

THE THERAPEUTIC USE OF IMAGERY AND FOCUSING:
A PHENOMENOLOGICAL CASE STUDY FOR
MENTAL HEALTH NURSING

by

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DEDICATION

To my client-collaborator

Sarah

We have no reason to mistrust our world, for it is not against us. Has it terrors, they are our terrors; has it abysses, those abysses belong to us; are dangers at hand, we must try to love them. And if only we arrange our life according to that principle which counsels us that we must always hold to the difficult, then that which now still seems to us the most alien will become what we most trust and find most faithful. How should we be able to forget those ancient myths that are at the beginning of all peoples, the myths about dragons that at the last moment turn into [princes]; perhaps all the dragons of our lives are [princes] who are only waiting [for us] to see [them] once beautiful and brave. Perhaps everything terrible is in its deepest being something helpless that wants help from us.

Rainer Maria Rilke
Letters to a Young Poet

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CHAPTER I

INTRODUCTION

Background of the Study

Throughout history two separate traditions have existed side by side in the practice of medicine. One tradition, the psychological art of healing, has largely been practiced through sympathy and intuition. The second tradition, technological-scientific medicine, evolved from primitive surgery and pharmacy (Grossinger, 1980). An interaction of the two approaches provides each tradition those elements which are otherwise lacking.

Today, each of the disciplines, psychology and medicine, requires its own specialized techniques and difficult training. This specialization has instigated controversial viewpoints to arise concerning the priority of each approach. Those who practice the psychological art of healing may postulate "mind is all" and that the practice of technological medicine is an inadequate approach. Those who follow the tenets of mainstream scientific medicine may assume that psychological techniques are ineffective and unnecessary.

Despite these contrasting outlooks of practitioners, a need still exists to employ both medical science and psychological art in treating patients. Intellectually, our minds may make judgments which

split the physical from the mental aspects of our bodies; our bodies, however, do not distinguish the physical and mental dimensions. For example, in our bodies, change may occur by assimilating pharmaceutical agents into our chemistry or change may come through the senses, how we emotionally feel about something, or the meaning we attach to it. Mental health nurses have long recognized the importance of emotional components in health care. They realize that problems of mind and emotion are capable of seriously affecting bodily function, and that the converse is also true.

The healing powers of the mind, as enhanced through imagery, body-felt awareness, and creativity are being explored by many authors in medicine, psychology, and anthropology (for example, Achterberg & Lawlis, 1980; Brown, 1980; Grossinger, 1980; D. Jaffe, 1980; McMahon & Hastrup, 1980; Pelletier, 1977). Professionals in these fields are recognizing that self-awareness techniques enhance medical technology in promoting physical and emotional well-being. As early as 1970, nursing theorist Rogers noted that we can no longer

view man's mind as a thing apart from the reality of his psychophysiological being and propose that this is man. Nor does one cross this bridge by identifying "mind" as an expression of neurological functioning. . . . Human beings are characterized by mass, structure, function, and feelings. They are not disembodied entities, nor are they mechanical aggregates. They are identifiable in their totality. They behave as a totality. (1970, p. 46)

In this study, two psychological frameworks are used which demonstrate how to integrate inner and outer environments as well as mental and physiological components. Jung's analytical

psychology offers a comprehensive framework from which to understand the transformative changes involved when an individual's inner imagery and feelings are valued in addition to his or her external life situation. In addition, imagery has a powerful impact when used with focusing (a body-felt sensing technique), according to psychologists Gendlin (1980) and Olsen (1975). Corresponding with Gendlin (1981a, 1981b), reviewing focusing literature, and employing focusing techniques in therapy during the past three years led the author to decide to study both imagery and focusing as modalities to enhance the therapeutic process. The case material evoked from a client's use of these techniques will be used as data for this research.

An academic and experiential background emphasizing nursing, symbolism, imagery, emotions, and body-felt awareness as related to healing, provides the impetus for this research. Work with the Jungian, symbolic approach has emphasized that a merely intellectual interpretation is never satisfactory; the expressive, feeling value is equally important in a healing process. Thus, a client's healing not only involves experiencing the emotion connected with a particular image, but also understanding the expressed meaning of that image. This researcher's interest in spontaneous art imagery (described in the literature review) was first explored in Switzerland in 1979 at the University of Lausanne Psychiatric Clinic and at the Jung Institute. Since that time, it has been frequently used with clients.

Statement of the Problem and
Research Rationale

The purpose of this research is to demonstrate the effects of imagery and focusing as methods which were developed to facilitate fluidity between unconscious and conscious processes (through physiological as well as psychological means) and thereby promote emotional integration. This phenomenological case study represents an effort to formulate questions to be researched in later, extended clinical investigations. It is directed toward improving the care of patients by emphasizing the importance of the individual's inner images, emotions, and bodily-sensed feelings as well as the dynamic relationship between inner and outer processes. Through a client's unfolding process, this study will exemplify integrative changes which occurred in the imagery of a client. In addition to the client's subjective self-report, further understanding of the case material is provided by the researcher-therapist's and collaborative-experts' commentaries.

In reviewing the literature, one finds that considerable research in the psychological field has shown that integrative techniques, such as imagery and focusing, may facilitate healing through uniting conscious and unconscious elements. Jungian-oriented authors postulate that symbolic imagery processes promote healing (for example, Jung, von Franz, Perry, Hannah, and Whitmont). According to Gendlin and Olsen, through focusing one is able to make contact with a special, integrative bodily-awareness, as well as get in-touch with life patterns unfolding from within.

Lazarus states that ignorance in psychophysiological research is due to inadequate methodology and that "we need to focus far more on process and less on structure" (Shapiro, Benson, Chobanian, Herd, Stevo, Kaplan, Lazarus, Ostfield, & Syme, 1979). He also suggests that such (process) research needs to be supplemented with an ipsative (intraindividual) approach in which individuals are studied in-depth. Shapiro reminds us that the use of global concepts, such as emotion, in research studies, causes confusion. He recommends, instead, a systematic, descriptive assessment of the response patterns reflective of discrete inner emotional states (Shapiro et al., 1979).

Newman (1979) draws parallels in nursing similar to Lazarus and Shapiro. She comments that because nursing research, in general, does not assess the intraindividual changes, it can offer little information regarding intraindividual trends. She advocates that nursing should investigate ways to promote change without losing sight of the complexity of the real-world situation of client and practitioner:

At least at this stage of nursing's knowledge, we need to be able to identify changing intraindividual patterns, it may well be that we will learn more by taking a closer look at fewer cases over time than by looking at many cases at one time. . . . and thus provide information about intraindividual change in a changing world.

Another potential value of the techniques of imagery and focusing is in their use as self-help methods with patients undergoing treatment. Utilizing such self-help models with a physically-ill person may increase self-awareness and mobilize inner strength

to enhance the healing process. If nurses become familiar with imagery and focusing experiences and instruction, these self-help methods have the possibility of reaching many patients in varied settings. The importance of self-awareness or consciousness in conjunction with health is emphasized by Newman:

a view of health as the totality of life process . . . encompasses disease as a meaningful aspect. In this context, the goal of nursing is not to make people well, or to prevent their getting sick, but to assist people to utilize the power that is within them as they evolve toward higher levels of consciousness. (1979, p. 67)

A need exists for nursing research to demonstrate intraindividual processes and to show that techniques such as imagery and focusing are effective in promoting emotional integration. An intensive, concentrated focus such as provided by the case study method will allow this researcher to perceive subtle cues, contingencies, or patterns of response which may be overlooked in a more generalized approach. An in-depth, intraindividual approach, moreover, has the potential of bringing into mental health nursing a fuller appreciation of the patient's own subjective experience.

Clinical Research Questions

The following clinical questions were formulated as the study progressed.

1. Will the client's unfolding, symbolic process be evidenced in imaginative dialogues and spontaneous art?

2. Will art-focusing facilitate the client's understanding of her spontaneous drawings?
3. Is the client's subjective understanding of her process similar to the therapist's understanding of the process?
4. What evidence of changes in patterns or themes may be demonstrated by a client's spontaneous art?
5. Do art images portray physical changes as well as psychological changes? (In other words, do the images document the somatic changes taking place in the body as well as in the mind?)
6. Are transformative changes sequential and more ordered over time or does a different type of pattern manifest itself?
7. Are the techniques of imagery and focusing associated with a loosening of the client's restricted affect and a wider range of emotional expression?

CHAPTER II

RESEARCH AND THEORETICAL LITERATURE REVIEWS
AND CONCEPTUAL FRAMEWORKResearch Literature Review

This research literature review cites process documentations, as well as research and methodological designs relevant to this study. Particular emphasis is placed on literature sources which describe the use of active imagination and spontaneous art. The value of the phenomenological case study approach is supported by several authors.

Related Studies

We want both to understand how the event is unique and how it is a manifestation of something more general. The concentrated exploration of a unique event facilitates both kinds of understanding. (Keen, 1978, p. 30)

In terms of research design, there is now beginning to be a renewed interest in alternative methods for a scientific inquiry based on qualitative methodology (as distinguished from the quantitative methods and goals of present-day experimental research). The research herein is qualitative in its description of inner process. Although at the present time, there are a limited number of models directly applicable to this type of research, there have been a few which were quite supportive in formulating the design of this study.

Olsen's (1975) doctoral dissertation, The Therapeutic Use of Visual Imagery and Experiential Focusing in Psychotherapy, serves as a beginning, phenomenological study regarding the use of visual imagery in clinical settings. Olsen's research confirms the assumption, held by many clinicians, that imagery is effective in mobilizing significant material. Future research, addressing itself to the refining of imagery-focusing training, is suggested in the conclusions. Olsen's research supports the thesis that imagery and focusing should be an essential part of clinical practice.

Client case studies and therapeutic-process documentations provide useful formats for exemplifying the use of imagery techniques and the process of particular types of clients. The most pertinent example is psychiatrist Perry's (1976) Roots of Renewal in Myth and Madness: The Meaning of Psychotic Episodes. In addition to giving an account of difficulties of persons in a chronically regressive state, he presents a profound, in-depth description of retreat into the acute schizophrenic state and the consequent renewal process which is possible in high-arousal or visionary states. Using a Jungian approach, Perry depicts the self-renewal process in the schizophrenic personality by describing clients' actual inner experiences and case protocols. He then correlates the personal experiences with the myth and ritual forms of ancient civilizations. In this way, he demonstrates that in a depth (archetypal) process, personal experiences may be connected with broader analogies to bring

understanding and meaning. In order to retain the individuality of the client and remain sensitively attentive to the client's explanation of his or her own process, Perry uses clients' art images as portrayals of their inner states. Thus, subjective self-report and personal imagery productions are the vehicles implemented to enhance healing and evidence the renewal of the personality.

Another illustrative source comes from the lecture series The Visions Seminars wherein Jung (1976) describes the personal images of one client, Christina Drummond Morgan (co-author of the TAT test). These "lectures were about the development of the transcendent function out of dreams and actual images which ultimately served in the synthesis of the individual" (Jung, 1976).

Kalff (1980), in a Psychotherapeutic Approach to the Psyche: Sandplay, portrays a method whereby contents of the imagination can be made visible. Kalff's case studies show that when a child creates scenes in a sandbox with toy figures, the inner emotional situation is portrayed. Kalff posits that this symbolic approach enhances therapy by freeing the block between conscious and unconscious, thereby promoting the growth process and further development.

Wadeson's (1980) text on Art Psychotherapy deals specifically with using art therapy for the affective disorders, schizophrenias, neuroses, and addictions. This comprehensive work includes 150 illustrations with commentaries by both clients and therapist. In addition, Weaver's (1973) The Old Wise Woman: A

Study of Active Imagination, and Hannah's (1981) Encounters with the Soul: Active Imagination as Developed by C. G. Jung, are also relevant sources. (Both of the latter texts are addressed again within the theoretical literature review section.)

As always, true-to-life case material continues to be an enlightening source from which to understand the richness of the human condition. This is exemplified by such classical case studies as: Adler's The Underground Stream (1972), Allport's Letters from Jenny (1965), Binswanger's "The Case of Ellen West" (1958), Breuer and Freud's "The Case of Anna O." (1893-1895/1955), Cole's Children of Crisis (1967), and White's Lives in Progress (1975).

Phenomenological Case Study Rationale

The methodological standpoint which I represent is exclusively phenomenological that is it is concerned with occurrences, events, experiences--in a word, with facts. (Spiegelberg, 1972, p. 131 [citing Jung])

Individuals researching the "science of" or the "art of" healing find that contrasting methodologies are needed for each approach. Omery (1983) suggests that complementary methodologies (scientific, quantitative, and experiential, qualitative) are significant in promoting nursing research and practice. Unbiased scientific methods which prove or disprove accepted tenets are needed to advance nursing research. However, severe limitations on the knowledge generated for nursing practice may be imposed, if nurses are required to investigate human phenomena within only statistical parameters.

Nursing, by and large, has been identified with the "art of" healing which is compatible with a humanistic approach and the view that human experience is holistic and meaningful (Rogers, 1970). Gendlin (1962) reminds us that phenomenological research methods were inspired by humanistic psychology and existential thinking. Therefore, the aim of phenomenological research primarily has been to promote the understanding of human beings especially in the realm of meaning. (This research for meaning is also emphasized in Jung's psychology [Jung, 1965]).

Phenomenological research studies accept experience as it exists in the subject. Generalities or duplication of behavior is not sought, although duplication or global concepts may be shown by similar meanings being related to concrete experiences. The phenomenological approach promotes understanding of a client's process in terms of felt-meaning, thus enlivening the description of human experience. This method overcomes the research problem of how to relate concepts to the client's experience without distorting it.

The case study method is a rich methodological source for both therapists and medical practitioners who need philosophies and techniques which will allow them to answer clinical research and evaluation questions. Case studies pioneer new ground and are often sources of fruitful hypotheses for further study. In this way, the exploratory nature of the case study plays an important role in uncovering unexpected variables, processes, and interactions which deserve more extensive attention. The in-depth study of representative cases often

reveals and generates novel, potentially valuable hypotheses that could not have been discovered in a larger, more controlled, random sample type of investigation.

It is particularly within a case study design that one may revise hypotheses on the basis of observing small, unexpected occurrences, either during the research or after it has been completed. The importance of developing hypotheses and designs which are more consistent with the needs of individuals is emphasized in Allport's thesis:

Why should we not start with individual behavior as a source of hunches (as we have in the past) and then seek our generalization (also as we have in the past) but finally come back to the individual not for the mechanical application of general laws (as we do now) but for a fuller and more accurate assessment than we are now able to give? I suspect that the reason our present assessments are now so often feeble and sometimes even ridiculous, is because we do not take this final step. We stop with our wobbly walls of generality and seldom confront them with the concrete person. (1962, p. 407)

The intensiveness of the case study offers the opportunity to gather data which may negate a universal relationship or law.

Many clinician-researchers are becoming increasingly discontent with data and methods that obscure individual clinical outcomes in group averages (Frey, 1978). But if results are to be employed in a manner which benefits the individual, then the questions or hypotheses which give rise to those results need to originate from the individual, the specific and concrete. Only in this way will we achieve the advice of letting "the question pull methodology and not have methodology pull research questions" (Frey, 1978, p. 268).

Wolf (Wolf & Goodell, 1970) notes that

The inability to establish a standardized stimulus situation, or to measure the emotional significance to an individual subject, or to predict from the experiences of one individual the effect on another, has caused discontent and frustration among investigators and has even caused some to dismiss as unimportant the original observation. (p. 13)

Practitioners also need some method of monitoring and evaluating the ongoing progress of their clients throughout the therapy process. In gathering clinical data, Isaac recommends using the semistructured interview approach which provides "the opportunity to probe for underlying factors or relationships which are too complex or elusive to encompass in more straight-forward" questioning approaches (1971, p. 96). (The research study, herein, is consistent with the semistructured approach through employing the vehicles of imagery and focusing combined with subjective self-report to explore the client's image-emotion process.)

At times the case study has been discounted as a potential source of scientifically validated inferences because of threats to internal validity. However, the internal validity of self-recording and self-report may be inferred if the research employs an across-time assessment of a client's process (as is done in the present study). Subjective self-report (or self-recording) is a realistic, reliable dependent measure for clinical use. According to Nelson (1981), several advantages are offered the clinician through self-recording: (a) it is an inexpensive, practical source of data; (b) for certain activities in this research, it is the only readily available

procedure; (c) many responses for this study are not observable to anyone else except the subject; and (d) self-recording helps identify variables in a clinical research investigation as they develop, variables which cannot be preconceived prior to their actual appearance. The face validity of self-recording and self-report as dependent variables is supported by Lazarus (Shapiro et al., 1979).

Further support for the case study method is given by Isaac in the following provocative thesis:

Another strong argument for the informal approach to scientific research is presented by Arthur Koestler in his scholarly work The Act of Creation [1964]--a comprehensive documentation of the thesis that discovery, invention, and originality whether in science, technology, or the arts is remarkably unsystematic, unforeseeable, and "accidental."

All of this is reminiscent of the Persian fairy tale of the Three Princes of the Isle of Serendip (Ceylon) who periodically would sally forth on to the mainland in search of one thing or another. While they never fulfilled any of their intended missions, they always returned with other discoveries or experiences even more marvelous. Hence, the term serendipity--the finding of valuable or agreeable things not sought for. (1971, p. 178; emphases in original)

In summary, the advantages of the case study lie in its holistic, phenomenological, and idiographic approach (which relates to or deals with the concrete, individual, or unique); its exploratory nature; its ability to generate and reveal the novel; its allowance for revisions in methodology based on the uncovering of unexpected occurrences; its ability to challenge universal assumptions; and its intensive focus yielding underlying, complex and elusive, factors or relationships.

In terms of this specific research, it is hoped that it will, as do the better case studies, meet the canons for any good work of

science in being systematic, complete, valid, reliable, ethical, amenable to replication, and open to logical analysis (Frey, 1973). The goal of this research and the case study method is to describe in detail the pattern or interrelation of the variables which are active in a particular concrete instance. That is, the shifts, transformations, or changes over time within an individual are suitable goals for study by the case study method. The following statement by Jungian author von Franz is relevant for such an exploratory, descriptive inquiry:

There can be no technique or method and no arbitrary therapeutic goal to which the [therapist] aspires. It is a question rather of seeking to understand the specific energetic trends toward healing and growth in each individual patient, in order to strengthen them through participation by consciousness and to assist their breakthrough into the conscious life of the patient. (1975, p. 88, emphasis in original)

Theoretical Literature Review

In comparison to the methodological literature, there is a wealth of theoretical literature appropriate to the present research study. Literature applicable to this study can be derived from nursing theory, anthropology, mythology, alchemy, and Jungian analytical psychology, as well as other contemporary psychological theories and practices. Jungian analytical literature explains the therapeutic use of spontaneous art and active imagination, the symbolic approach to healing, and the importance of the emotional component when working with imagery. Additional literature describes Gendlin's

focusing technique, its use in therapy, and the increased therapeutic effectiveness of imagery when used with focusing.

Imagery from Pre-History to Present-Day

Evidences of healing through imagery exist in pre-history, the Greek civilization, the Middle Ages, and present-day Hopi Indian culture. For academic psychology, imagery became a popular tradition at the turn of the twentieth century. At that time, William Wundt, the father of modern experimental psychology, maintained that all thought processes were accompanied by images (Kosslyn, 1980). In 1913, John Watson documented behaviorism's rejection of the notion that mental events were an appropriate subject matter for psychology with his article "Psychology as the Behaviorist Views It" (Watson, 1913). Since the 1950's there has been a reemergence in the use of imagery within psychology and medicine. Jungian theory has long designated imagery as an important technique to link conscious and unconscious processes; and, recently a physician-psychologist team has named imagery as a bridge of the body-mind (Achterberg & Lawlis, 1980).

The power of healing through imagery, having its roots in pre-history, is evidenced by the cave paintings of Lascaux, France. These paintings are believed to have had a ritual function; for example, a successful hunt was insured if the spirit-image of the animal could be portrayed prior to the actual hunt. Other cave images picture men wearing animal masks; anthropological theory postulates

that such paintings depict tribal shaman-magician-healer figures. The shaman, in putting on the mask (image), became one with the animal and, thereby, gained power over it (Samuels & Samuels, 1975). In an anthropological essay entitled "Hopi Indian Ceremonies," Sekaquaptewa (1976), himself a Hopi, describes the function of the mask-image in the Indian culture as a means to bring the spiritual inner reality and the outer secular worlds together.

Beliefs in the healing power of dream imagery are described by Jungian psychiatrist Meier in his book, Ancient Incubation and Modern Psychotherapy (1967). Meier traces the fundamentals of modern healing back to the Greek civilization and the cult of Asclepius, the divine physician. The incubation cures, which were practiced for over 500 years, were effected by the patient sleeping within religious, Asclepian sanctuaries in order to receive healing dreams or visions. Although this particular incubation ritual was for the cure of body illness alone, Asclepius as the god of healing cared for all realms--the mind, body, and soul. Body illness and psychic deficit were, for the ancient world, an inseparable unity. Kerenyi (1959) explains that the core of healing in incubation rites was the belief in the necessity of the divine physician to cure the divine sickness. Sickness, for classical man, was a divine action vested with dignity; within the sickness itself was the healing power. (This same theme seems to return in Gendlin's premise that only the body can know what the--emotional and/or physical--problems are and how best to cure them.)

Paracelsus, a Swiss physician and alchemist, also believed that a healing power dwelled within man. Whitmont (1980), in Psyche and Substance, comments that "medieval alchemists held that man was a microcosmic replica of the macrocosmos of nature . . . every disturbance of health is a cry for the remedy" (p. 10). Hartman, in Paracelsus: Life and Prophecies (1973), attributes to Paracelsus the idea that "the power of the imagination is a great factor in medicine, it may produce diseases in man and it may cure them" (p. 29). Thus, images not only create the illness or disturbance in physical or emotional health, as a way of signifying a need, but the self-same entities, images, can lead to the cure of the illness they created.

The uses of imagery by psychologists are described by a former APA president in his article "Imagery: Return of the Ostracized" (Holt, 1964). Quoting contemporaries, Holt explains that the American revolution in psychology has always fluctuated between extremes. He notes that much attention was paid to the use of imagery at the turn of the century, until the first world war. After that time, the use of imagery was ostracized, especially with the advent of Watson's behaviorism. Such central concepts as imagery and states of consciousness were cast aside. Imagery reemerged as being considered an important element in the 1950's, along with the new emphasis on the merits of dream interpretation and research with people who had undergone sensory deprivation experiences (such as

prisoners of concentration camps and cosmonauts). Holt concludes by noting that clinical observation can make important contributions to the understanding of imagery.

As an indication of the resurgence of interest in imagery, the uses of imagery techniques are extensively reviewed by 15 authors in The Power of Human Imagination: New Methods in Psychotherapy, edited by Singer and Pope (1978). In addition, a recent book by Achterberg and Lawlis (1980), Bridges of the Bodymind, documents and describes the uses of imagery in medicine.

A psychologist-psychiatrist team, McMahon and Hastrup (1980), in an article entitled "The Role of Imagination in the Disease Process: Post-Cartesian History," describe examples of contemporary research which support a belief that imagination has an arousal function and a direct link to physiopathology. The authors state that a rational basis for belief in the existence of a causal substrate of existence (which includes both physical and mental dimensions) is needed to provide the necessary foundation on which to develop essential theories concerning the role of imagination in the disease process.

