenring (2001) and Leichsenring, et al., (2004) report on meta-analysis on depression and found that there are no significant differences between STPP and CBT (cognitive-behavioural therapy) /BT (behavioural-therapy). We regard the STPP in our setting as equal to those reported by Leichsenring and propose that art psychotherapy is a method comparable with its verbal correlate.

With the approach, we want to show that the practise of scribble and body out line, process emotions, influenced as we are by Stern (1992, 2004) and Nathanson (1989). We believe with the neuro psychoanalysts (Matthis et al., 2006; Chiozza,1999) that emotions run every system of the body and mind. The feelings are the glue that holds the body and mind together (Pert, 2008). Pert argues that “The body is the unconscious mind! Repressed traumas caused by overwhelming emotions can be stored in a body part, thereafter affecting our ability to feel that part or even move it” (p.141). Perhaps she is right that all the hidden processes in the body act according to feelings. However, that is outside our research question in this rapport.

Conclusion

The originality of the thesis is that I have elaborated time limited psychodynamic art psychotherapy and art therapy in different settings of women. Furthermore, I have elaborated the time limitation in art therapy, and compared art psychotherapy with verbal psychotherapy. Finally, an in-depth analysis of scribbles, amplifications, and words attached to the pictures are accomplished. For future research in art psychotherapy, there are data based on long-term art psychotherapies from Study 1 to explore and report on.

The main approach in this study is medical, but for the in-depth analysis, that is a conceptual approach to psychotherapy research (cf. Wampold, 2001). A “medical approach” is that we used RCT design on psychotherapeutic process; according to Wampold it is not possible; he suggests a conceptual approach. An approach that is in line with psychotherapy and its fundament and not instrumental. Still, the combination of quantitative and qualitative designs I believe, will add knowledge to art therapy.

I regard the patients in the different studies representative for women in the northern parts of Sweden; in as far as, patients in a medical setting are and in as far as, there is always an imbalance in selection of patients. There are those who a predominantly negative attitude to the therapy, those who feel too broken-hearted for research, and those who do not feel for research studies at all. Nevertheless, the demographics of the women in the different studies, show a variations amongst those who have participated.

The therapists in the different studies were representative; all were competent and experienced professionals. They were younger, older, single, and married; all had children.

The quality of treatment is dependent of the psychotherapists (cf. Wampold, 2001); hence, the allegiance to the method is in this respect an asset to the outcome if not traditionally in terms of research. Wampold writes, “It was shown previously that allegiance to the therapy
was important. It is now clear that the particular therapist delivering the treatment is absolutely crucial, adding support for the contextual model of psychotherapy” (2001. p. 202).

One approach to time limited psychodynamic art therapy has been systematically explored in this thesis. The approach has grown to a model (Figure 16). The arrows in the model suggest the processes in art therapy within an extended body; the body of the psychotherapeutic setting as well as the bodies of the patient as well as the therapist. The transference is located in the squared part of the octaed. The remaining arrows show the processes between different positions in art therapy.

However, the processes are more complicated than that (cf. Schaverien 2000); observed, explored, and described in the different papers in this thesis. The in-depth analysis of paper V is the paper that comes closest to the core of art psychotherapy supported by the analysis of the pictures and words of the women with vulvar vestibulitis (paper II); still, the other three show complicated processes in another dimension in order to get hold of them as well.

Forsberg (1995) explains the complicated processes in a semiotic perspective on the art therapy room. There is the real room, and the room of the paper, and the imaginative room painted on the paper to regard and take in consideration. Whether the room is real or imaginative, it might be different if the room is in a psychiatric clinic or being a studio elsewhere.

I suggest that one can look upon art therapy as presented in Figure 16. I suggest further that the octaed describes “the present moment” like in the writings of Stern (2004); and Englund (personal message, 2007) has confirmed the presence of a moment-to-moment dimension in the scribble as it is performed in this study as we have used scribbles an amplifications and worked out of the present moment with reference to the past.

Figure 17. An octaed describes “the body” of art therapy; the nonverbal and the verbal within a imaginary as well as the real room on the paper.
This is the end of my kappa. Now, I return to my position as a clinician looking upon the systematic approach that the researcher in me has done during the last years. In a way, this thesis opens the closed room of the psychotherapy; showing a little what happens in the triangle of the patient-psychotherapist-picture with its manifest and latent content. I recognise the intrusive part of research knowing that that was necessary to come near the core of art psychotherapy. Now, I leave my research for the time being feeling some anxiety to make the pictures and words born in a personal relation public.
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van Deurzen, E (Verbal communication; lecture in Umeå, Sweden March 2008).


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