As a visual and preverbal faculty, imagery may reveal inner processes, not otherwise accessible to consciousness, through dreams, fantasies, and spontaneous art. Greenleaf maintains that "images are instruments of cognition, and adequate both for dealing with problems of living and for understanding meanings" (1978, p. 185). Greenleaf's remarks relate to Gendlin's theses that images, arising

from within, are symbolic forms which exert a powerful impact and affect the future life of the person.

In explaining the process of imagery research and the potential benefits of imagery for the individual, Shorr (1978), of the Institute for Psycho-Imagination Therapy, offers the following:

Imagery provides a primary avenue to the self and others through which thoughts, wishes, expectations, and feelings can be most effectively reactivated and re-experienced. (p. 96)

Imagery, unlike other modes of communication, usually has not been punished in the individual's past and is therefore less susceptible to personal censorship in the present. Because of this, imagery provides a powerful projective technique resulting in a most rapid, highly accurate profile of the individual's personality and conflicts. (p. 96)

As a person grows to trust his spontaneous imagery during the therapeutic dialogue and begins to see meaning and direction from it, he can begin to trust his spontaneous imagery when he is outside the therapy situation and can begin to derive his own meanings and directions. (p. 100)

Spontaneous Art

Emotional integration and a fluidity between conscious and unconscious processes may be facilitated through spontaneous art--one of the two imagery techniques employed in this research. For the client, fluidity may lead to transformative change and an expansion the personality. For the therapist, this nonverbal communication provides an authentic avenue to evaluate the client's ongoing progress in therapy.

Drawing upon the spontaneously-produced art images of the client, professionally practiced art therapy is a relatively new field

in America, pioneered by Naumberg (1966) and Kramer (1971). A number of psychiatrists are also recognizing the value of art psychotherapy. Wilmer (1980), of the University of Texas Health Sciences Center, uses a combination of art and story-telling with schizophrenic patients. And, Horowitz (1971) recommends art imagery as a means of nonverbal communication when a client cannot be reached verbally. Even with verbal clients, art imagery is a vehicle less amenable than verbal communication to conscious control (such as intellectualization, repression, and resistance). Horowitz's analysis of changes in psychotherapy describes methodological approaches in which dissociated images and/or mental states can be reintegrated through imagery techniques; he stresses that imagery promotes changes in self-image (Horowitz, 1979).

The Center for the Study of Psychopathological Expression does its research in conjunction with the University of Psychiatric Clinic in Lausanne, Switzerland. Alfred Bader, the director, states that pictorial language has its own laws (as does verbal language) and through pictorial language, a better understanding of many psychopathological mechanisms has been gained (1972). In a personal interview, Bader (1978) explained that schizophrenics often are not able "to close the gate of the inner garden of primary process" (the access to archaic, instinctual, unconscious elements)--whereas the modern artist may plunge deeply into the primary process and resurge to merge his or her realizations with the secondary process (the organized, systematic, logical thought of the ego and consciousness).

Bader commented further that gifted artists have often produced their best work during periods of intensified emotional confusion or disorder; the creative expression is one process through which order can emerge from chaos.

Producing a tangible product objectifies ideas and feelings; and, it is found that an "enlivening" quality is activated by art therapy. Jungian analyst Harding, in Women's Mysteries: Ancient and Modern, comments that drawings portray

images which arise from the unconscious much as the images of dreams do. To occupy oneself with these images through the actual work involved in painting the picture has a curious effect. In the first place the image itself becomes clearer and more definite, it frequently seems to come to life and may begin to move and change its character during the actual process of painting, so that it may be necessary to paint a second picture or even a series, showing how it evolves. At the same time the mood or emotional conflict becomes clarified. It also changes and develops with the change in the unconscious image. (1971, pp. 147-148)

Consequently, when a patient in an emotional crisis or conflict has painted a picture, he or she usually finds great release, even if what has been drawn is not understood. If one can come to understand the significance of the drawing, further relief will come, for the painting is like an oracle, which has come from the depths of one's own being, and contains a wisdom which is beyond one's present conscious attainment (Harding, 1971, p. 273).

The British art therapist, Lyddiatt, bases her procedures on the teachings of Jung. The assumption is postulated that we all need to become aware of our individual and collective unconscious. Through spontaneous imaginative activity, the patient treats him-

herself by giving form to imagination through painting or modelling. In the process, unconscious material is brought to the surface and given graphic expression. This self-expression is the crux of the healing process. The disturbing unknown becomes known through a fluidity or link being established between the unconscious and conscious mind (Lyddiatt, 1970).

In her definitive book, Art Psychotherapy, Wadeson states that,

In addition to the reflection of images, the art medium often stimulates the production of images, tapping into primary process [archaic, instinctual, unconscious] material and enhancing the creative process, both narrowly in an artistic sense, and broadly in the creation of solutions in living. (1980, p. 9; emphases in original)

Active Imagination

Emotional integration and a fluidity between conscious and unconscious processes may also be facilitated through active imagination--the second imagery technique employed in this research. After learning (from personally confronting his unconscious) how helpful it could be to find the particular images behind the emotions, Jung developed the technique of active imagination for his analytical practice (A. Jaffé, 1979). He found that the process of becoming conscious can be substantially deepened by active imagination. When inner images are given concrete expression in a written or graphic (objective) form, unconscious contents are made accessible for integration. Jung criticized merely perceiving, or at best passively enduring, and standing opposite the fantasies and images forming themselves out of the unconscious. Instead, he believed that one should face the figures

of the vision actively and reactively, with full consciousness--"a real settlement with the unconscious demands a firmly opposed conscious standpoint" (Jung, 1953, p. 213).

Weaver, in her book The Old Wise Woman: A Study of Active Imagination (1973), stresses that

active imagination enters the field of the arts, yet itself is not valuable for its artistic quality, but for its symbolism, which, taken into account with the conscious situation, gives deeper and wider meaning to life. (p. 1)

She emphasizes further the depth and breadth of active imagination by stating that when active imagination

crosses the boundaries of the arts, it does so because art also springs from the soul, and the more symbolic the art, the more meaningful. (1973, p. 1)

Matoon, in Applied Dream Analysis: A Jungian Approach (1978), notes that Jung's technique of active imagination is the "active effort of the analysand to observe and interact with dream images and waking images" (that is, the interaction of both the conscious and unconscious processes). Jung believed that this procedure tends to quicken the individuation (self-realization) process (Matoon, 1978).

In differentiating active imagination from fantasy, Jung (1953) explains that the important difference between active imagination and idle fantasy is that fantasy does not lead into the world of objective reality. In distinction, active imagination is fantasy which has the full cooperation of the participating ego; it leads into both the inner world of nature and the external world of objective

reality; to the roots of ethical and cultural development, and to the deep structures of the psyche. Not only does active imagination expose personal, individual properties, but it also reveals nonpersonal or universal realms. It is this latter--the collective and universal (or creative) matrix--that is the source of myths, fairy tales, and specific forms of religious beliefs and rituals.

In her recent book, Encounters with the Soul: Active Imagination as Developed by C. G. Jung, Hannah (1981) explores active imagination which she describes as "the most powerful tool in Jungian psychology for achieving direct contact with the unconscious and attaining greater inner knowledge." Hannah states that active imagination is a solitary undertaking but should not be undertaken without a relationship with a therapist or someone who has personal experience with and understands the process.

The gateway to active imagination springs open when a person in analysis is psychologically ready for this manner of experiencing. Active imagination may be expressed in written dialogues or through art forms. It involves allowing events and experiences to occur in the psyche spontaneously; meanwhile, the ego participates not as a director, but as the actively experiencing entity. The process is very different from actively thinking through issues. Weaver states that "at times, no amount of rational thinking can help us portray what we are trying to express, so we turn to brush, pen, or music in an attempt to say what's unsayable" (1973, p. 5).

Focusing

Literature written by Gendlin has been extensively reviewed and is instrumental in the theoretical and methodological foundations of this research. In a philosophical treatise, Gendlin (1962) explores the nature of concepts, as well as the behavior of subject-matter. This background of investigating the problems of experienced-meaning, felt-meaning, and the multischematic character of experience, appears to be a preliminary foundation for his 1978 book, Focusing. This later text elucidates step-by-step techniques for effecting felt-changes (or felt-shifts) through bodily-sensed experiencing.

In an unpublished manuscript, Gendlin (1979) describes the process of focusing as it might be applied within psychotherapy. After becoming equipped to implement focusing techniques, very minimal additions to the therapy process can greatly facilitate therapeutic effects. Gendlin postulates that every situation and every problem is lived within one's body. This vast bodily organization is sometimes defined as the "unconscious." The whole of a situation may be sensed (felt as a whole) while only a small portion of it can be consciously processed at one time. Focusing consists of specific steps of instruction for paying attention to the body-sense of a problem. The body-sense of the whole does not relate only to the body, that is, to a sense of fluidity or tension somewhere in the body, without any sense of meaning. But, rather, a felt-meaning

may be experienced as a bodily-sensed, meaningful complexity. Gendlin (1980) emphasizes that transformative images emerge from within the person and form both one's interrelationships and the culture. Such transformative, healing imagery forms imply the future life processes of the person through their symbolic meanings.

Symbolic Approach

The most basic hypothesis about the human psyche is that it is a pattern of wholeness that can be described symbolically. That which cannot be grasped by logic or the intellect strives towards understanding in the form of a symbol. From a Jungian viewpoint, an image or form gives the best possible expression to a content whose meaning is still largely unknown; a symbol contains both emotion and image. Symbols are the language in which the unconscious speaks (via dreams, fantasies, and spontaneous art for example). A symbol's meaning is both opaque and complex because it includes elements known in the past, but repressed, and elements that have not yet come to consciousness:

The symbol expresses, therefore, a unity of the conscious and the unconscious, of the known and the unknown, of the rational and the nonrational, of past and future. The meaning is grasped if the conscious, known, rational, past elements are perceived in their essential correlation with the as yet unrealized and hence unknown unconscious elements. (Ulanov, 1971, pp. 98-99)

Hochheimer (1969) notes that Jungian analytic treatment has much to offer in developing a symbolic imagery framework for creatively exploring a client's unconscious; the creative act of imagination becomes a nonverbal meeting ground for client and therapist. The use of art work and symbolic expression has been extensively employed by

Jungians in a depth-oriented approach. In the depth process, symbolic expressions emerge from the client's unconscious and portray inner disturbances and potentialities. This symbolic approach is an effective method for facilitating a fluidity between conscious and unconscious processes and promoting emotional integration.

The interpretation of symbols may lead to the resolution of old conflicts so that one's world may be met anew with fresh perceptions. In his book Expression Therapy, Robbins (1980) suggests that a symbol must be seen in order to be altered. Giving outward substance to fears and affects through the creation of a tangible image is strengthening for the ego. For change to occur, Robbins believes that affect needs to be harnessed, mediated, and synthesized into something comprehensive and communicable.

The quest for symbolic experience is the major theme of Whitmont's (1969) book. Whitmont, a physician and Jungian analyst, states that the Jungian approach to personality development contains benefits for both the psychologically-disturbed person and the healthy, growth-oriented person. Illness and health are relative terms and interactive states; in a similarly reciprocal interaction, unconscious potentialities which have not been recognized will disturb conscious life. Persons can become ill because they have constricted themselves to being only average when they are able to and wish to become more. By uncovering the guiding aspect of psychological symbolism, it is possible to come face-to-face with creative sources of existence and unfold the deeper meanings of one's

life. When dissociations between conscious and unconscious personalities are healed and redirected, individuation can take place and, then, one can more fully become him- or herself.

According to Sandner (1979), the symbolic approach can unify the psyche by providing a bridge from less adapted to more adapted functioning and by reconciling the various polarities of the psyche. The mediation of a symbol can provide a healing function by leading the client to identify with his or her own intrapsychic healing power within.

Perry's comments serve as a concluding clarification of the symbolic imagery process:

A major aim of the symbolic play of images seems to be . . . the activation of emotions that have not been reached before, and that have been lying dormant in the psychic depths, as potential only, and therefore unconscious. Once they are activated, they arrive in the arena of expression in a very crude, primitive form. One then may observe the images transforming them into a form that can take part in the integrative process. Thus the image represents, activates, and transforms the emotion in the integrative process. The emotions that are brought into the process of integrating the total personality constitute the experiential aspect of the individuation process. When profound psychic depths are dealt with, the emotional life, as well as the life of meanings and world outlook, is being integrated. (1976, p. 19)

Conceptual Framework

The conceptual framework summarizes the literature elements previously reviewed and reorganizes them into a cohesive foundation which explains the premises underlying this research.

In order to gain an understanding of psychophysiological processes, nursing theorist Rogers (1970) emphasizes that it is essential for professional nurses to participate in coordinating their knowledge and skills with those of professionals in other health disciplines. The conceptual framework for this research will necessarily, then, coordinate not only concepts derived from nursing theory, but also the concepts from psychiatrist Jung's analytical psychology theory, psychologist Gendlin's focusing theory, and bioenergetic therapist Keleman's somatic transition theory. Through this synthesis, the theoretical foundation underlying the use of the independent variables of spontaneous art, active imagination, and focusing will be incorporated.

Derived from nursing theory as well as the other healthy disciplines, six conceptual areas have been identified as fundamental to this research: (a) symbolic imagery and healing, (b) a causal substrate of existence, (c) holistic approach and uniting experiences, (d) patterns, (e) somatic transitions, and (f) transformative change. Symbolic imagery (variously termed symbolic visualization) refers to the utilization of the pictorial aspect of the imagination in order to promote psychological growth and integration. The specific imagery techniques which enhance emotional integration will also be discussed within this section. The second conceptual area includes theories which postulate a causal substrate of existence; arising from this substrate, imagery has been shown to play a significant role in external life experience. The third conceptual area documents the theories from other disciplines which support Martha Roger's contention that humans

are identifiable only in their psychophysiological totality and Newman's theses that a holistic approach may promote healing and transformative change. The fourth conceptual area concerns theories which facilitate an understanding of patterns and how patterns shift or change. The fifth conceptual area summarizes Keleman's theory of somatic transitions which emphasizes the organismic factor in life transitions. The final conceptual area describes theoretical approaches which explain the phenomenon of transformative change.

Symbolic Imagery and Healing

Symbolic imagery serves as a psychotherapeutic method for deepening insight, expanding consciousness, evoking transpersonal (universal, uniting) experiences, and promoting understanding and the integration of inner states. The process of symbolic imaging includes an extensive range of imagery techniques; the Jungian techniques of active imagination and spontaneous art serve as two of the three independent variables in this study.

Jung found that a union of conscious and unconscious processes can be facilitated through the symbolic imagery form of active imagination. Spontaneous art imagery is not produced as a work of art, but solely as a means of clarifying and making conscious the unknown factors in the depths of the psyche which produce the emotional disturbance (Harding, 1971). Artistic endeavors appear to increase fluidity between conscious and unconscious processes and stimulate the production of spontaneous images.

Focusing, the third independent variable in this study, facilitates integration through felt-shifts. It is through bodily-

sensing that one can have the whole (which unites unconscious and conscious elements). A distinct difference exists between the consciously-known thoughts and feelings one usually circles around in, and the body-sense of the whole. Each individual has a unique style of experiencing; one person may specialize in physical sensation, another in imagery, emotional feeling, or thought (Olsen, 1981). Focusing attempts to bring these all together; a connection of all of the experiencing styles creates the most optimal condition for healing to take place, through uniting and integrating the familiar with the unfamiliar or the conscious with the unconscious.

Symbolic imagery and healing employs the pictorial aspect of the unconscious to promote change and psychological integration. Since images may be symbolic of one's inner state, the psychotherapeutic technique of symbolic imaging may be used as an inner guide to aid in the solution of life situations. Symbolic imagery facilitates the translation of unconscious, inner strivings into visible, objective forms; enhancing this process are the techniques of spontaneous art, active imagination, and art-focusing experiences.

Causal Substrate of Existence

Jung introduced the idea of a causal substrate or a transpersonal, collective unconscious--shared universally by all humans and appearing to have the same structure in each individual. Jung believed that the collective unconscious contains universal symbols and is the living, creative matrix of all of our unconscious

and conscious functionings; it is the essential, structural basis of all psychic life. Perry describes this substrate as a dynamic matrix urging us towards individuation.

The quest for meaning that unfolds year by year is the same as the effort to become the person that I am; for meaningfulness involves both my understanding and appreciation of my existence and my nature, and also my understanding of the world. . . .

When the inner psyche is regarded in this light, it appears less as a mass of drives seeking gratification, and more as an immensely dynamic matrix pushing forward its contents into the arena of life to get them into consciousness. All through the decades of a lifetime these contents are projected into the field of emotional experience one by one, to be confronted by the subject and, hopefully, assimilated. (1976, pp. 24-25)

Expanding upon their comments included in the theoretical literature, McMahon and Hastrup (1980) emphasize that the acknowledgment of a causal substrate of existence is essential if we are to understand the role of imagination in the disease process.

According to Jungian theory, the ego may be acknowledged as resting on two different bases, somatic and psychic. Life experience emerges from these two bases and a considerable portion of stimuli are perceived unconsciously or subliminally. Jung (1960) postulated that bodily symptoms are messages from the psyche itself and images can serve as the intermediary which joins the physiological-psychic process.

Extending these ideas further, Gendlin (1980) suggests that a symbol or image, stemming from the body, not only unites conscious and unconscious elements, but also implies the future processes of the person. Rather than being a mere representation, Gendlin views the image as a living entity which forms a symbolic environment. Real

change does not come from simply having the images; but, instead, image-formation creates the necessary symbolic environment for bodily change to occur, which then directly results in future, external life changes.

In summary, the image is an occurrence that originates from within; imagery implies future processes; and, changes come from the bodily changes that image-formation creates.

Holistic Approach and Uniting Experiences

Nursing theorist Rogers (1970) contends that humans are identifiable only in their psychophysiological totalities. Furthermore, Newman (1979) emphasizes that a holistic identification of patterns reflective of the whole client system (rather than a multivariate approach which only examines parts from varied, separate viewpoints) is appropriate in addressing individual needs. (Direct quotations from each theorist appear on pages 2 and 5.) Other supportive conceptualizations are particularly apparent in Jung's analytical psychology and Gendlin's focusing theories.

The body is a unity--all of one's life experiences, thoughts, perceptions, and values are present in the body and participate in a relevant way in forming this bodily-sensed whole (Gendlin, 1979). Undercurrent feelings of emotional and/or physical "dis-ease" are consistently reported by patients, prior to the onset of a detectable illness. In the absence of distinct symptoms, classification of the

dis-ease as either physical or emotional is difficult. In addition, conscious awareness is difficult to maintain when a person's body is dysfunctional, because attention goes to the pain, fear, or symptoms. A major contribution of focusing work is that it emphasizes the necessity for there being a felt-connection among the processes of sensation, emotion, and cognition; and, thereby, focusing fosters a communication interchange between mind and body. An absence of a unified, bodily-felt sense may be due to there not being sufficient relaxation for an integrated kind of awareness to form. (This should not be confused with the point of view which holds that simply releasing bodily tension leads to healing--such as proposed by advocates of relaxation therapies.)

Focusing specifically attends to forming a holistic, bodily sense that engenders the "felt-shift" of psychophysiological change, Gendlin's (1981a) felt-shift is thought to be congruent with Jung's transcendent function (which is also termed the Self). When ego-consciousness unites with the unknown contents of the unconscious, the transcendent function is experienced and a new personality, compounded of inner and outer processes, emerges (Henderson, 1964). The unknown contents of the unconscious may be first expressed by inner figures and images. The transcendent function is a central organizing factor which unites the opposites to form a new attitude or personality. The transcendent dimension (or Self) epitomizes the union of opposites, consisting of ego and non-ego, subjective and objective, as well as individual and collective consciousness.

Patterns

Nursing theorists Newman and Rogers emphasize the importance of patterns for nursing theory and practice. Newman (1979) states that nursing theory should be a theory that

describes, explains, and predicts the patterns of the life process of man which are conducive to health and which prescribes actions to promote these patterns. This type of knowledge requires methodologies compatible with the dynamic nature of the phenomena and the complexity of nursing practice. (p. 74)

Rogers (1970) describes this patterning as a dynamic process:

The continuous change that marks man and his environment is expressed in the continuing emergence of new patterns in man and environment. The order of the universe is maintained amidst constant change. So too does the patterning that identifies man undergoing continuous revision and innovation. (p. 63)

Adopting general patterns, old or new, is not the way toward evolvment or health. Through the process of focusing, liveable patterns are created which are unique to individuals and the people close to them. In this way, a society of pattern-makers is emerging in which the ability to create patterns that fit the individual is evident (Gendlin, 1978). As one works with a felt sense, it changes and, thereby, new patterns are devised to suit specific, individual needs.

Patterns shift as human beings order, reorder, integrate, and transcend old conflicts. From a Jungian point of view, patterning takes place beyond individual consciousness, yet requires active individual participation if patterns are to change (von Franz, 1975).

The archetypes are the structures beyond individual consciousness which can be defined as the elementary behavior patterns of the psyche (residing in the collective unconscious). The effects of the archetypes, although not revealed in the outer world, may be observed in one's inner visions or imagery. Within the inner process, emotionally-laden images or ideas are realized and the personality can be psychologically motivated into a particular, patterned direction.

Somatic Transitions

Keleman (1979) believes, similarly to Jung and Gendlin, that change involves both the body (soma) and image-formation (psyche). He suggests that our organismic life process is composed of orchestrated, somatic transitions of events as life shapes and reshapes itself in the many realms of functioning. At each stage we have the opportunity to organize or reshape life; and, our images can make us aware of what wants to live, die, or change in our lives. Each turning point offers a possibility of building new body responses and learning new skills. According to Keleman, life stages go through three phases: ending, middle ground, and the stage of formation. Each change requires time for separation, pausing, and the organizing of new action.

Endings may happen suddenly (for example, with the death of a family member) or slowly (for example, with the end of adolescence). As ordered life situations end, agitation arises which may be accompanied by disease or other physical and emotional symptoms. Freeing one's self from old norms may create anxiety; this is

especially true when the loosening of old structures evokes chaotic feelings and unbounded energy. Despite this turmoil, maintaining the status quo can be detrimental, when old structures are no longer useful.

Middle ground follows endings. As emotional feelings, sensations, and needs clamor for recognition, there is an urge to rid one's self of overabundant raw energy by acting-out feelings and impulses. In this "unbounded" state it may be necessary to learn to contain insights, sensations, and feelings to allow the process of change to develop. Keleman suggests that the middle ground is a pause where experience may grow to influence new behaviors. In middle ground the body speaks through a multitude of images, feelings, and sensations. These nonverbal processes can suggest new ways to create one's life.

Formation emerges from the chaos of middle ground; here one begins the process of differentiation, individuality, and "formation." Formation is not mere imitation. Forming is a process of gathering one's self together and turning inner images and resources into relationships, muscle action, and body shape. Keleman believes that any new behavior requires an extended period of imagining and testing. This includes living with failure and trying repeatedly until patterns are coordinated and behaviors are mastered.

Transformative Change

Transformation is the goal of Jungian analytical work, whereby drives which seem destructive may be converted into helpful elements. Transformation may vary in its intensity and degree from fluctuations,

with small gradual changes, to reorganizations of the entire personality. Jungian-oriented work with art portrays changes which occur in images; active imagination demonstrates transformative changes occurring in images and dialogues as archetypal and instinctual patterns are transformed and made conscious.

It is this researcher's contention that nurses, wishing to promote changes in patients, need to understand the phenomenon of transformative change. Transformative changes are also termed paradigm or qualitative shifts. Paradigm shifts are not linear events; the changes in patterns or frameworks of thought consist of more than the mere increase in knowledge or skills. Transformative, inner shifts can occur whenever consciousness is widened or deepened as with the integrative techniques of spontaneous art, active imagination, and focusing or by a combination of such techniques.

Gendlin's focusing theory postulates that one gets "in-touch" with internal body-awareness which engenders the psychophysiological felt-shift. To elucidate an understanding of both patterns and transformation, Gendlin (1981b) explains that most scientific approaches assume that a single structure remains across events in time. However, from time one to time two, events are not simply rearranged; an actual structural or pattern transformation occurs, instead of a mere rearrangement of events.

Newman states that, "as the process of evolution takes place, we must be prepared for, and recognize in others, jumps in consciousness beyond our present capacities" (1979, p. 65). At times,

conditions of disequilibrium would be necessary within the person or between the person and others; this would be true regardless of whether the therapeutic process is focused primarily upon physiological or psychological health. Nursing may be one of the disciplines to aid individuals in going beyond mere equilibrium or simple restoration of what was before (Eells, 1981).

Summary

In summary, the aforementioned concepts are incorporated and intertwined in the process of symbolic imagery and healing. Transformative changes are mediated from a causal substrate, variously named the "Self," "transcendent function," or "felt-shift." These transformative changes create changes in patterns of living. Somatic transitions are organismically experienced in the body as new patterns form. The experience of the "Self" or "transcendent function" is described as a holistic or uniting experience; a somatic, uniting experience is called a "felt-shift."

Two models will graphically illustrate these concepts phenomenologically, through one client's data in the Results section. The pathway of transformative changes will be depicted by a process model (in Chapter IV, Fig. 5). The unfolding process itself and demonstrations of the way that patterns shift and change as imagery and dialogues unfold will be shown by graphics depicting unfolding inner transformations (in Chapter IV, Fig. 6 & 7).

CHAPTER III

METHODS

Introduction

Since this study took place in a clinical setting, it was necessary to seek tools appropriate for clinical practice as well as for research purposes. This researcher's clinical experience (supported by reviewing the research literature) has shown that one appropriate way to describe data routinely collected from clients is through using a phenomenological case study design with post-therapy follow-up testing.

Subject Selection

A client complaining of both psychological and physiological distress was selected as the subject for this study. It was necessary to select a subject who might benefit from using the techniques of spontaneous art, active imagination, and art-focusing. It was also important that this subject would be willing to be responsible for the recording of his or her own therapeutic process. The selected subject volunteered to have her data analyzed and to act as a research-collaborator during the project. (Due to the client's unique participation in this study, at times she will be referred to as a client-collaborator.) Provision for the client's protection of human

rights was honored through explaining the ramifications of participation in such a study. The necessary consent forms were signed by the client, researcher, and thesis chairperson (Appendix J); approval for the study was granted by a human subjects committee.

Setting

This study was conducted in the nurse-therapist's office. The client was seen privately two hours per week for twenty-two months during which instruction in techniques and therapeutic interchange took place. (Follow-up sessions took place at 6-month and 12-month post-therapy intervals.)

Design Elements

Longitudinal Design

The core of this phenomenological case study is the changes which occur in the client's spontaneous drawings and written active imagination dialogues over time, the client's descriptions of her drawings through art-focusing, and the therapist's and collaborative-expert's psychological concepts regarding the client's drawings. Ninety-one observations (data points) were selected to examine the client's progress across time--40 spontaneous drawings, 11 active imagination dialogues, and 40 art-focusing experiences. Nine additional data points were obtained through administering: (a) feeling scales to the subject and to the therapist at three times during the

therapy process, to assess access to feelings (equaling six data points); (b) an affect questionnaire near the termination of therapy, to assess the client's ability to describe affect (one data point); and (c) two post-therapy Rorschach tests at six months and twelve months following therapy, to assess emotional integration (the final two data points).

Time

In this study, time will not be considered as an independent variable, since its effects upon the dependent variables will not be analyzed. However, because this research would take place over time and results are dependent upon time, its effects cannot be overlooked. Time is of significance to this research in both its linear and iterative aspects. Shifts in linear measurement could be attributed to history (events occurring at the same time as therapy treatment) resulting in some confounding between time, life events, and treatment effects. Another important factor regarding time is that it demonstrates the circularity of process which includes periods of disequilibrium. The complicated network of unfolding images and patterns has iterative, rather than linear, time aspects.

Design Implementation

The implementation of this case study will be described in detail in the Procedures section. For clarification purposes, the

Procedures section explains the design implementation rationale through discriminating the assessment phase or baseline period, the confessional phase, the elucidation phase, the understanding phase, and the integration phase. (The independent variables in this study are associated with the elucidation, understanding, and integration phases.) A client's therapeutic process, however, is not linear in its progression. The phases of therapy are iterative and intermingle as the unfolding process recycles itself.

Intra-Client Variability

In case study designs such as this, the client's data guides the research. During the treatment process, if no effects are being evidenced, the style of dealing with the client can be altered in response to new information. When guidelines are provided which take intraindividual changes into account, methods, as well, may be altered in response to change.

Significance

Changes in the client's therapy process were judged significant when the client as well as the researcher determined that the therapy goals had been reached. A further method of determining significance was through soliciting experts to (a) validate findings in the area of spontaneous art interpretation, (b) verify the client's image-focusing and art-focusing abilities, and (c) evaluate the results of the post-therapy Rorschach testing. (A sample of the

letters sent to the experts is in Appendix I.) The research data evaluated for significance by experts related to fluidity between conscious and unconscious processes, unfolding process, and emotional integration. The subjective criteria for evaluating significance were the behavioral changes that diverged from the baseline and the symbolic, integrative trends as shown in the unfolding process.

Independent Variables

The three independent variables in this study are the two imagery techniques of spontaneous art and active imagination and the integrative felt-sensing technique of focusing. (Specific instructions and operational definitions for these three techniques are in Appendix B.) The sequences in which the variables are applied will be depicted in flowcharts. Each independent variable serves to uniquely and developmentally promote all three of the dependent variables--that is, fluidity between conscious and unconscious processes, the unfolding process, and emotional integration.

Spontaneous Art

The art medium may be used as a meditative technique to allow the unconscious flow of images to commence. Expressive art is a combination of an expressive technique with a construction technique. The subject is required to form a product out of raw materials. However, the emphasis is on process rather than producing a work of art. The subject's unique needs, desires, emotions, and motives are

expressed through working and interacting with artistic materials. In this study, the client's associations to her drawings are arrived at through the process of art-focusing. With the projective art method, the subject spontaneously produces something and the symbolic products can be interpreted (Kerlinger, 1964). Art interpretations, for this study, are made by persons trained in symbolic interpretation. The client's drawings are interpreted by this nurse-researcher-therapist separately from the client and the collaborative-expert, and then in collaboration with the client and collaborative-expert. The collaborative-expert and researcher have been trained in art interpretation at the Jung Institute in Zurich, Switzerland; they will interpret the drawings in terms of themes or patterns, emotional expression, somatic states, and symbolic meanings.

Active Imagination

This is a technique in which a person suspends the critical faculty so that the conscious mind (ego) may interact with the unconscious contents of the mind. Images, words, thoughts, or feelings arise spontaneously from the unconscious in active imagination. This experience is then given concrete expression in graphic or written dialogue form. By being objectified, the unconscious contents become more accessible to understanding and assimilation. Although with a few clients it is helpful in the beginning stages, active imagination is seldom undertaken early in the therapeutic process.

Focusing, Image-Focusing,
and Art-Focusing

Focusing is a technique that teaches one to identify and change the way personal problems concretely exist in the body. This technique consists of specific steps of instruction which enable one to obtain a phrase or image which helps hold onto that bodily sense; and, through further specific steps, to process the problem experientially. Each step, when done successfully, is marked by a physical release of tension. Focusing guides one to experience deep levels of awareness within the body where the unresolved problems dwell. It is at this deep, body level that change can occur (Gendlin, 1980).

Focusing ability is a necessary preliminary component of image-focusing. Image-focusing is the ability to focus on an inward experience in such a way as to allow spontaneous imagery to occur, and to discover the subjective felt-meaning of the imagery. The client is taught the techniques of focusing and image-focusing prior to learning the process of art-focusing. Art-focusing is an adapted form of image-focusing by which a client can understand the spontaneous art images. (Figure 1, in the Procedures section below, will provide a chronological flowchart of the use of the three techniques of focusing, image-focusing, and art-focusing.)

Dependent Variables, Measurements and Instruments

The dependent variables are fluidity between conscious and unconscious processes, the unfolding process, and emotional integration. The definition of each variable will include information regarding how it is measured and the instruments which are utilized.

Fluidity Between Conscious and Unconscious Processes

Fluidity is a preliminary step to emotional integration referring to the subject's ability to access and give tangible expression to her inner process. Fluidity will be measured by: (a) the frequency of the client's spontaneous drawings, depicted graphically (Chapter IV, Figure 4); (b) the client's ability to access and give written expression to active imagination dialogues (Appendix A); and (c) the client's ability to image-focus and art-focus. The three instruments used to assess her image-focusing and art-focusing abilities are the Experiencing Scale, the Post Image-Focusing Checklist, and the Post Image-Focusing Questionnaire.

The Experiencing Scale will measure the client's ability to art-focus (Appendix C). Briefly stated, the Experiencing Scale measures the ability to refer directly to bodily-felt meaning, to express that subjective meaning accurately in words or images, and to feel a sense of change as a result. Art-focusing ability is assessed by an expert using the Experiencing Scale to rate written

segments of verbal behavior which are matched with spontaneous drawings. The collaborative-expert is a mental health nurse practitioner who has had extensive training in focusing.

The Post Image-Focusing Checklist is a scale composed of statements descriptive of successful and unsuccessful image-focusing (Appendix D). The subject is asked to decide whether or not the statements accurately describe his or her image-focusing process. The subject's answers are compared with a key; the percentage of answers corresponding to the ability to image-focus will be reported.

The Post Image-Focusing Questionnaire consists of open-ended questions about the subject's image-focusing experience (Appendix E). The subject is asked to write brief descriptions of the experiential nature of the process engaged in (rather than the content of what occurred) during the training session. Responses are rated by an expert on an image-focusing rating scale to obtain a score which represents the degree of the client's image-focusing ability. The collaborative-expert is the same mental health nurse practitioner who rates the client's art-focusing ability.

Unfolding Process

This dependent variable refers to the client's inner process itself, which is elucidated when the techniques of spontaneous art, active imagination, and focusing are used. The unfolding process is evoked in a cyclical (rather than a linear) manner. The cyclical nature of this process is exemplified by similar themes which emerge

at varying times during the therapy process. The goal of the unfolding process appears to be the fulfillment of the individual's personality potential. To clarify the unfolding imagery and emotion process, unfolding process will be measured descriptively and figuratively by: (a) a conceptual process model which translates the subjective inner images and emotions into objective forms through the independent variables of spontaneous art, active imagination, and focusing as well as demonstrates the pathway of unfolding process and change; (b) two figures which describe and graphically portray the unfolding transformative changes in the client's process; (c) the therapist's and collaborative-expert's interpretations of the client's art which describe unfolding themes or patterns, emotional expressiveness, somatic states, and symbolic meanings (Appendix A); (d) art-focusing session summaries which demonstrate the client's associations to her art through descriptions of her unfolding bodily-sensed feelings, emotions, and meanings (Appendix A); and (e) associated active imagination dialogues related to the spontaneous art drawings.

Emotional Integration

This dependent variable refers to the client's demonstration of sufficient depth of feeling, adequate handling of need for affection, and an appropriate fusion of feeling with reality testing (Klopfer, Ainsworth, Klopfer, & Holt, 1954). These three aspects of emotional integration will be measured by: (a) changes in the client's spontaneous drawings depicted through her art-focusing

associations to 40 illustrations as well as through the therapist's and collaborative-expert's commentaries on each of the 10 illustrative art series (Appendix A); (b) integrative examples from the active imagination dialogues (Appendix A); and (c) the behavioral assessment report (Appendix H). The instruments which measure emotional integration are the Affect Questionnaire, the Therapy Session Reports of Patient Feeling and Therapist Perception of Patient Feeling ("Feeling Scales"), the Behavioral Assessment Report, and the Rorschach Test.

The Affect Questionnaire is a brief paper-and-pencil test consisting of eight open-ended questions about feelings of the form "what is it like when you feel sad?" (Appendix F). This instrument is used near the termination of therapy to assess the client's ability to describe her affect.

The Feeling Scales were selected to measure the client's access to and intensity of feeling states; the client and therapist, each separately, rated 32 feeling states at the beginning, near the middle, and at the end of therapy. The comparisons of client's self-reports of intensity of feeling states and therapist's perceptions of the client's intensity of feeling states will be depicted graphically (Chapter IV, Figures 8-10).

The Behavioral Assessment Report combines the client's and the therapist's observations at the beginning of therapy. A collaborative therapist-client report, at the termination of therapy, assesses changes which deviate from the baseline in terms of sufficient depth of feeling, adequate handling of affection, and appropriate fusion

with reality as well as changes which occurred in body rigidity. Other behavioral changes such as socialization and employment status are also included (Appendix H).

The Rorschach Test was selected as an association method to measure the client's state of emotional integration in the post-therapy follow-up period. Rorschach cards provide a stimulus which enables a subject to reveal his or her individuality of functioning (Klopfer et al., 1954). The purpose of the Rorschach assessment was to provide a standardized situation in which emotional integration could be detected at the six-month and twelve-month follow-up sessions. The results of the testing are evaluated by an expert in Rorschach methods (Chapter IV). This expert is a clinical psychologist with expertise in Rorschach evaluation.

Dependent Measure

Self-recording refers to the individual client's reports or records of the data used in this study. An in-depth intraindividual approach necessarily relies on subjective experience elicited from the reports by the client. Such self-monitoring or self-recording involves an individual's noticing and recording the occurrence of his or her own problems or images, usually in the natural (home) environment. The self-recorded spontaneous drawings and imaginative dialogues were brought to therapy weekly and the client's art-focusing sessions were tape-recorded in the nurse-therapist's office. Self-recording was also used as a measure of behavioral change.

Reliability and Validity of Variables

The following guidelines have been followed in this research:

(a) repeating measurements over time; (b) heeding intra-client variability; (c) employing procedures that may be replicated; and (d) taking an attitude of investigative play (to uncover the unknown variables). Such guidelines are necessary, according to Hayes (1981), if reliability and validity are to be inferred in a clinical study.

The reliability of the dependent variables--the processes of spontaneous art and active imagination--as techniques to produce changes, have been verified by Jungian authors and art therapists in Chapter II (Jung, von Franz, Hannah, Lydiatt, and Wadson, et al.). The reliability of the independent variable of focusing, as a psychotherapeutic method to produce changes, has also been verified by Gendlin and Olsen; this method is additionally supported by the extensive research at the University of Chicago (for further information refer to Gendlin, 1980; Olsen, 1975; and Don, 1977).

Intervening Variables

This phenomenological, descriptive case study is dependent on the researcher's interaction with the client-collaborator and the therapeutic experience as it unfolds, rather than a step-by-step statistical, experimental procedure. Although research aims at scientific truth finding, Sullivan (1974) reminds us that the therapist is also a participant observer who is no less human, no less involved,

no less of a participant, and no less changed than the patient he or she treats.

Procedures

The process and procedures of therapy during this research may be clarified by the four therapeutic phases: an assessment phase--the baseline period; a confessional phase--the establishment of therapeutic relationship; an elucidation phase--the instruction and implementation of therapy techniques; an understanding phase--the instruction and implementation of focusing to promote understanding of the client's art; and an integration phase--the post-therapy follow-up period, culminated by Rorschach testing for emotional integration. The three independent variables in this study are associated with the the elucidation, understanding, and integration phases.

Assessment Phase--The Baseline Period

At the initial interview and during the baseline period, a behavioral assessment of the client was made (Appendix H). The subject also described her reasons for coming to therapy. In addition, possible approaches which might facilitate amelioration of her problems were examined.

Confessional Phase--The Establishment
of Therapeutic Relationship

During this stage the client discussed her frustrations, hopes, fears and fantasies and a comfortable therapeutic relationship was established.

Elucidation Phase--The Instruction
and Implementation of Imagery
Techniques

After the baseline and confessional periods were completed, the first instruction period was introduced. The independent process variables of spontaneous art and active imagination were taught one at a time. Figure 1, p. 57, provides a procedural flowchart of the therapy and training in spontaneous art and active imagination (specific instructions and operational definitions for each are in Appendix B). The client's first activity during the elucidation phase was the spontaneous creation of drawings. After the process of active imagination had been learned, both spontaneous art and active imagination were used as methods to express her inner feelings, cognitions, and intuitions. Drawings were photographed and dialogues were collected as data.

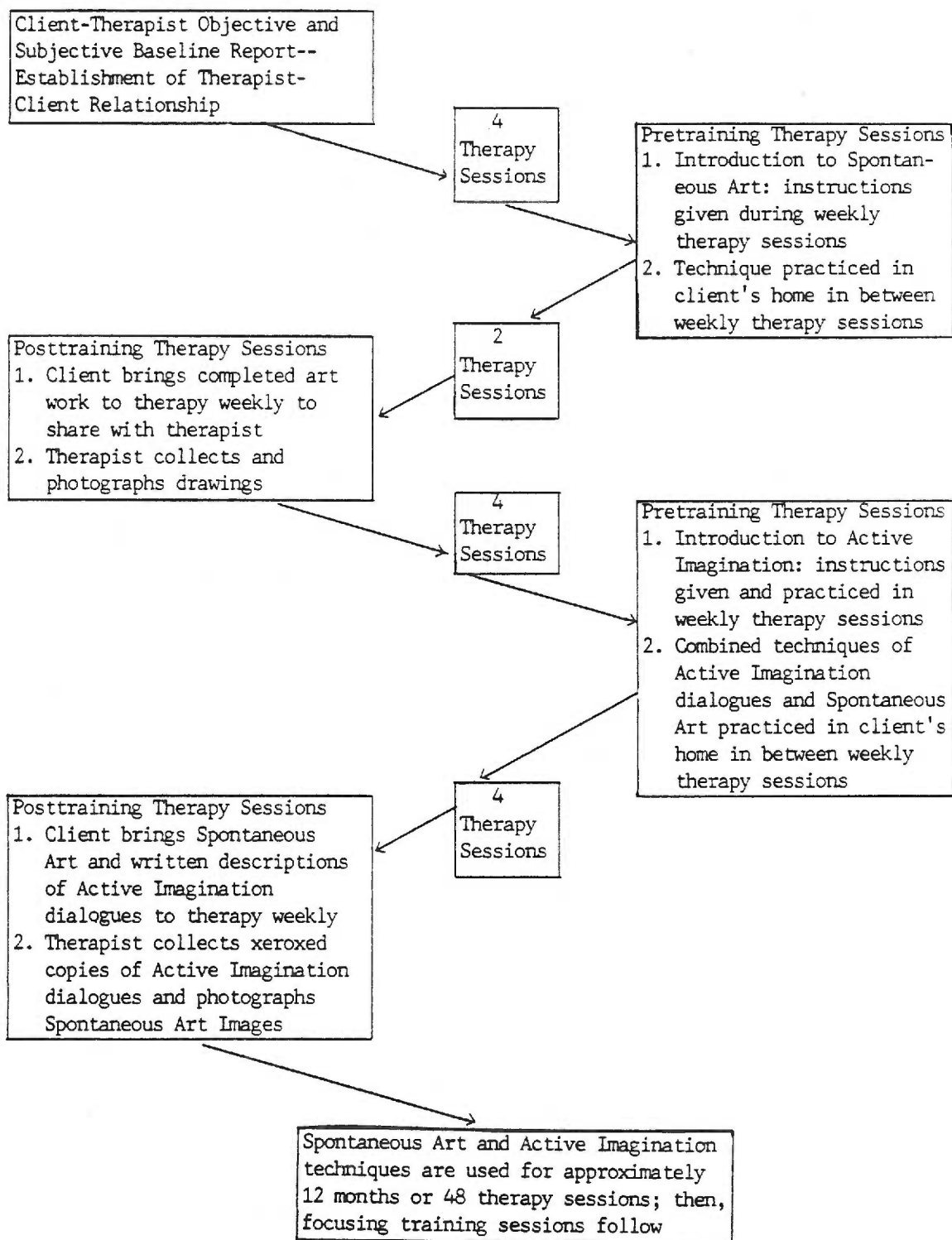


Figure 1. Procedural flowchart of therapy process and sequential training in spontaneous art and active imagination (therapy sessions are held weekly, therefore, two sessions represent two weeks)

Understanding Phase--The Instruction
and Implementation of Focusing to
Promote Understanding Client's Art

After the elucidation phase was completed, the client was taught the process of focusing (see Appendix B for operational definition and instructions). Her ability to focus as evidenced on tape-recordings was measured by the Experiencing Scale (Appendix C). After she became comfortable with her ability to focus, the client was instructed in image-focusing (Appendix B). The ability to image-focus was measured by the Post Image-Focusing Checklist and the Post Image-Focusing Questionnaire (Appendices D and E). Her ability to image-focus was then easily translated into the ability to use the process of art-focusing with her drawings. The client's need to understand her own images was facilitated during the understanding phase. Slides of her spontaneous drawings were projected on a screen. The client used the process of art-focusing to discern affect, descriptive words, and intuitive meanings with her drawings. Figure 2, p. 59, provides a flowchart of the instruments and procedures in the chronological implementation of focusing, image-focusing, and art-focusing (specific instructions and operational definitions are in Appendix B).

Intregation Phase--The Post-
Therapy Follow-Up Period

A therapist-client collaborative behavioral assessment report will describe changes in behavioral affect, body rigidity, and socialization diverging from the baseline. To further determine the client's

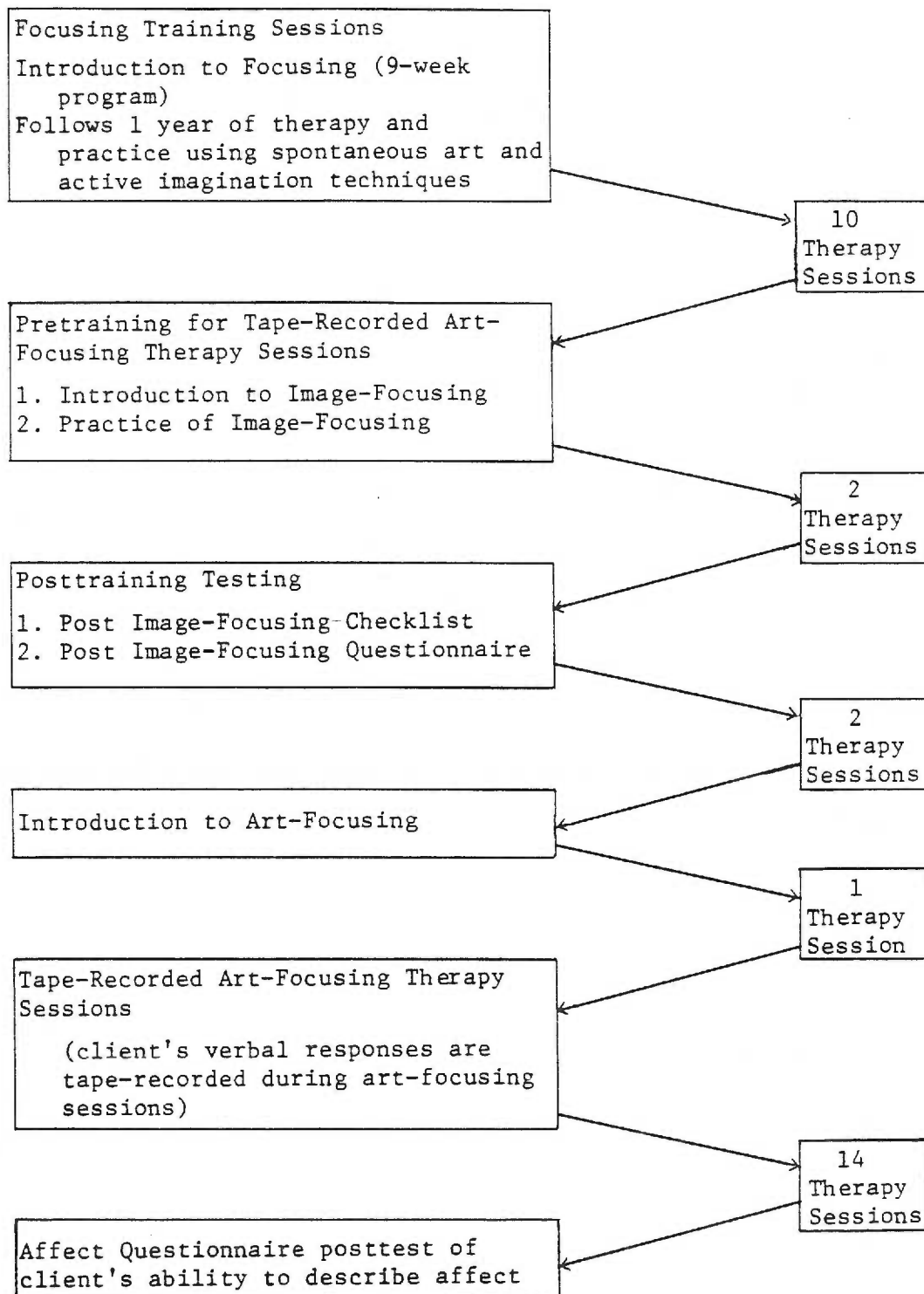


Figure 2. Procedural flowchart of therapy process and instruments in the chronological use of focusing, image-focusing, and art-focusing (therapy sessions are held weekly, therefore two sessions represent two weeks)

degree of emotional integration, the Rorschach projective test was administered in the usual manner after six months; it was readministered, in an expanded way, at the twelve-month post-therapy interval. At the twelve-month retesting session, the Rorschach was used as a therapeutic tool for the client to reclaim her projected imagery. In addition to being a measure of emotional integration, testing results from the Rorschach can also substantiate the client's subjective data and the objective data offered by the researcher-therapist.

Data Collection and Analysis

The flowcharts on pages 61 and 62 serve to explain the data collection and analysis procedures and the time sequences fundamental to this research. The following is a chronological explanation of the specific data which were collected and analyzed.

An initial interview provided the baseline assessment report for this case study. Subjective information about the client's concerns and the therapist's objective descriptions of the client's behavior, appearance, ability to express herself, body rigidity, and affect were collected. Some pertinent developmental factors about family history were recorded, as well as information regarding the client's socialization and career needs.

The client's spontaneous art drawings were collected weekly; later, these were photographed and developed to be xeroxed for thesis

Figure 3--Continued

IV. Post-Therapy Six-Month and Twelve-Month Follow-Up Intervals

Subjective (Client):	Subjective (Therapist):	Collaborative-Expert Evaluation:
Describes current life and responds to Rorschach Projective Test at 6- and 12-month post-therapy intervals	Assessment from further collaboration with client to evaluate life changes diverging from baseline	Evaluation of the client's state of emotional integration as evidenced by the Rorschach responses at 6- and 12-month post-therapy intervals

V. Analysis of Collected Data--Measuring Dependent Variables of Fluidity Between Conscious and Unconscious Processes, Unfolding Process, and Emotional Integration

- A. The organizing medium for the data analysis is the client's spontaneous art. Colored reproductions in the illustrative art series will be accompanied by associated active imagination dialogues whenever possible. Summaries of the client's art-focusing, descriptive understandings of her art--bodily-sensed feelings, emotions, and meanings--will accompany each drawing. Psychological commentaries by therapist and collaborative-expert will precede each of the 10 drawing and dialogue series.
- B. Fluidity will be analyzed by: depicting frequency of and access to images graphically; matching the associated active imagination dialogues to related art; rating by collaborative-expert the client's image-focusing ability with the client's Post Image-Focusing Questionnaire responses; recording the percentage of the client's answers on the Post Image-Focusing Checklist corresponding to successful image-focusing; and rating by collaborative-expert the client's art-focusing ability (from written summaries) using the Experiencing Scale.
- C. Unfolding process will be analyzed by: a process model interrelating the variables and outcomes; figures portraying transformative changes in inner imaginary characters; client's descriptive art-focusing summaries and psychological commentaries by therapist and collaborative-expert in the illustrative art series.
- D. Emotional integration will be analyzed by: integrative changes portrayed in the spontaneous art--described subjectively by client in art-focusing summaries and objectively by therapist's and collaborative expert's interpretations; subjective Affect Questionnaire; therapist and client Feeling Scales; initial Baseline Assessment report compared with the therapy termination Behavioral Report; and collaborative-expert's interpretation of Rorschach post-therapy testing.

purposes. Dialogues and descriptions, resulting from the client's use of the active imagination process, were collected weekly. Ten illustrative art series (which include 40 drawings) and associated active imagination dialogues were selected and grouped for data analysis.

Data were also collected from the client's responses to the following instruments: (a) an Affect Questionnaire completed by the client during the last week of therapy; and (b) the Patient Feeling Scale completed at three intervals--the beginning, midpoint, and towards the end of therapy. (The therapist responded to a comparable Feeling Scale at the same intervals as the client.)

Following the recommendations of phenomenological methodologists, a system of analysis was developed after the data were collected (Giorgi, 1970 & 1976). The system used for this research includes descriptions by the client, transitions in meaning, and supportive psychological commentaries by the therapist and a collaborative-expert. In order to provide a holistic sense of the client's process, spontaneous art is used as the organizing medium for the other independent variables of active imagination and art-focusing. Units of measurement for the client were derived from the art-focusing procedures and include bodily-felt sensing, emotion, and meaning. Units of measurement for the psychological commentaries (by therapist and collaborative-expert) were based on the conceptual framework and include patterns or themes, emotional expressiveness, somatic transitions, and symbolic meanings. Examples are given to illustrate holistic or uniting experiences and transformative changes. Data

concerning the dependent variables are analyzed and described under the headings of fluidity between conscious and unconscious process, unfolding process, and emotional integration.

Fluidity between conscious and unconscious processes will be assessed by (a) a graph depicting the frequency of images or the number of spontaneous art drawings produced during the first eight months of therapy; (b) examples of the client's associated active imagination dialogues being matched with the related spontaneous art drawings; (c) the client's image-focusing ability as reported by data from the client's subjective responses to the Post-Image Focusing Checklist and an expert's rating of the client's responses to the Post Image-Focusing Questionnaire; and (d) the client's ability to art-focus as described in the client's tape-recorded responses (collected weekly) and as rated (from written summaries) by the collaborative-expert with the Experiencing Scale.

Unfolding process will be shown by the iterative changes in: (a) the conceptual process model translating and interrelating the variables and process outcomes; (b) the iterative changes in the transformations of major feminine and masculine characterizations; (c) the summaries of art-focusing sessions describing the bodily-sensed feelings, emotions, and meanings associated with art imagery; and (d) the themes or patterns, emotional expressiveness, somatic states, and symbolic meanings described by the therapist and collaborative-expert (included as part of the Illustrative Art Series).

Emotional integration will be assessed by (a) integrative changes portrayed in the spontaneous drawings, as described subjectively by the client through art-focusing and objectively by the therapist's and expert-collaborator's interpretive statements; (b) integrative changes in spontaneous drawings and active imagination dialogues as shown by graphics depicting transformative changes in major feminine and masculine transformation; (c) an affect questionnaire subjectively reporting the client's ability to describe affect and depth of feelings; (d) feeling scales completed by the therapist and the client to compare the client's and the therapist's perceptions of the client's feelings states; (e) an initial baseline behavioral assessment report to be compared with the therapist and client collaborative report at the termination of therapy showing changes which deviate from the baseline; and (f) Rorschach post-therapy follow-up testing at six-month and twelve-month intervals evaluated by a collaborative-expert.

In summary, although fluidity, unfolding process, and emotional integration are clearly intertwined in this client's process, they may be discriminated for descriptive purposes: (a) Fluidity refers to the accessing of inner processes so that inner images and emotions may be apprehended; (b) unfolding process refers to the evolving changes which occur in the inner images and emotions which are elucidated; and (c) emotional integration refers to the assimilation of the potential attributes represented by the inner emotions and images pictorially, verbally, and in living everyday life.

CHAPTER IV

RESULTS

Introduction

The phases of therapy--confession, elucidation, understanding, and integration were helpful in explaining how spontaneous art, active imagination and focusing were introduced at the varied times in the procedures and processes of therapy. However, clarifying a client's iteratively-unfolding process requires that the data be organized in an integrated, rather than linear, format. The results of this study, in reference to the dependent variables (fluidity between conscious and unconscious processes, unfolding process, and emotional integration), will be organized in the first three sections of this chapter to include: (a) a discussion of the Illustrative Art Series; (b) a systematic report of the Dependent Variable Results; and (c) answers to the Clinical Research Questions which developed during the research study. The remainder of the chapter is devoted to special sections on the Feeling Scales (the client's self-reported intensity of feeling states and the therapist's perception of the client's intensity of feeling states), Time, and Serendipity.

Illustrative Art Series

Results and interpretations of the client "Sarah's" spontaneous art, active imagination, and art-focusing are arranged in Appendix A according to the following four sections.

Spontaneous Drawings

Three to five of Sarah's spontaneous drawings, xeroxed in color and numbered from one to forty, are arranged in each series as Figures A-J. The drawings have been placed in sequence according to themes, colors, and symbolic associations.

Art-Focusing Summaries: Client's Titles, Bodily-Sensed Feelings, Emotions, and Meanings

Each group of drawings is accompanied by a legend of Sarah's art-focusing associations to the individual drawings. Summaries of tape-recorded art-focusing sessions describe the spontaneous drawings in terms of titles, bodily-felt sensing, and meanings. Dates are included to show that imagery is not necessarily sequential.

Therapist's and Collaborative- Expert's Art Interpretation Commentaries

Ten spontaneous art series are separately titled according to their major thematic elements. Each series includes the therapist's and collaborative-expert's interpretative, psychological commentaries

which summarize the themes or patterns, emotional expressiveness, somatic transitions, and symbolic meanings.

Associated Active Imagination Dialogues

Examples of active imagination dialogues, which relate to each series of drawings, follow Sarah's art-focusing descriptive summaries whenever possible.

Dependent Variable Results

Fluidity Between Conscious and Unconscious Processes

Fluidity is demonstrated by the following data: (a) the Illustrative Art Series (Sarah's production of 40 symbolic, spontaneous drawings in Appendix A); (b) the active imagination dialogues (related to the art in Appendix A); (c) the frequency of images; and (d) the client's ability to focus, image-focus, and art-focus.

Frequency of images. Figure 4 (p. 69) depicts the number of spontaneous drawings Sarah completed during the first eight months of therapy. The greatest number of images were produced during the period when she was experiencing the most rage, anxiety, and feelings of instability. Objectifying her rage nonverbally made Sarah conscious of what was occurring underneath her defenses, apart from her retreat into fantasy.

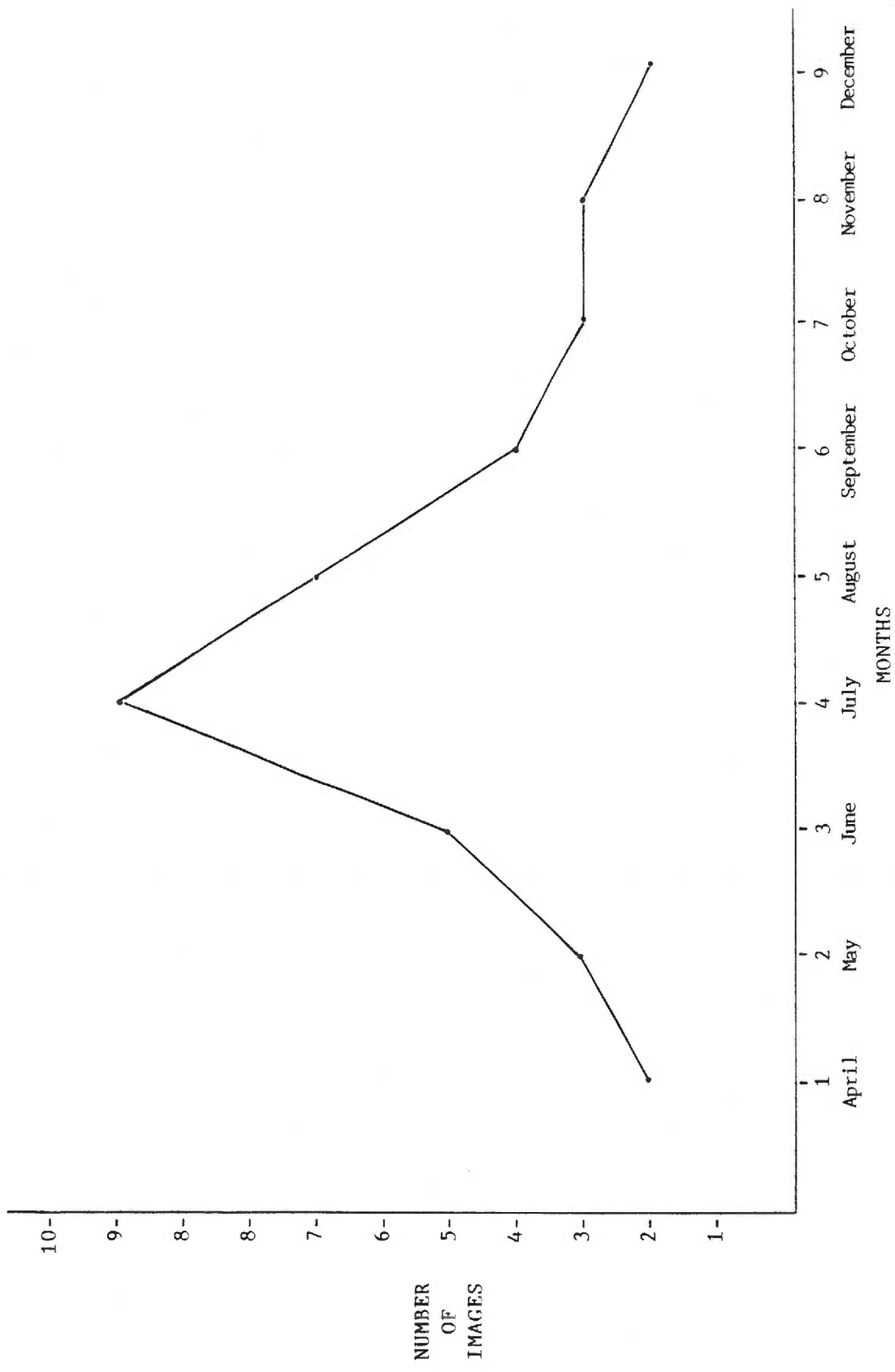


Figure 4. Frequency of images per month: April 1980 through December 1980

Focusing ability. Sarah's ability to focus, through bodily-felt sensing, was evaluated by the researcher-therapist who determined that the client was able to experience the "felt shift" (during the nine-week focusing instruction sessions).

Image-focusing ability. Sarah's ability to image-focus, through bodily-felt sensing, was determined by her answers on the Post Image-Focusing Checklist which demonstrate that image-focusing was 83% successful at the time of the testing (see Appendix D). Her answers to the Post Image-Focusing Questionnaire were rated by a focusing expert on an image-focusing rating scale. The result of this expert's rating was a "6" on a possible scale of "7"; the description of a "6" rating is as follows:

Unfolding and referent movement occur. There is a sense of a change or shift in perspective, a sense of a new or changed feeling. The person may experience a feeling of relief, satisfaction or acceptance of the problem or feeling. When the person refers back to this issue he/she was focusing on, he/she experiences a difference from the way it was before. (Appendix E, p. 180)

Art-focusing ability. Sarah's ability to art-focus through bodily-felt sensing was also determined by the focusing expert. The expert examined examples of transcriptions from Sarah's tape-recorded art-focusing sessions and used the Experiencing Scale to rate her art-focusing ability as a "6 (or more)" on a possible scale of "7."

This indicated that there was a

synthesis of readily accessible feelings and experiences to resolve personally significant issues. Feelings [are] vividly expressed, integrative, conclusive or affirmative. (Appendix C, pp. 170 & 172)

Unfolding Process

Unfolding process is demonstrated by: (a) the client's art-focusing summaries describing unfolding process in terms of bodily-sensed feelings, emotions, and meanings (which are included as the legend with each series of drawings in Appendix A); (b) summaries of the therapist's and collaborative-expert's art interpretation commentaries regarding unfolding themes or patterns, emotional expressiveness, somatic states, and symbolic meanings (which introduce each of the illustrative art series in Appendix A); (c) the Process Model; and (d) graphics depicting transformative changes in inner imagery characterizations.

Process model. The process model, Figure 5 (p. 72), conceptualizes the therapeutic process by translating the client's unfolding inner process into objective forms through the independent variables of spontaneous art, active imagination, and focusing. The model figuratively demonstrates how the independent variables may interact when used as techniques to facilitate fluidity between unconscious and conscious processes and promote emotional integration. The client's unfolding inner process is shown by changes in the independent variables of spontaneous art imagery and active imagination dialogues, while the independent variable of art-focusing reveals the client's expressed meanings of the art images. The central organizing factor is variously termed the Self, the transcendent function, or felt-shift. This central feature of the psyche represents a union of cognition, emotion, and

Figure 5. Process Model: The translation of inner process into objective forms through the independent variables of spontaneous art, active imagination, and focusing

- joins together the six techniques and process outcomes*
- ties together the two pairs of reciprocal relationships**
- x-x-x-x-x expresses the boundary between the personal unconscious and the rigid ego***
- outlines the boundary between the personal unconscious and the inner processes of the psyche--the Self (the central organizing factor), the Transcendent Function, or Felt Shift
- > shows the three directional relationships[§] possible in the progressive path of change through a penetration of the ego into the inner processes of the psyche

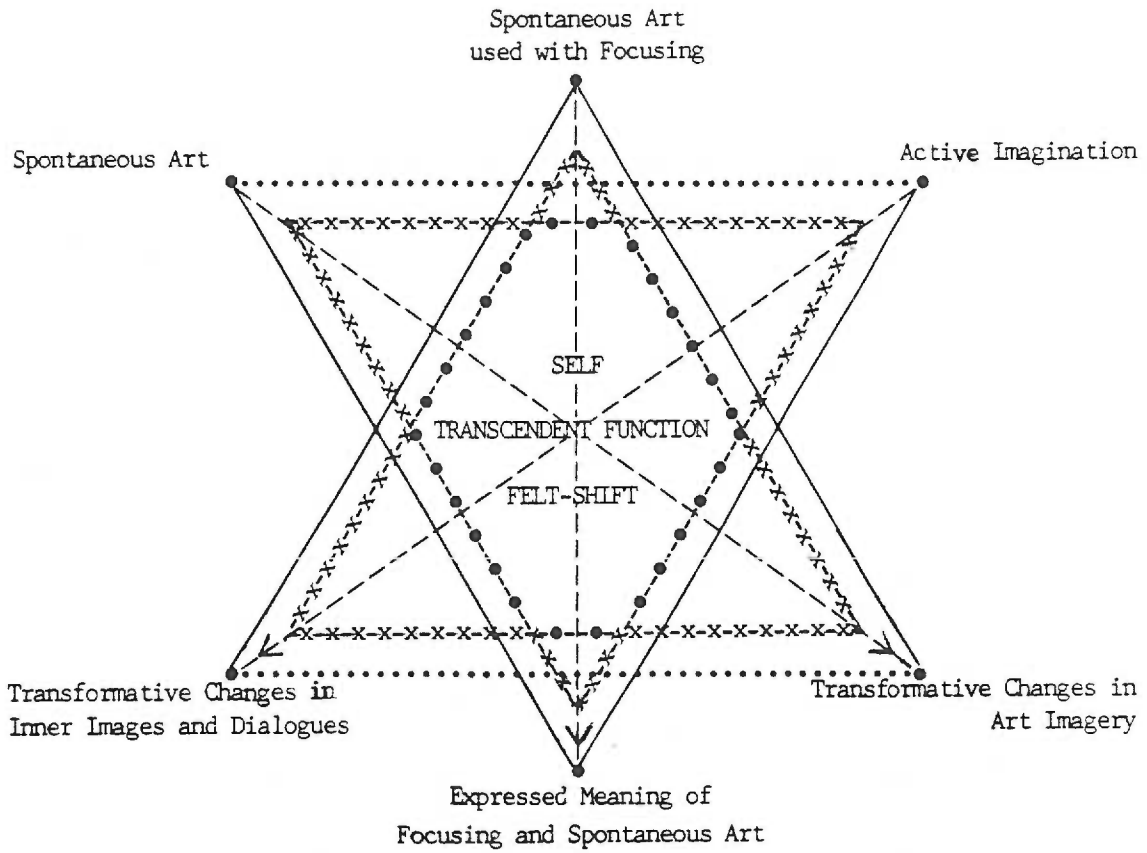
NOTE: Access to the Self, Transcendent Function, or Felt Shift does not occur directly; access is mediated through the personal unconscious. Although changes (or felt-shifts) take place within the Self or Transcendent Function, such transformations within this inner realm are only revealed by translations into the more objective forms of art, dialogues, and expressed meanings.

*The three techniques (shown at the top of the model) are Spontaneous Art, Active Imagination, and Spontaneous Art used with Focusing. The three process outcomes (shown at the bottom of the model) are Transformative Changes in Inner Images and Dialogues, Transformative Changes in Art Imagery, and Expressed Meaning of Focusing and Spontaneous Art.

**The two reciprocal relationships are Transformative Changes in Art Imagery affecting Transformative Changes in Inner Images and Dialogues (and vice versa) and Active Imagination affecting Spontaneous Art (and vice versa); these techniques and process outcomes have an impact upon each other.

***Penetration of the rigid ego boundary is a necessary prerequisite for the fluidity to occur between unconscious and conscious processes.

§ Directional relationships lead from top to bottom, from technique to process outcome, through the inner processes of the psyche: Spontaneous Art leads to Transformative Changes in Art Imagery; Active Imagination leads to Transformative Changes in Inner Images and Dialogues; Spontaneous Art used with Focusing leads to Expressed Meaning of Focusing and Spontaneous Art.



sensation processes. Within the inner processes of the psyche, a communication interchange between mind and body is fostered and dissociated aspects between conscious and unconscious dimensions may be integrated.

Unfolding inner transformations. Figures 6 and 7 (pp. 75 - 82) depict the unfolding qualities and changes in the client's inner imaginary figures. These major masculine and feminine characterizations (components of the client's undeveloped potential) were evoked through spontaneous art and active imagination. The characters developed from primitive forms into more evolved, human personalities. Sarah's descriptions of these inner figures are the legends accompanying the graphic portrayals in Figures 6 and 7.

Emotional Integration

Emotional integration is demonstrated in Figures 6 and 7, the Illustrative Art Series, the Affect Questionnaire, the Behavioral Assessment Report, and the Rorschach Tests.

Integrative inner transformations. Figures 6 and 7 portray inner characterizations which demonstrate an urge toward emotional integration. One example of this inner integration urge is depicted by the figure of Esmerelda (power and performance) who becomes integrated with Lily (love), symbolizing a union of power and love (refer to Figure 6, pp. 75-76).

Figure 6. The unfolding inner transformations and contrasting elements of major feminine characters in spontaneous art imagery and active imagination

*Esmerelda, the "Queen of the Night," first appeared as a face (on July 6th and August 1st, 1980; refer to Appendix A, Illus. 3 & 4, p. 122). She had been imprisoned and was starving and emaciated looking. She also was furious and dangerous to Sarah. She changed with time to a cold, alluring, beautiful, thin, black, haughty witch in active imagination and then to the stagey "Queen of the Night," who became dangerous only if not attended to. Sarah believes that Esmerelda had a problem of megalomania, and Sarah had to learn to say "no" to her when necessary.

**Lily emerged (on November 25, 1980) from "fat, teenage Sarah." Lily is a very thin, pale, dark-haired girl of thirteen, dressed in white organdy. She carried a book and seemed transfixed before a mirror. She is shy and sensitive and vulnerable. It is hard for her to hide emotion that flows through her. Sometimes one sees a fear of tenderness mirrored in her face. By teenage standards, she is not very "cool." She is easily shocked--wanting to please people, sometimes withdrawn to her colorful world of fantasies. She is very afraid of the world beyond her comprehension. Often she just wants to hide. She has a rather chivalrous conception of love--it is everything to her. She is loyal, deep, looking for meaning in things, serious, emotional, and heart-breakingly vulnerable (or gullible and too naive).

Figure 6--Continued

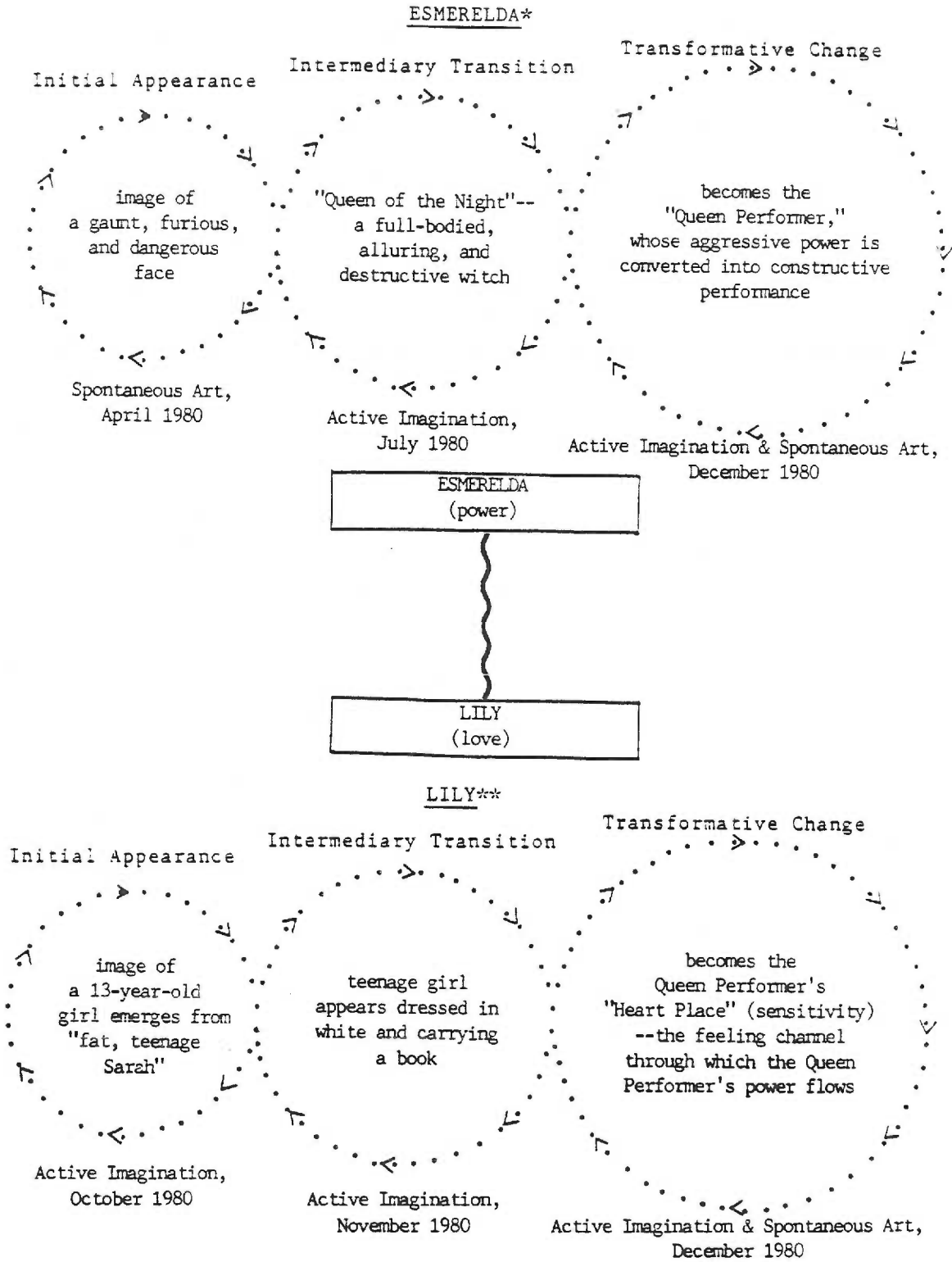


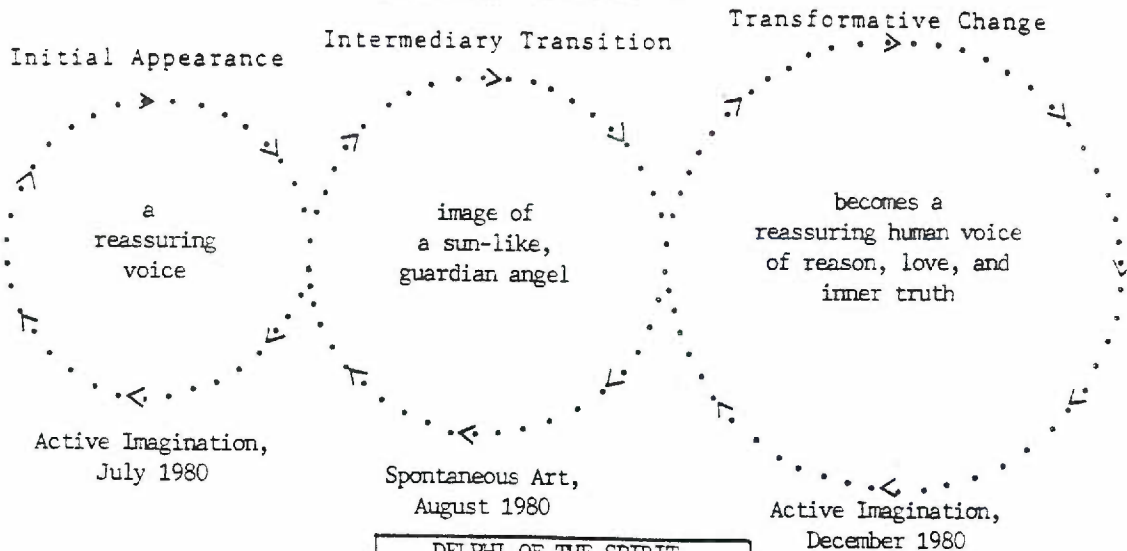
Figure 6--Continued

*Delphi of the Spirit first appeared on July 10th, 1980. She is an extremely rational and fair spirit; a blond, young woman who guides Sarah and takes her into the air, under the water, into caves, or even inside a monster to see and learn what she needs to know. She is a "voice of reason, balance, and understanding." Her job is often that of an observer of the situation, not a performer.

**Mermaid of the Ocean first appeared in Sarah's active imagination imagery in October 1982, although she had appeared in a drawing on November 21st, 1980 (see Appendix A, Illus. 27, p. 143). Even though the mermaid (named Leah) became a part of Sarah's inner process, the part she is to play in Sarah's outward life is not yet known. Leah is described as vulnerable and transparent with few or no defenses. Leah portrays a sensual feeling of love; she has a glass-like appearing body which one can see through to perceive flowing feelings and motion inside. In February 1983, Leah began to grow legs so that she could walk on land. Astarte emerged in active imagination on November 23rd, 1980, and had been recognized as an active part of Sarah's imaginative life during the past two months (refer to Illus. 29, p. 143). Astarte is fiery; she possesses electric-like power which she controls. She has goddess-like qualities and is a source of raw power. She is pompous and bold--yet, inside, she is "scared to death." Astarte protects Leah (refer to Illus. 27); Leah's task is to teach Astarte about flowing feeling.

Figure 6--Continued

DELPHI OF THE SPIRIT*



DELPHI OF THE SPIRIT
(spirit/sun)

MERMAID OF THE OCEAN
(body)

MERMAID OF THE OCEAN**

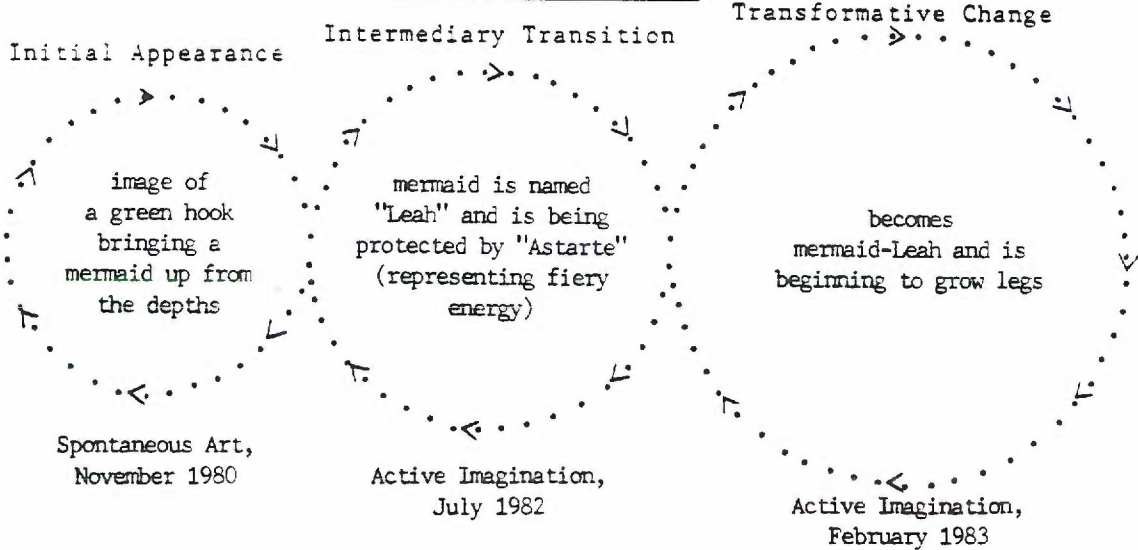


Figure 7. The unfolding inner transformations and contrasting elements of major masculine characters in spontaneous art imagery and active imagination

*Monster-Dragon-Rapist figure first appeared in active imagination on October 11th, 1980. Sarah was led to a subterranean passage by Delphi of the Spirit. She confronted varied figures of imprisoned women and deformed creatures. Sarah was raped by the monster-dragon who was ugly and had hideous scales--to her dismay, she responded to him. Joseph is the strongest, most stable masculine presence Sarah has encountered. He first appeared in January 1983 as a "handyman" who could fix plumbing. He was stocky, muscular, and wore a white shirt and jeans. Since the initial encounter, Joseph has appeared in settings such as a well-tended farm and the green woods. He always gives the impression of stability, sensitivity, and solidity. In addition, Joseph is creative; he sculpts images with his strong hands. He has a seven-year-old blond son.

**Uranus-Ezekiel is a male figure which first appeared as a giant out of the darkness on March 22nd, 1980. He had flowing hair and was dark and bluish in color. He reminded Sarah of a beast and he carried her on his shoulder. Later he was more the size of a man and lived on a planet. He had some characteristics similar to Delphi of the Spirit. His task appeared to be to get Sarah to submit to the clarity of her heart and do away with "head trips." If she thus submitted, she was promised clear-sightedness and the ability to see into the heart of the matter.

Figure 7--Continued

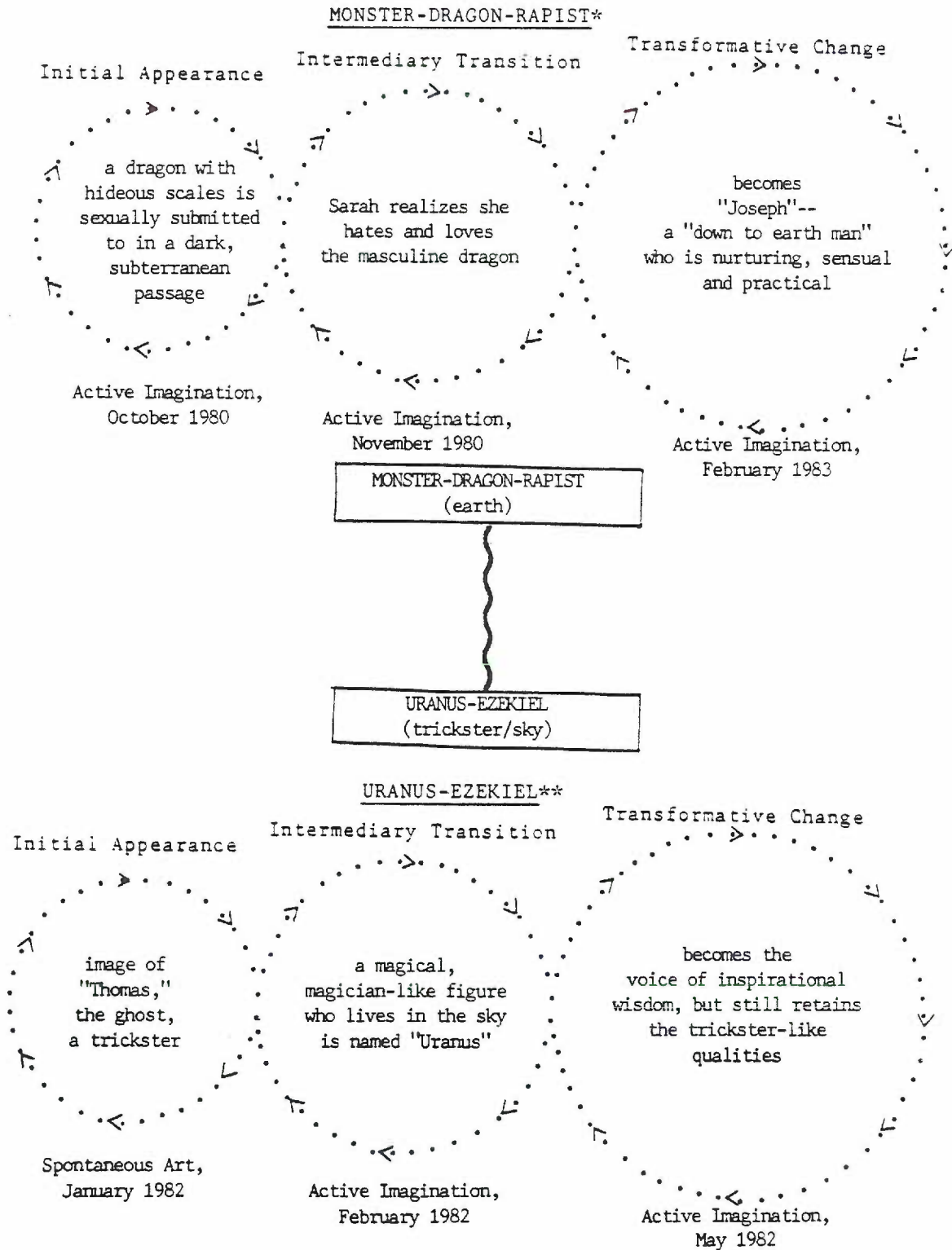
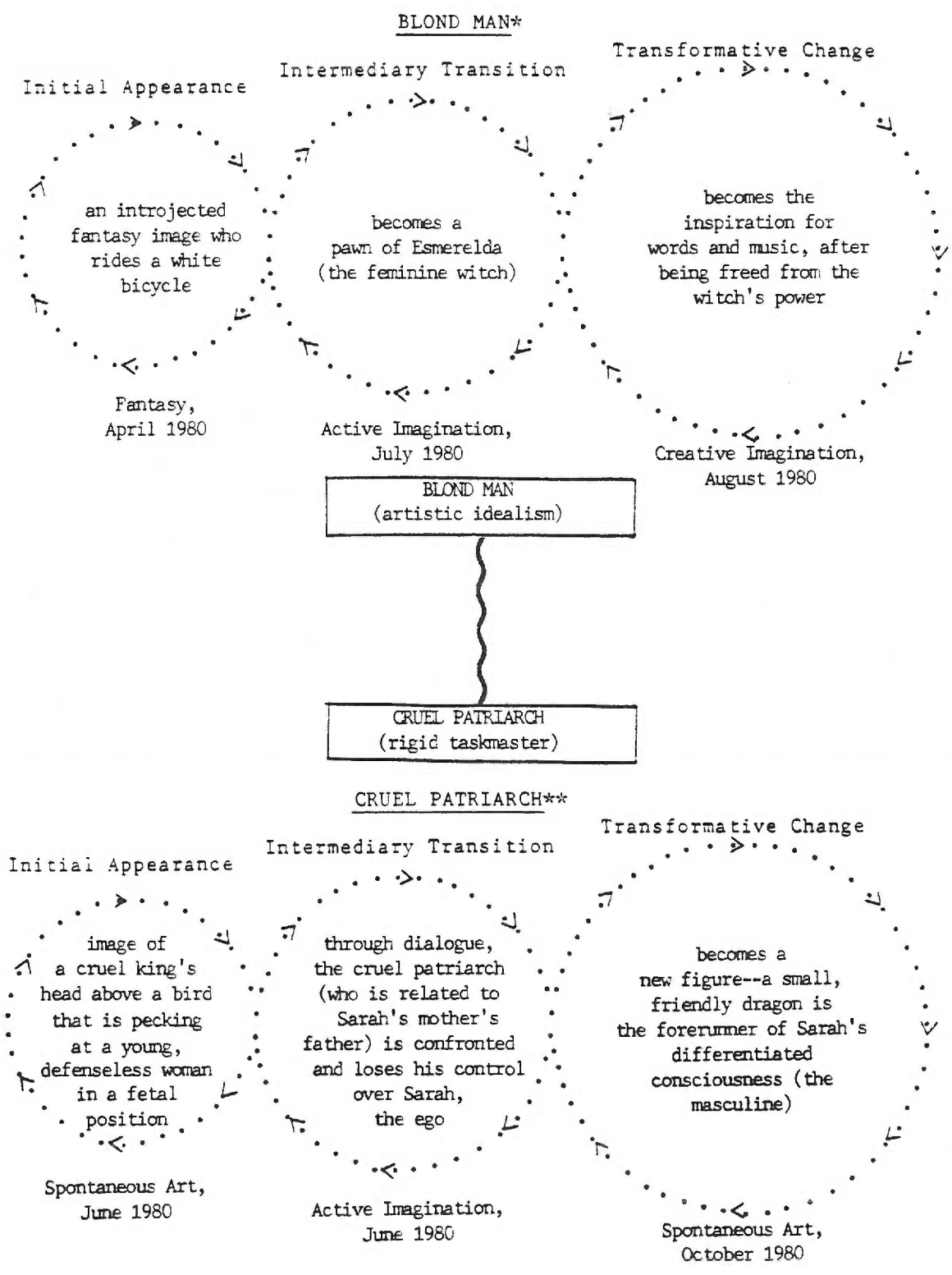


Figure 7--Continued

*Blond Man first appeared as an introjected fantasy on April 21st, 1980. Humanness and vulnerability are apparent on his face. He reacts with his whole self, at times losing composure. He doesn't wear a mask like most men. At a first meeting, he might hold back, feeling insecure in the face of strangers. His spirit is gentle; he's concerned and reassuring with people. The Blond Man's radiant smile conveys beauty from within. His direct eye-contact lets you know he is there with you. His moods change from happy to withdrawn. He has a rich interior life--reads books and is a student of life. He's also an artist--unconventional; sometimes he wears a red scarf around his head. After November 1980, he no longer appears.

**Cruel Patriarch first appeared on June 30th, 1980, in active imagination, and on July 4th, 1980, in spontaneous art. First encountered in an active imagination dialogue, Sarah confronts him about his rigidity, cruelty, severely critical attitude, and his desire to kill her spirit. Her beginning, discriminated assertion process is depicted in Illustration 31 of Appendix A (p. 147), dated October 9th, by a small red and black dragon. The first image of the Patriarch appeared in Illustration 30 (p. 147). He is shown as a kingly-head which controls a cruel rooster or hawk that is attacking and pecking at a defenseless maiden in a fetal position.

Figure 7--Continued



Illustrative art series. Emotional integration is symbolically portrayed within the drawings, dialogues, and descriptions in Appendix A. An example is shown by the active imagination words to a song "The Calling of the Heart," with poetic words demonstrating depth of feeling (see associated active imagination related to Illus. 24-25, p. 139). Other examples of emotional integration are: the creative green stone (Illus. 25, p. 139) being discovered after a period of chaos (Illus. 24, p. 139); the feminine spiritual figure transformed by the fire (Illus. 33, p. 147); the tulips in the formerly-empty pitcher (Illus. 40, p. 158); and the union of feeling consciousness and forthrightness (Illus. 35, p. 151). Inner images also portrayed ways for Sarah to handle her needs for affection (Illus. 33, p. 147). And, finally, the increasing fusion of fantasy with reality can be seen in the desire to perform in the world (such as in the active imagination dialogue of "The Queen with the Sun (Lily) in her Heart, in Series IX, p. 155).

Affect questionnaire. Sarah's ability to describe her depth of feeling regarding eight emotional experiences--loneliness, depression, shame, guilt, happiness, satisfaction, and pride--give the reader an awareness of her ever-increasing ability to express her affect. This affective, descriptive ability can be detected in her answers to the Affect Questionnaire (Appendix F). Her lack of words to describe her feelings, noted at the beginning of therapy, changed considerably by the time this instrument was administered.

Behavioral assessment report. The client-therapist, collaborative, post-therapy Behavioral Assessment Report describes the client's emotionally-integrative behaviors which deviate from the baseline (see Appendix H). Her depth of and access to feelings were demonstrated in many ways: creative song writing, multi-colored drawings, greatly increased ability to express herself verbally, and improved handling of affection. The post-therapy follow-up assessment showed that she now had a better relationship with women and men and was able to ask for as well as give affection. In addition, her fantasy-reality fusion is greatly improved: she spends little time in fantasy, yet uses her imagination in her work and in healing herself.

Rorschach projective tests. The post-therapy 6-month and 12-month, follow-up testing periods proved valuable in many ways. The Rorschach Projective Tests fulfilled their intended purpose of assessing the client's state of emotional integration. In addition, the 6-month assessment demonstrated a regressive tendency which led the researcher-therapist to question the client further. It was discovered that she began to use cocaine a few months after therapy was terminated. After using the drug a short time, Sarah became aware she was losing contact with her natural unfolding process. Evening highs turned into daily depressions.

Providing the two additional therapy sessions at the six-month post-therapy follow-up interval helped reaffirm the knowledge the client had gained during therapy. At the 12-month Rorschach assessment interval, Sarah was free from the use of cocaine. The Rorschach cards

were used as a therapeutic tool whereby Sarah could reclaim her projected imagery as belonging to her own personality. It is of interest to note that Rorschach inkblot associations were related to Sarah's spontaneous drawings and dialogues elucidated during therapy. The following evaluation of emotional integration is provided by an expert in Rorschach testing:

At the six-month period, the patient appeared initially disjointed. Intellect, abstract symbolism and emotional sensivity were displayed discretely and separately. After becoming accustomed to the situation, the patient could liberate her affect and display passion, depth and greater stimulation.

At the twelfth month period, feeling, intellect, broad conceptualization and symbolization occurred simultaneously. Integration was accomplished immediately and impressively. The patient demonstrated a wide range of interests, considerable tolerance for ambiguity, and a multi-level access to many layers of inner processes. (Klopfer, 1983)

Clinical Research Question Answers

The following clinical research questions developed out of the client's data as the study progressed. The answers to these questions summarize the dependent variable results.

Research Question 1

Will the client's unfolding, symbolic process be evidenced in imaginative dialogues and spontaneous art?

The client's unfolding process and symbolic imagery were shown in her spontaneous art imagery, active imagination dialogues, as well as being depicted in her associations to the Rorschach inkblots.

Research Question 2

Will art-focusing facilitate the client's understanding of her spontaneous drawings?

The predominant way by which the client came to understand her symbolic drawings was through the process of art-focusing. Other methods which proved helpful were insights into the metaphors displayed in her imagery and dialogues, as well as literature and mythological associations. At the 12-month post-therapy follow-up, the Rorschach test was used as a therapeutic session tool in which the client both projected and reclaimed her symbolic material as a part of her own psyche.

Research Question 3

Is the client's subjective understanding of her process similar to the therapist's understanding of the process?

There were parallels and differences between the client's and therapist's perceptions of the process as well as between the therapist's and client's perceptions of the client's feeling states (reported in the next section of this chapter).

Research Question 4

What evidence of changes in patterns or themes may be demonstrated by a client's spontaneous art?

Changes in patterns and themes are portrayed in the spontaneous art, the client's art-focusing summaries, therapist's commentaries, and

collaborative-expert's interpretations. The therapist and collaborative-expert address the thematic changes in introducing each of the 10 series in the Illustrative Art Series (Appendix A).

Research Question 5

Do art images portray physical changes as well as psychological changes? (In other words, do the images document the somatic changes taking place in the body as well as the mind?)

The drawings (by the client in this case study) do portray changes taking place in the mind and body, such as: the changes in rigidity of face and defensive posture (as illustrated in Series I, Appendix A, pp. 120-124); grounding--depicting a body as well as a head (Series V- IX, Illus. 21-35, pp. 136-151); flow (Series IV, Illus. 17, p. 133); and fiery energy as a correlate to the use of a drug (Series VII, Illus. 29, p. 143).

Research Question 6

Are transformative changes sequential and more ordered over time or does a different type of pattern manifest itself?

Transformative changes as portrayed in the images were not necessarily sequential. An image often appeared which seemed out of context to the other images which were emerging at the same time. Therefore, the appropriate order for the images was through associating them by color, patterns, and/or themes. The dates on which the spontaneous art and active imagination dialogues appeared in the client's process are included in Appendix A to demonstrate that the transformation changes in imagery and dialogues were not sequential.

An example of the sporadic appearance of imagery themes is depicted in Series X (p. 157) of the Illustrative Art Series: the pitcher theme appeared in the beginning (Illus. 38), the midpoint (Illus. 39), and near the end of therapy (Illus. 40)--each time with different meanings and emotions.

Research Question 7

Are the techniques of imagery and focusing associated with a loosening of the client's restricted affect and a wider range of emotional expression?

The techniques of spontaneous art, active imagination, and focusing were associated with an enhancement of the client's nonverbal, verbal, written, emotional, and bodily-sensed feeling expression. Poetic words, which she used with her music, also became a part of this enriched affective expression. Initially, the client's rigidity loosened and manifested as nonverbal rage in her drawings. Later, she discovered that her cyclic periods of depression appeared to be gestating periods for the formation and expression of new images, music, and words.

Feeling Scales

Intra-client variability as a design element and case study research literature suggest that data should guide the research and methodology can be revised based on the uncovering of unexpected occurrences (refer to Chapter II, pp. 12-16, for a more in-depth discussion). The Feeling Scales were originally intended to assess emotional integration, throughout the therapy process over time, by

the client's self-report of intensity of feeling states and the therapist's perception of the client's access to intensity of feeling states. Results of the scales seemed inconclusive when dealing with a single client. However, comparison of the Patient Feeling Scale and Therapist Perception of Patient Feeling Scale did reveal an unexpected trend which is demonstrated in Figures 8-10 (pp. 90-95).

In these Therapy Session Reports over time, the client and therapist each, separately, rated the intensity of 32 feeling states. The client responded to "during this session I felt" and the therapist responded to "my patient seemed to feel;" three responses--"no," "some," and "a lot"--were possible for each of the 32 feeling states specified (examples of questionnaire forms are in Appendix G). The first set of scales, which were administered in April 1980, showed that the client's feelings and the therapist's perceptions of her feelings matched 75% of the time--with the therapist almost invariably assessing the client's feelings as more intense than the client reported. (The therapist perceived the client's feeling states as more intense 21.8% of the time; the client reported a greater intensity 3.1% of the time.) The second set of feeling scales, administered in January 1981, showed that the client and the therapist matched 87.5% of the time in their perceptions, with the therapist still, but less often, assessing the client's feelings as more intense than the client reported. (The therapist perceived the client's feeling states as more intense 9.3% of the time; the client reported a greater intensity 3.1% of the time.) The third

Figure 8. Therapy session reports over time: Comparison of client's self-report of feeling states and therapist's perception of client's feeling states--April 1980

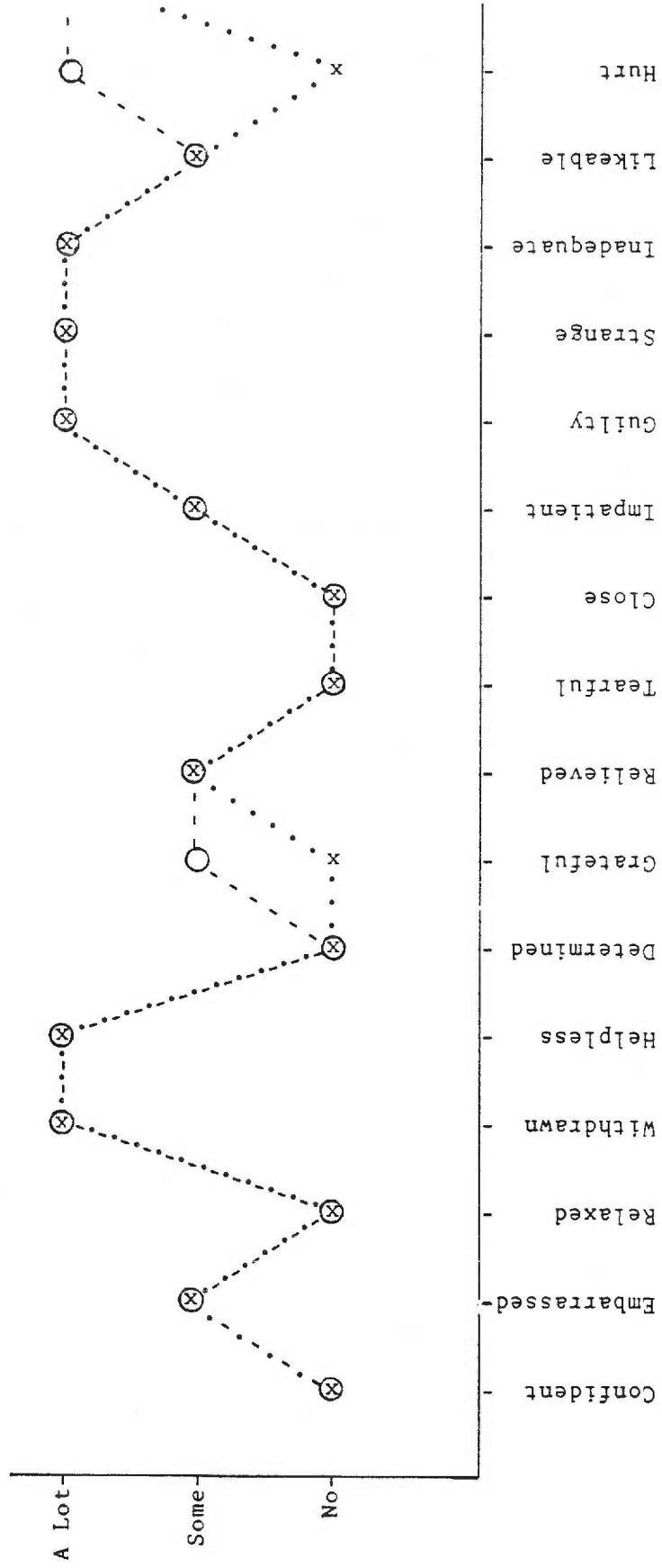
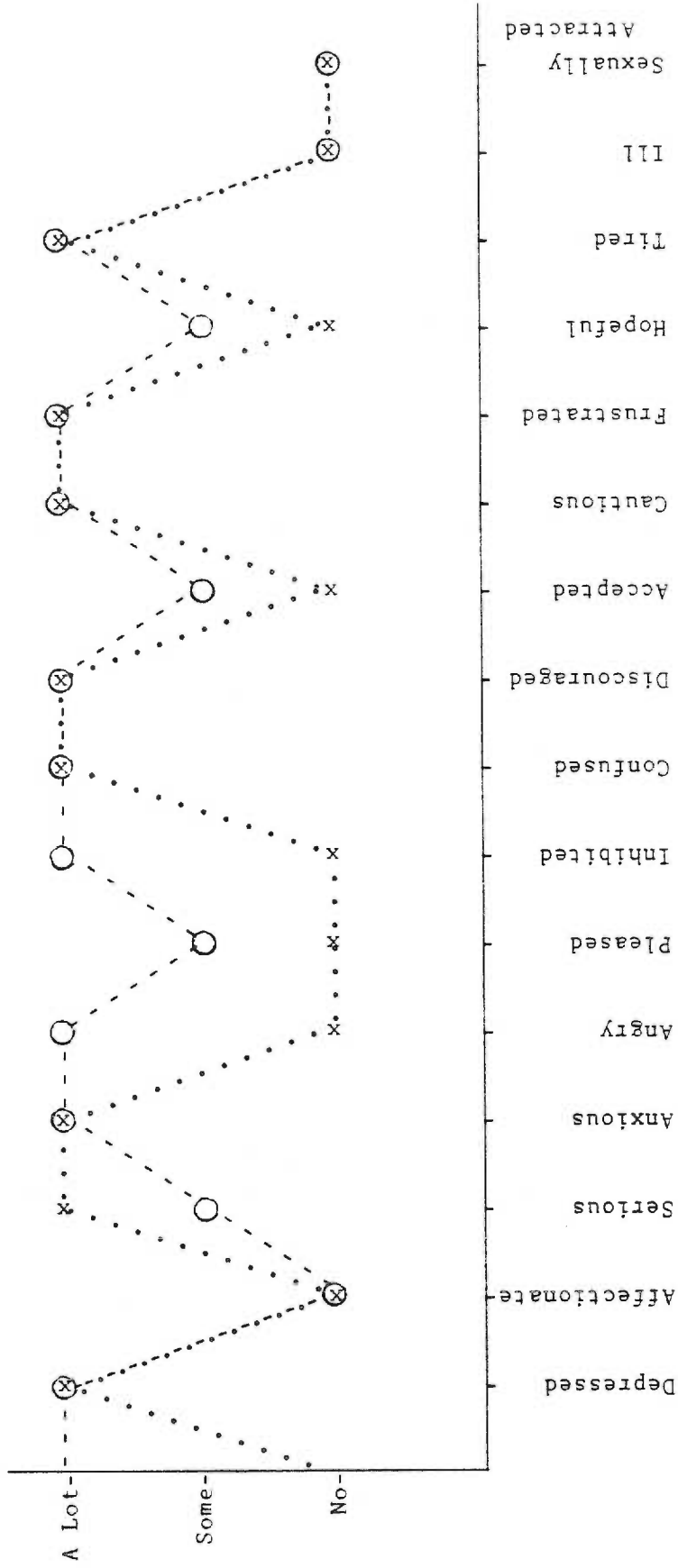


Figure 8--Continued



x client's self-report of intensity of feeling state
 o therapist's perception of client's intensity of feeling state
 x in circle incidences of matched responses between therapist and client
 . . . connects client's responses
 - - - connects therapist's responses
 connects incidences of matched responses

NOTE: Responses matched 75%; therapist perceives client's feeling states as more intense than the client reports 21.8% and client reports a greater intensity of feeling 3.1%.

Figure 9. Therapy session reports over time: Comparison of client's self-report of feeling states and therapist's perception of client's feeling states--January 1981

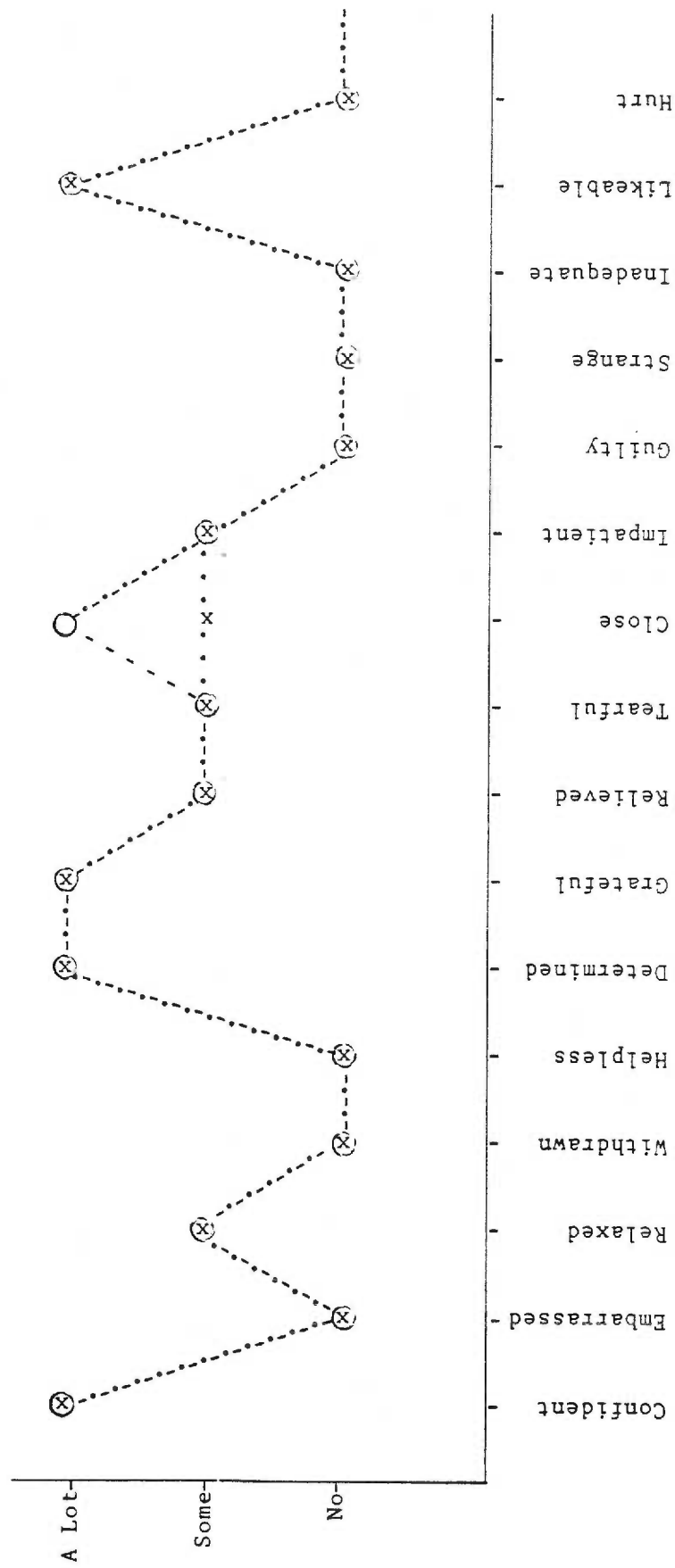
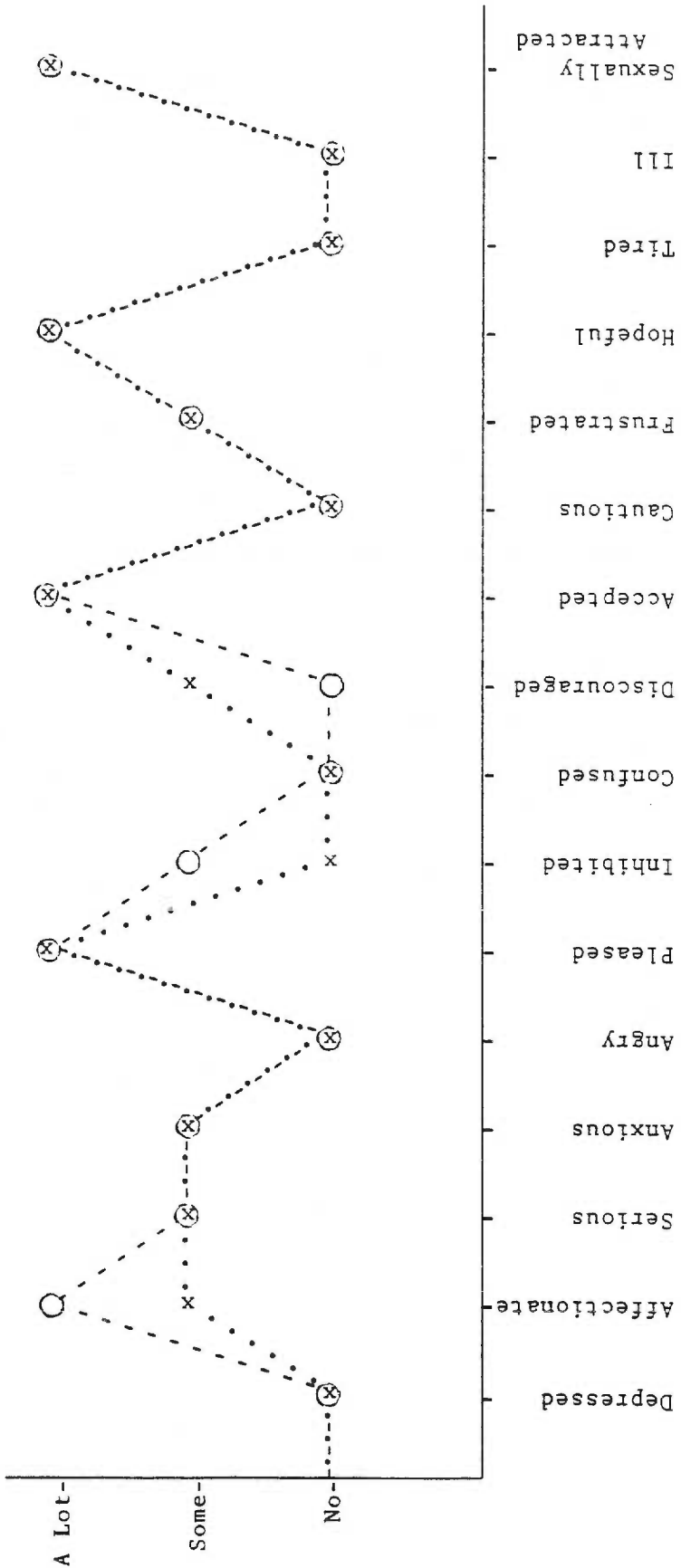


Figure 9--Continued



- x client's self-report of intensity of feeling state
- O therapist's perception of client's intensity of feeling state
- ⊗ incidences of matched responses between therapist and client
- ... connects client's responses
- - - connects therapist's responses
- ⋯ connects incidences of matched responses

NOTE: Responses matched 87.5%; therapist perceives client's feeling states as more intense than the client reports 9.3% and client reports a greater intensity of feeling 3.1%.

Figure 10. Therapy session reports over time: Comparison of client's self-report of feeling states and therapist's perception of client's feeling states--August 1981

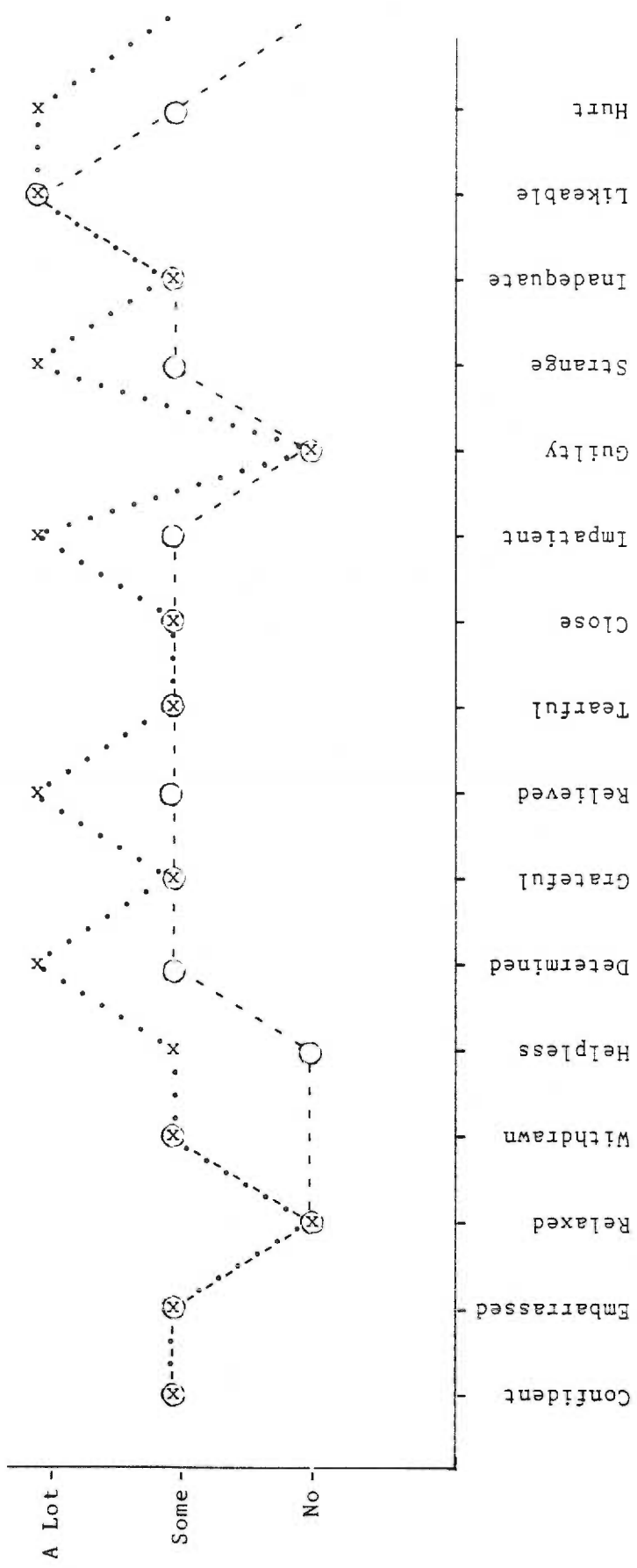
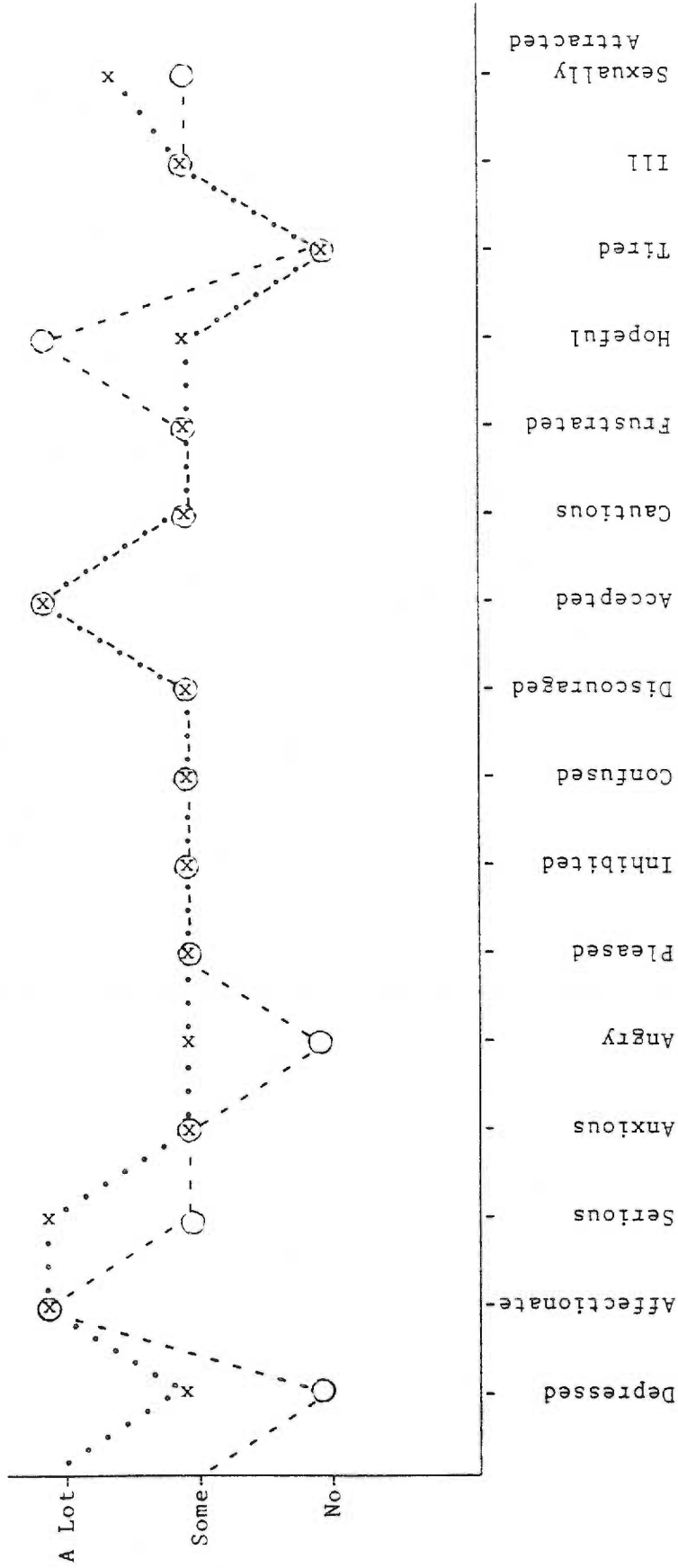


Figure 10--Continued



x client's self-report of intensity of feeling state
o therapist's perception of client's intensity of feeling state
x incidences of matched responses between therapist and client
. . . connects client's responses
- - - connects therapist's responses
. connects incidences of matched responses
NOTE: Responses matched 65.6%; therapist perceives client's feeling states as more intense than the client reports 0.0% and client reports a greater intensity of feeling 34.3%.

administration, near therapy termination in August 1981, demonstrated only a 65.5% agreement with the client rating herself as in-touch with a greater intensity of feeling than did the therapist. (The client reported her feeling states as more intense 34.3% of the time; the therapist never perceived a greater intensity of feeling than the client reported.) At the time the "transference" connection appeared to be the strongest (when the second set of scales were administered), interpersonal perceptions also seemed to be heightened and more closely matched. As termination of therapy neared, a less-closely matched interpersonal-perceptual interchange was evidenced.

Time

The client's inner imagery process presented in this thesis evolved and unfolded over a period of 22 months. Post-therapy follow-up testing, completed at six-month and twelve-month intervals required an additional year. The three-year-time element needed to complete this study very likely confounded the treatment effects. Time was also an important factor in establishing the reliability and validity of the study. Iterative changes over time were depicted through the inner imagery processes, somatic transitions, and external outer life changes.

Serendipity

An unforeseeable discovery made in this study was the value of the client-collaborator role and self-worth. Educational benefits can

be anticipated if one acts as a client-collaborator in a research project. However, an unexpected benefit from this research project was the increase in self-worth which resulted from the client's role as a collaborator. After Sarah completed her therapy process, she stated

I left therapy feeling that I had done a piece of work I could be proud of. In everyday life I want to allow myself the kind of patience I gave my own inner process, during the completion of my therapy and our research project. (February 1983)

In addition to the emotional integration that was taking place, Sarah was also establishing a knowledge of and appreciation for her own process, capabilities, and self-worth. The development of self-worth began when Sarah was enlisted in her own healing process. The emergence of words to songs and an involvement with her own creativity also enhanced this self-worth.

CHAPTER V

DISCUSSION

Introduction

When Sarah entered therapy, she already had effected an escape into an inner world where fantasies compensated for the un-lived and rejected parts of her life. For Sarah, the inner fantasy world was not just a place to discover untarnished beauty and excitement. Within this inner world, she would need to courageously face her problems which were deeply embedded in rage and negative mother images. In the process of healing her own life, Sarah's task was to reclaim qualities which had been maligned and rejected: sensitive feelings, power, creative ability, and a trust in herself.

Sarah also had to discriminate her personality from her perceptions of her mother's attitude towards her. She began to take responsibility for both negative and positive inner images as being a part of her own phenomenology as well as being an experience of the collective feminine. Eventually, inner images and dialogues were accepted as symbolic messages from the unconscious, about her inner attitudes and creative ways in which she could develop her personality.

Results of Sarah's case study show that the client's fluidity between conscious and unconscious dimensions, unfolding process, and emotional integration were facilitated by the techniques of spontaneous

art and active imagination. Further understanding of Sarah's process may be gained through discussions about the sequence of therapeutic techniques, the emergence of creativity and play, and allowing for periods of failure. A comparison with the conceptual framework concludes this chapter by illustrating the concepts through references to Sarah's spontaneous drawings.

Utilization and Sequence of Therapeutic Techniques

Clinical judgment as to which therapeutic approach was to be utilized initially was based on the Jungian philosophy which suggests that the client be met where she is (Perry, 1980). It was necessary to use techniques which would facilitate the client in objectifying her inner images and emotions. Considering that Sarah was deeply involved in her fantasy world, having difficulty expressing herself with words, and sophisticated in the use of cognitive therapy techniques from her previous therapy, a nonverbal technique was chosen. Spontaneous art was introduced as a beginning modality in therapy. The elucidation of preverbal, spontaneous images in Sarah's drawings provided a foundation for further objectifying her process. Active imagination was then introduced whereby Sarah produced written dialogues. After one year of therapy, she learned the focusing technique and was able to understand and verbally describe her spontaneous imagery. Art-focusing was developed as a technique whereby she could verbally express the meaning of her spontaneous drawings through words.

Emergence of Creativity and Play

Sarah's initial request had been "I want to make a statement." Her "statement" turned out to be several poetic statements, words relating to her music. Her technical level of song writing and musical performance are continually being refined. The semi-structured approach of the phenomenological case study method allowed the finding of an unforeseeable discovery, not originally sought, creativity.

In Sarah's situation, awakening playfulness and loosening a rigid outer attitude, introduced the permeability necessary for her development. Erikson (1977) emphasized that devotion to the "grace" which is play and propensity for play and "vision" (imagery) extend from childhood to adulthood. Sarah describes her play as follows:

When I first entered therapy, I had forgotten how to play. I think my first hint of the riches--the play--to come, was the first time I tried active imagination. I had meditated for years but never imaged before. It was a frightening first experience; I did not know what to expect--thought I'd be overcome. Gradually, over months' time--bit by bit I began to let go and accept, even welcome, the images/dialogues/stories that my unconscious presented me. I found inner figures with whom I developed relationships. I let them into my experience freely and experienced all sorts of emotions when I met them inside me: joy and loving, conflict, fear, anger.

Although they are important and serious, very real to me, a sense of play did and still does pervade my encounters with them.

It's the letting go that I think is essential--the willingness to give yourself up to the process, let it take you where it will, accepting the continuous change, paradox, and impermanence of living. The flow.

I began drawing--watercolors, spontaneous images--I let whatever came out happen. Afterwards I would do an active imagination. (March 1982)

Sarah's serious play of spontaneous drawings and active imagination provided a way to reach new potential in her creative work and patterns of living.

Allowing for Periods of Failure

Sarah seemed to learn that expanding her abilities and forming new life patterns included periods of living with failure and disappointment in herself. During a six-month period in 1982, after leaving therapy, Sarah frequently used cocaine along with her musician friends. She like the fiery highs, intense sensual feelings, and outward bravado stimulated by the drug. Eventually she found herself on a roller coaster of "highs" and "lows." She became more and more depressed and was again masking her inner emotions; cocaine highs could not remove the morning-after depressions.

The six-month post-therapy follow-up meetings were important in many ways. Her cocaine use was discussed after the Rorschach testing results revealed a regressive tendency. Sarah also became aware that she needed to renew the connection to her inner self. She associated her cocaine use with the figure of Astarte (Illus. 29, p. 143), a fiery goddess who protected the mermaid, Leah (Illus. 27, p. 143)--since Leah was very vulnerable and had not grown the proper legs to navigate on earth (refer to Figure 6, p. 77). In other words, Sarah's cocaine served as a protection and a stimulation of her flowing bodily feelings in relationships and in performance. Her inner flowing feelings had not fully developed in the world and she felt great vulnerability upon entering the world of performance out of the protected environment of therapy.

Comparison of Spontaneous Art
with Conceptual Framework

In psychotherapy, experiences are related to change, feeling, and meaning. Gendlin (1962) reminds us that we cannot understand what a concept is or use it meaningfully without experiencing its meaning. The six concepts of symbolic imagery and healing, a causal substrate of existence, holistic approach and uniting experiences, patterns, somatic transitions and transformative change will be given meaning by relating them to the client's drawings.

Symbolic Imagery and Healing

Symbolic healing may occur when the imagery dimension of the unconscious reveals the inner solutions to problems through symbols. However, healing requires that one direct energy or emotion stimulated by the symbol into life experience and meaning. In this way, the healing symbol integrates both unconscious and conscious dimensions of a problem.

Sarah's symbolic imagery process demonstrates the transition of preconscious strivings into visible forms. Inner imagery projected into life experience could be confronted and assimilated by Sarah. One example of confrontation (which was later assimilated) is seen in Illustration 31 (p. 147). A young, masculine, black and red dragon (a primitive but discriminated symbol) has smoke (assertiveness) coming out of his mouth. Sarah identified her ability to assert herself as beginning with this drawing. About 10 months later she had

given her assertive energy a place in life when she began cutting her first tape of songs.

Causal Substrate of Existence

Spontaneous drawings served as intermediary forecasters in Sarah's symbolic process. She was often able to identify imagery meanings only after the qualities depicted in her drawings had become a part of her life. One such example "Astarte," Illustration 29 (p. 143) was emotionally associated and understood as being an aspect of Sarah's cocaine experience (representing bold, fiery, controlling, ungrounded energy) which occurred three years after the spontaneous drawing.

Sarah was able to gain a bodily-sensed emotional and meaningful understanding of her art images through the process of art-focusing, a technique learned after one year of therapy. Symbols and images stemming from her body not only united conscious and unconscious elements but also suggested future processes to be lived in her life.

Holistic Approach and Uniting Experiences

The techniques of spontaneous art, active imagination, and focusing support the holistic approach since they facilitate the integration of various aspects of one's personality. When a communication interchange takes place between psychological and physiological dimensions, such as experienced in the "felt shift" of focusing, or when separated aspects of the personality are integrated in a

spontaneous drawing or active imagination dialogue, an inner wholeness is experienced. Examples of integrative experiences are seen in Illustrations 18, 35, 36, and 40 in Appendix A (pp. 133, 151, 151, & 158, respectively).

Sarah describes her associations to a spiritual uniting experience related to Illustration 36 (p. 151):

Just before Christmas I came to an understanding that is greater than understanding--a feeling of self that is beyond self.

A sense of God in me, of union--of connection to the whole of the universe--BEING.

After I thought about it for a while, I realized that this understanding/presence/being has always been in/of me--but that over time it became covered up, obscured--by all the interference and disturbances in my life. Still there were always moments (a continuous thread) in which the light, the connection would shine through and prevail. (December 1980)

Patterns

Gradually Sarah spent less time in fantasy and more time in realistic endeavors. Patterns appeared to shift as old conflicts were transcended. The patterns of Sarah's process of change is demonstrated in several ways. Her spontaneous drawings depict changes in themes or patterns, emotional expressiveness, somatic states, and symbolic meanings. Transformative changes, also depicted in her active imagination dialogues are demonstrated in Figures 6 and 7 (Chapter IV, pp. 75-82). Her shift in behavioral patterns is demonstrated by behaviors at the end of therapy diverging from the beginning baseline period (Appendix H).

Changes in patterns are demonstrated in the spontaneous drawings of vases in Figure J of Series X (Illus. 38-40, p. 151). The vase is

rejected, and expressions of hate predominate the drawing in Illustration 38. In Illustration 40, the vase has become a charming receptacle for beautiful spring flowers. Other illustrations exemplify changes in the pattern of relationship to the masculine. Illustration 9 (p. 126) depicts a woman who faces a masculine figure with weapons and Illustration 33 (p. 147) portrays a woman who relates to a masculine figure with a wide range of positive emotion.

Somatic Transitions

Sarah's extreme body rigidity which persisted through the beginning months of therapy prevented her from feeling much of anything somatically. Images such as Esmerelda (Illus. 3 & 4, p. 122) and the patriarch (Illus. 30, p. 147) were drawn as disembodied heads, reflective of the rational-compartmentalized attitudes that ruled her at times. With the appearance of Lily in active imagination (in Series IX, p. 150), Sarah cried her first tears in two years. She began to get in-touch with her sensitive feelings. Focusing training helped her to know her emotions and meanings through bodily-felt sensing.

Transformative Change

Transformative changes in patterns or frameworks of thought consist of more than an increase in knowledge. To better understand the phenomenon of transformation change, Figures 6-7 (Chapter IV, pp. 75-82), graphically demonstrated the way in which inner imagery characterizations may transform. Sarah's Illustrative Art Series also contains

many examples of transformative change such as Illustration 14 (p. 133) wherein a woman rises out of peacock colors with arms stretched toward a spiritual light. She emerges from a painful, searing, emotional experience symbolized by a fire (in Series III, Illus. 10-13, p. 130) which cleanses the darkness from her torn heart (in Series II, Illus. 6, p. 126).

Conclusion

The goal of phenomenological research is to accurately describe the experience of the subject under study. All data, subjective and objective, are valuable to the qualitative researcher. Sarah's therapeutic process included periods of failure, creativity, the unexpected, and the unexplicable. Describing the data which unfolded from Sarah's intraindividual domain has required support from collaborative-experts who relied on the art of intuition as well as science. Theories of the psyche can provide a sense of orientation, yet in themselves are inadequate to describe the individual process or the network of images that may emerge during therapy. Marilyn Ferguson metaphorically describes this dilemma and a possible solution in the following way: "We are swimming around in knowledge we haven't claimed," yet, "there are techniques to help us name dreams and dragons" (1980, p. 79).

CHAPTER VI

SUMMARY

The Case Study Method and
Intraindividual Research

This phenomenological case study has described an intraindividual process, elucidated by utilizing imagery and focusing techniques. This type of case study deserves attention from mental health nurses since it exemplifies process as well as specific energetic, intraindividual trends towards healing and growth in a young woman. Understanding the client's process has been enhanced by a scientific and theoretical background, intuitive skills, and supportive verification by collaborative-experts. Much of nursing research education has been devoted to a linear model of cause-and-effect; this study demonstrates that a need does exist for nurses to become more aware of the cyclical or iterative way that change occurs within individuals.

This phenomenological case study has considered the client in a holistic way by allowing the description of novel and unexpected occurrences to be included, such as the emergence of self-worth from Sarah's role as a client-collaborator. She attained knowledge of and appreciation for her own process and capabilities. The value of post-therapy follow-up sessions which restrengthen the client's therapeutic

process (as demonstrated in this study) provides helpful insights which may benefit future research and clinical nursing practice as well.

Limitations

According to some scientific researchers, the value of an phenomenological case study such as this is limited since the results are dependent on the client's own process and the researcher's interaction with the client-collaborator, rather than an experimental procedure. By and large, appraisals (rather than conventional reliability and validity methods) were applied to the findings in this study. Changes do occur through relationship and naturally over time. Other intervening variables not measured were this particular client's maturation, intelligence, and education. In addition, the researcher-therapist's expectations may have had an effect on the hope and energy the client put into her therapeutic process (as emphasized by Frank, 1975).

Two important limitations for the nurse-researcher are cost and time. It is expensive to prepare a lengthy thesis and illustrations. This study with its post-therapy follow-up sessions lasted three years. Few mental health nursing students are able to make such a lengthy time commitment. A research and clinical limitation is that it is not advised for persons who have not been trained to work with unconscious processes. Mental health nurses would also need to

experience and understand their own intraindividual process as is gained through their own therapy, before working with patients in this way.

Despite the aforementioned limitations, the interest and meaning which may be generated by a phenomenological research study has the propensity to outweigh most of the imposed limitations.

Implications

The intensity, length, and variety of process described in this phenomenological case study has resulted in significant implications: (a) no other method other than one similar to the phenomenological case study could have captured the client's process in as much depth; (b) enlisting a client as a collaborator in a research project enhances clinical as well as research efforts; (c) a therapist does not necessarily become more perceptive as therapy progresses (e.g., perception is the greatest when transference is heightened); (d) changes occur from within the person; (e) inner changes are often reflective of patterns which later may be lived in life; (f) an inner healing process elucidates both destructive and creative images; and the integration of such paradoxical elements is important to transformation; and (g) conditions of disequilibrium may be considered a necessary step in the formation of new patterns and creative expression.

It takes time and careful work to change patterns of living and understand symbolic imagery. Healing insights and the process of change develop slowly in most cases. Results of this study imply that

a client's or patient's world in-flux benefits from intuitive as well as medical-scientific skills. Implications may also be derived from the therapeutic approaches which proved to be most helpful with this client and which may be effective with similar clients: (a) constancy--to absolve her fear that she would be abandoned or she would lose herself in her chaotic state; (b) acceptance--to actively receive her rageful and painful emotions without judgment; and (c) confrontation--to gently confront legitimate issues which were deemed harmful to her.

Recommendations

Further exploratory studies involving nonverbal modalities such as imagery and focusing techniques can prove valuable for mental health nursings' professional growth in nursing theory and research, as well as in clinical care.

One possibility for research with the phenomenological method, is that the individual case method could be applied to many patients by a nursing team (acquainted with research as well as techniques which elucidate inner process). In addition to phenomenological research, other types of research may be undertaken to show whether self-help methods such as focusing, when applied in clinical settings, enhance the healing process with seriously ill patients.

Examples of fruitful questions for future studies include:

(a) do patients experience more satisfaction when we pay attention to the intraindividual dimension?; (b) what are the psychodynamic effects upon the interpersonal relationships between the patient and the

professional health team when the patient's intraindividual process is heeded?; (c) what advantages are evidenced when post-therapy follow-up sessions are included as part of the therapy process?; (d) what is the impact of using focusing or imagery techniques with physically ill patients?; and (3) how may the client-therapist relationship (for example, transference and countertransference) affect the therapist's perceptions during the phases of the therapy process?

When a client or patient is initially and restrictively categorized with a diagnosis, little room is left for his or her individuality. The necessity for mental health nurses to become appreciative of the intrapersonal as well as the interpersonal dimensions of mind is of importance in working with clients who have physical as well as emotional problems. Many of our patients have felt misunderstood as they struggled to find words which might convey feelings and intuitions regarding their inner physiological and psychological states. Images, bodily-sensed feelings, and emotions have been neglected too long as valid communicators and indicators of a patient's state of being. In the nursing role of facilitating consciousness, techniques such as imagery and focusing may elicit and help nurses sustain a reliable inner sense which can benefit both their patients and their selves.¹ The introduction of such techniques into nursing education may enhance and enrich the personal growth in both nurses and their patients.

¹A survey of nurses working within varied clinical settings in Lane County, Oregon done by this researcher (Robinson, 1980), demonstrated that nurses have a special interest in learning imagery and focusing techniques to use with their patients and for their own personal growth.

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APPENDICES

APPENDIX A

ILLUSTRATIVE ART SERIES

This Illustrative Art Series portrays 40 of the client's spontaneous drawings (illustrations), which are used as the organizing medium for related data. The illustrations, xeroxed in color, are separated into ten series, with Figures A through J having three to five drawings each. The drawings, numbered consecutively from 1 through 40, demonstrate the unfolding process. The dates of the drawings show the nonsequential appearance of symbolic themes.

Organization of the Illustrative Art Series, in reference to each individual series of illustrations, includes: (a) one figure (A-J) of the client's spontaneous drawings with three to five illustrations; (b) the client's art-focusing summary titles, bodily-sensed feelings, emotions, and meanings associated to each drawing being the legends which accompany the figures; (c) the therapist's and collaborative-expert's art-interpretation commentaries on patterns or themes, emotional expressiveness, somatic transitions, and symbolic meanings (with the expert's titles heading each series); and (d) the client's associated active imagination dialogues (with dates) related to each series or to individual drawings whenever possible.

Series I. Masking/Unmasking

Series I, Figure A, contains four illustrations which show the major theme of "masking/unmasking."

Patterns or Themes

Therapist: A Kabuki Mask theme is reminiscent of the dramatic performers in the Japanese theater who sing and dance in a highly-stylized manner. Sarah's outer rigidity in being or outward performance is breaking-up. The fierceness of the mask hides a helpless, neglected feminine image.

Collaborative-Expert: I see the theme as Masking/Unmasking.

Emotional Expressiveness

T: Sarah is expressing rigidity, fear, craziness, and anger which is smoldering underneath.

C: Concealed rage and bewilderment are being expressed.

Somatic Transitions

T: A masked emotion is being uncovered which was hidden behind a fierce mask. The rigid mask Sarah wears is breaking-up. Fluidity and a change are beginning. The rigidity of the mask has a polar opposite in the lack of structure portrayed in the zany, helpless look of Illustration 4. (Endings)

C: A rigid persona is being uncovered. (Endings moving to Middle Ground)

Symbolic Meanings

T: Freeing herself from the rigid protective mask creates anxiety in Sarah. The doubling (as in Figure A, Illus. 2) indicates the process involves the principle of opposites. The mouth

Figure A. Series I, Illustrations 1-4: Masking/Unmasking--"Kabuki Mask," "Transforming Mask," "Angry Skeleton Woman," and "Emaciated Skeleton Woman"

*The client's art-focusing summary for Illustration 1 is as follows.

Title & Date: "Kabuki Mask," 4/7/80

Bodily-Sensed Feeling: Helpless feeling in the center of me saying, "Get out of here."

Emotion: Terror--the terror of being pulled apart because I'm pulled in opposite directions.

Meaning: An explosion about to take place. I can see the smoke and energy.

**The client's art-focusing summary for Illustration 2 is as follows.

Title & Date: "Transforming Mask," 4/7/80

Bodily-Sensed Feeling: Constricted cringing in my chest.

Emotion: Fear. It still feels as if I'm being pulled apart.

Meaning: Something is inside the distorted mask--like a hideous undernourished face. The left side is a kind of embryo, the right side is malevolent.

***The client's art-focusing summary for Illustration 3 is as follows.

Title & Date: "Angry Skeleton Woman," 7/6/80

Bodily-Sensed Feeling: Contraction in my chest.

Emotion: Repulsion, terror, and anger.

Meaning: This was a part of me yet un-nurtured--like a skeleton--helpless--torn apart--angry.

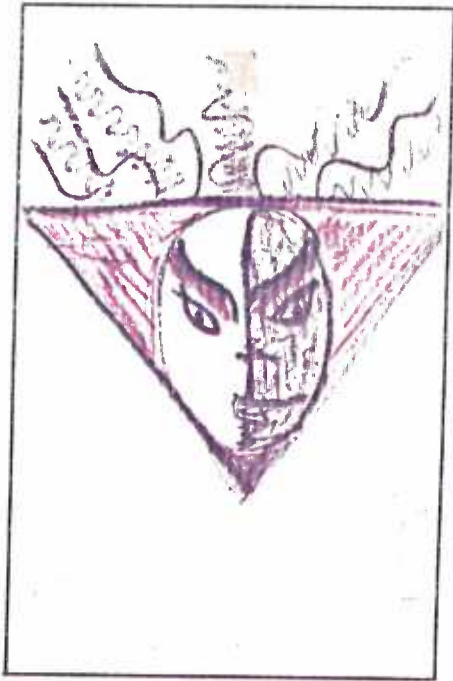
§The client's art-focusing summary for Illustration 4 is as follows.

Title & Date: "Emaciated Skeleton Woman," 7/7/80

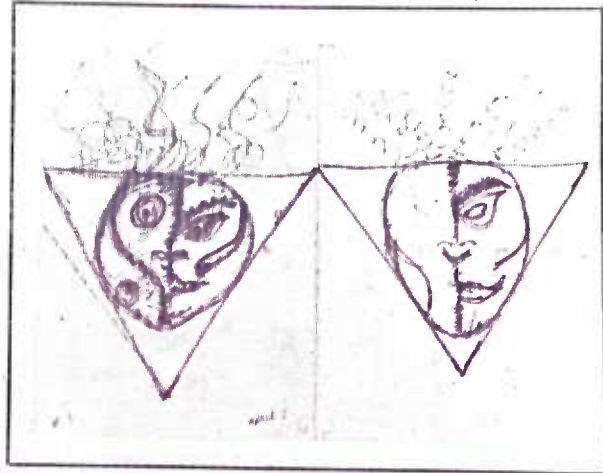
Bodily-Sensed Feeling: Heat clustered in my chest, tears behind my eyes.

Emotion: Deep sadness.

Meaning: The woman is so disoriented. Her cover of anger is gone.



1*



2**



3***



4

is emphasized. Sarah's first request in therapy was, "I need to make a statement."

- C: The mask was blocking fluidity between conscious and unconscious processes. The doubling means double emphasis. If the therapist can go along with the process, there is always a statement.

Associated Active Imagination
Dialogues

The "Dialogue with the Blond Man: Blond Man under Power of Feminine" appeared on July 6th, 1980 and is connected to Illustration 3.

Called up the blond man. We came to each other and embraced and he slapped me hard and cruelly. I got very angry, remained calm, but was very firm and adamant as I told him that I was trying real hard to get to know him and be pleasing to him. I was genuinely trying to adapt and change when I perceived it to be important to him. But I felt it was a two-way street: that he must try also to understand and adapt to me (and he became upset with me); he must try not to become violent but to be upfront and explain to me what was wrong and I would attempt to respond and we could work things out that way. He responded by telling me that he could not help himself when he struck me--that someone else was making him do it. The image of the deformed woman appeared and I understood that she was involved.

The "Dialogue with Esmerelda" appeared on August 1st, 1980 and is connected to Illustrations 3 and 4.

Sarah: You want to destroy the blond man and me.

Esmerelda: Why am I unhappy?--centuries of fathers deprived me of my heart--my--life--my expression . . . darkness . . . lonely . . . hatred. . . . They nailed me to the cross of life.

S: How can I help? Talk to me. Is it hopeless? I'm trying to say that there is hope and that I could help.

E: I am Esmerelda. I have been beaten and used and raped and ignored . . . locked away forgotten . . . of no use or good to anyone . . . I need . . . I hurt . . . I ache.

- S: (She hates me because I keep trying and she believes all is hopeless.)
- E: What do you mean "living," "striving?" They will torment you, laugh at you, forsake you . . . murder you. I WANT to be filled, satiated, let loose . . . to roam . . . have that which was denied me . . . to drink in the sunlight . . . sprint . . . soar like a bird . . . dress up in feathers . . . and roam to the end of the earth . . . explore . . . perceive But I am lost, unknown . . . long forgotten . . . by man I am the memory of every woman . . . closeted, withered, unused. I expect to be loved. I need food and water and space. . . . Nurturing . . . money . . . respect . . . work. . . . I need help, oh, I need help. Relief . . . release . . . rescue me.

Series II. Primal Rage

Series II, Figure B, contains five illustrations which show the major theme of "primal rage."

Patterns or Themes

Therapist: The theme is fire and rage mixed with pain and depression. In Illustration 5, a healing theme is evidenced by the wand and the snake.

Collaborative-Expert: Primal rage is the pattern.

Emotional Expressiveness

T: Pain and extreme anger are expressed. The emotions are out of control. She is possessed by her affects.

C: Rage affecting both male and female principles is taking over in the images.

Figure B. Series II, Illustrations 5-9: Primal Rage--"Eye in Triangle," "Burning Heart," "Cat Woman--Feminine Fury," "Angry Words," and "Warrior Goddess and Woman Initiating a Man"

*The client's art-focusing summary for Illustration 5 is as follows.

Title & Date: "Eye in Triangle," 6/4/80

Bodily-Sensed Feeling: Catch in my throat, tightness in my chest.

Emotion: Sadness, extreme hurt.

Meaning: The triangle seems to be a channel of expressiveness to the inside. There's hurt and helplessness there.

**The client's art-focusing summary for Illustration 6 is as follows.

Title & Date: "Burning Heart," 6/10/80

Bodily-Sensed Feeling: A heaviness in the center of my chest, in the core of me.

Emotion: Sadness, pain.

Meaning: Torn apart, pain, hurting. Yet something is coming out, being released.

***The client's art-focusing summary for Illustration 7 is as follows.

Title & Date: "Cat Woman--Feminine Fury," 6/15/80

Bodily-Sensed Feeling: A heaviness in my chest and shoulders, a tearing in my eyes.

Emotion: The pictures seem full of rage. The image acts on me, causing pain.

Meaning: That poor woman. It is as if she has a broken soul. Oh, God, that anger is terrible, hurting and pain. She has a hard mask-like quality-- a tremendous hurt is being released.

§The client's art-focusing summary for Illustration 8 is as follows.

Title & Date: "Angry Words," 6/16/80

Bodily-Sensed Feeling: Stirring in the center of chest pulling back, choking off feelings.

Emotion: Anger.

Meaning: A need to throw my head back and just start screaming. So much bottled-up needs to be screamed out. Drawing the pictures released the emotion.

§§The client's art-focusing summary for Illustration 9 is as follows.

Title & Date: "Warrior Goddess and Woman Initiating a Man," 6/19/80

Bodily-Sensed Feeling: Tight jaw. Defense, pulling back.

Emotion: Fear, anger, pain.

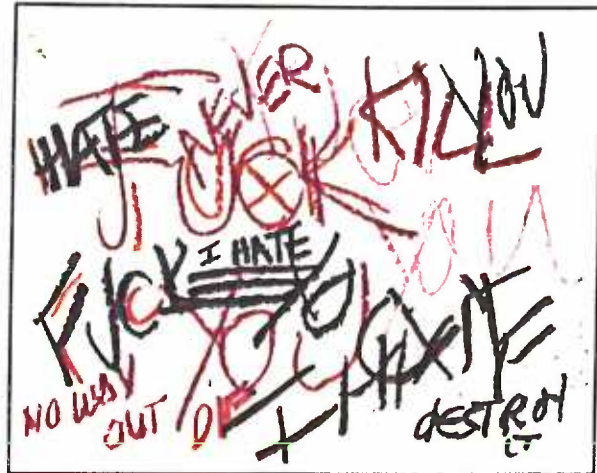
Meaning: The warrior goddess is looking down on the angry woman who is armed for battle. Her breasts are overdeveloped and red. It shows that I've been very angry with men because I've been sexually and emotionally mistreated. I wanted nothing to do with men. A terrible struggle was going on inside me.



5*



6**



8§



7***



9§§

Somatic Transitions

- T: An overabundance of chaotic energy is evidenced. Full-bodied persons appear, rather than only heads, which show an incorporation of more than rationalization into Sarah's process. (Middle Ground)
- C: The pictures show a lack of grounding. Formation is not yet occurring on a personal level. Images reveal that this is more than a personal situation. (Middle Ground)

Symbolic Meanings

- T: Rage on a personal and collective level is demonstrated. Sarah was plunged into a collective level because of her outer, personal experiences. Illustration 5's black snake may be interpreted as a symbol of anguish (snakes symbolize a primitive level of the unconscious); the red staff shows fecundation or transformation possibilities.
- C: Primal, volcanic rage is released from the heart. Red and black are ancient colors representing the feminine principle, yin, and yang, the male principle. Some divine life energy which holds the symbol of eternity ∞ overlooks the process.

Associated Active Imagination

Dialogue

The "Dialogue of Anger Swept Away" appeared on May 13th, 1980 and is connected to Illustrations 7, 8, and 9.

in 24 hours from one extreme to the other--wanting the blondman--
 having sexual possession fantasies
 to extreme anger and hatred
 want to cut off my left breast and ram it bloody into the face of
 a man.
 want to take a mallet and ram down walls
 want to cut myself with a knife
 want to break things and spew hot ugly flames over everything.
 ugly-hatred
 blackness
 my body jerking from its intensity
 stay away from me don't touch or come near me
 STAY AWAY

this black web of ugliness hateful tangled consuming wrath
 don't touch me--I HATE YOU

sweet Sarah
 my mother says everyone loves me
 do you love me now? as i look at you with hatred in my eyes
 the always-understanding-patient-kind-loving-Sarah hates you
 contempt--masked by smiling eyes--oh so sweet Sarah
 Ugly Fat Horrible Sarah
 i want to throw things and break them FUCK YOU

Sarah who listens empathically to what you say and tries to under-
 stand where you are coming from--hates you
 an eagle
 devouring--a vulture feasting upon your remains

i hate despise kill you
 with the power of my words and evil in my eye,

stay away from me don't touch me
 or get near me
 you can't hurt me anymore
 you are all insensitive . . . wounding in your lack of concern
 you take care of yourselves and in your lack of awareness of any-
 thing outside yourselves
 hurt me
 you rape me
 and wound with your words and unawareness--mother

with your blinding desire for men with your violence and
 insensitivity. . . .

Series III. Fire and Purification

Series III, Figure C, contains four illustrations which show
 the major theme of "fire and purification."

Patterns or Themes

Therapist: Fire is the main theme. A theme of protection is
 also depicted by the shield in Illustration 10, the white
 dove in Illustration 12, and the teardrop in Illustration 13.

Collaborative-Expert: Fire and a purification ritual is the
 theme.

Figure C. Series III, Illustrations 10-13: Fire and Purification--
 "Girl Pushing Away Flames," "Burning Heart," "Woman's Head
 in Flames--White Dove," and "Woman in Flames"

*The client's art-focusing summary for Illustration 10 is as follows.

Title & Date: "Girl Pushing Away Flames," 7/21/80

Bodily-Sensed Feeling: This sensation is located near my diaphragm. Sweet
 stabbing, hot pain.

Emotion: Recognition, déjà vu.

Meaning: An awful flame is threatening her and causes her pain but at the same
 time, she's reaching out to welcome it. She's pushing away the painful
 experience, yet she has nobility in reaching for it. There's a shield
 in the upper right hand corner.

**The client's art-focusing summary for Illustration 11 is as follows.

Title & Date: "Burning Heart," 7/22/80

Bodily-Sensed Feeling: Endless searing, fiery pain in my chest.

Emotion: Hurting, tormenting, old pain.

Meaning: There's a woman in the center; she's hurting, but she's alive again.
 The pain is bittersweet. It's no longer frightening and dark.

***The client's art-focusing summary for Illustration 12 is as follows.

Title & Date: "Woman's Head in Flames--White Dove," 8/1/80

Bodily-Sensed Feeling: Aching in the center of chest.

Emotion: Suffering, burning pain.

Meaning: The little bird on the top shows redemption. A spirit seems to be
 rising up out of the flames. The suffering is not in vain. It's a
 cleansing experience.

§The client's art-focusing summary for Illustration 13 is as follows.

Title & Date: "Woman in Flames," 7/26/80

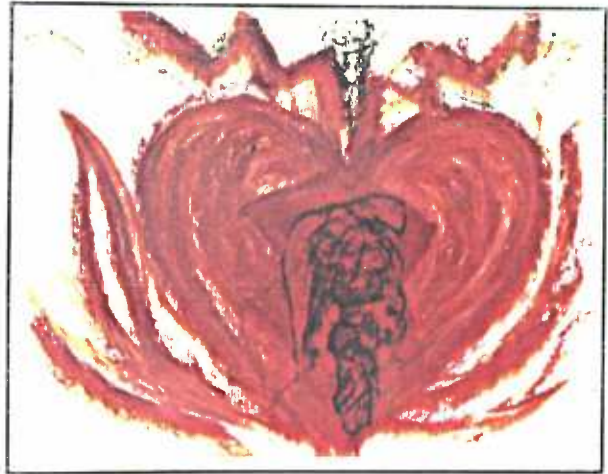
Bodily-Sensed Feeling: Heat in the chest.

Emotion: Tears from pain, a feeling of release.

Meaning: That woman is in so much pain but there is a release. A teardrop is
 above her head and something holy is happening--something sacred--while
 she goes through the fire of emotional pain.



10*



11**



12***



13§

Emotional Expressiveness

- T: The client expresses courage, searing pain, and the promise of an emotional release through tears.
- C: Fear and release are expressed.

Somatic Transitions

- T: Images portray the suffering of powerful emotions. A spiritual dimension is forming. (Middle Ground)
- C: Images show the development of a spiritual dimension. (Middle Ground)

Symbolic Meanings

- T: The detached-head image is transformed to include a more complete body. The dove symbolizes a messenger of higher, spiritual love, which portends a transformation evolving from the painful emotion.
- C: Images of transformation appear as a compensation for the primal rage. Out of the ashes (Illus. 12) comes a rebirth. Rage is grounded; the woman is full-bodied.

Series IV. Emergence of the Positive Feminine

Series IV, Figure D, contains five illustrations which show the major theme of the "emergence of the positive feminine."

Patterns or Themes

Therapist: A peacock theme is predominant which displays a multitude of colors. The pattern has changed from the red and black colors to many colors (denoting an increased complexity).

Collaborative-Expert: The predominant theme is the emergence of the positive feminine.

Figure D. Series IV, Illustrations 14-18: "Emergence of the Positive Feminine--"Peacock Lady Looks to the Sun," "Somber Peacock Lady," "Creative Expression and Playing Opening Outward," "Exultation--Woman Alive--Recreated," and "The Sovereign Heart"

*The client's art-focusing summary for Illustration 14 is as follows.

Title & Date: "Peacock Lady Looks to the Sun," 7/27/80

Bodily-Sensed Feeling: Tingling and surging, a good feeling centered in the core of me.

Emotion: Wonder--belongingness.

Meaning: Something has changed or transformed. It looks like a woman rising out of peacock feathers. This expressive woman is giving homage to the light. She's embracing something high.

**The client's art-focusing summary for Illustration 15 is as follows.

Title & Date: "Somber Peacock Lady," 8/9/80

Bodily-Sensed Feeling: Heaviness in the shoulders, feeling of wanting to retreat.

Emotion: Sadness.

Meaning: This girl is naked, vulnerable and open, stripped of her defenses. She doesn't want people to see her in all her beauty or to exhibit her peacock nature publicly.

***The client's art-focusing summary for Illustration 16 is as follows.

Title & Date: "Creative Expression and Playing Opening Outward," 8/21/80

Bodily-Sensed Feeling: An unfolding, opening-up sensation; warm and spreading, a radiance in my chest.

Emotion: Gladness.

Meaning: Warmth and playfulness, little round balls of wholeness and expression are being released.

§The client's art-focusing summary for Illustration 17 is as follows.

Title & Date: "Exultation--Woman Alive--Recreated," 9/28/80

Bodily-Sensed Feeling: A surging in the chest. Releasing. Eyes tearing.

Emotion: Great joyfulness and releasing.

Meaning: Vital, fiery, alive energy is being expressed in exultation. It's being allowed to be expressed within her and is coursing through her veins.

§§The client's art-focusing summary for Illustration 18 is as follows.

Title & Date: "The Sovereign Heart," 9/30/80

Bodily-Sensed Feeling: A surging in my chest and a pleasure in the back of my throat.

Emotion: Welling or rising emotion. The little bird brings a spiritual feeling.

Meaning: A spiritual healing. It means being contained in the strength, rightness, and fortitude of the sovereign heart.



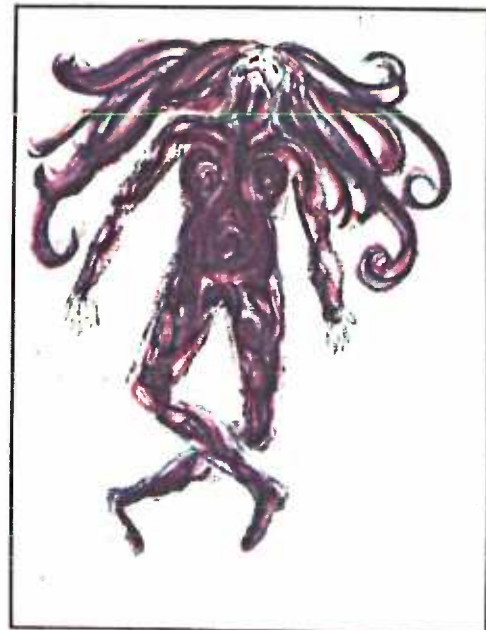
14*



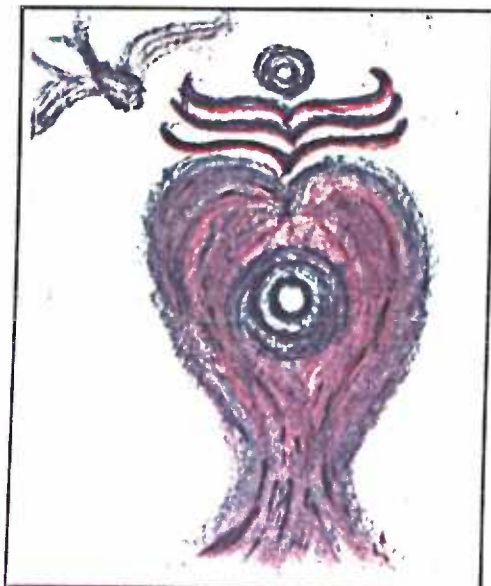
15**



16***



17§



18§§

Emotional Expressiveness

- T: Emotions are mixed. The client's drawings portray wonder, sadness, pain, and gladness.
- C: Happiness, openness, and shyness are seen.

Somatic Transitions

- T: Images suggest a spiritual and joyous feminine process is developing. Both spiritual and biological energies are depicted. (Middle Ground)
- C: Energy is curling back on itself (Illus. 14) and not grounded in life yet (Illus. 15). A flow of energy into the body (Illus. 17) indicates energies have the possibility of being channeled into life. (Middle Ground)

Symbolic Meanings

- T: The golden light may be symbolic of the sun or consciousness. The peacock feathers are sometimes symbols of resurrection or rebirth.
- C: A flow of energy into the biological feminine is seen. Energy is being transformed into life energy in Illustration 17, as a compensation for the rage. The sovereign heart is a central vessel.

Series V. Differentiation of the Feminine

Series V, Figure E, contains four illustrations which show the major theme of the "differentiation of the feminine."

Patterns or Themes

Therapist: The feminine vessel, water, and contained fires are the themes. Contrasting patterns of womanhood are represented.

Figure E. Series V, Illustrations 19-22: Differentiation of the Feminine--"Offering from the Canyon," "A Veiled Mary Pouring Water from a Vessel into the Sea," "Eve," and "A Glimpse of the Kingdom"

*The client's art-focusing summary for Illustration 19 is as follows.

Title & Date: "Offering from the Canyon," 9/26/80

Bodily-Sensed Feeling: A stirring in my heart that says ownership.

Emotion: Belonging, self-love.

Meaning: An offering is being made by a woman of nature. It's a ritual which includes fire, earth, and nature. This woman or goddess is standing in a cavern, offering something or beckoning to the cloud in the sky.

**The client's art-focusing summary for Illustration 20 is as follows.

Title & Date: "A Veiled Mary Pouring Water from a Vessel into the Sea," 9/19/80

Bodily-Sensed Feeling: A feeling in my chest of fullness.

Emotion: Satisfaction, emotional fulfillment.

Meaning: This woman is motherly. She's pouring the water into bigger water, uniting with a big watery source. She's lighted by the sun, kneeling on the earth, pouring water from a pitcher.

***The client's art-focusing summary for Illustration 21 is as follows.

Title & Date: "Eve," 9/8/80

Bodily-Sensed Feeling: Welling in my chest.

Emotion: Fulfillment, but more of a sexual feeling.

Meaning: She's a woman of nature. Her hair reaches to the ground. The sun is warming. The flame is in her genitals.

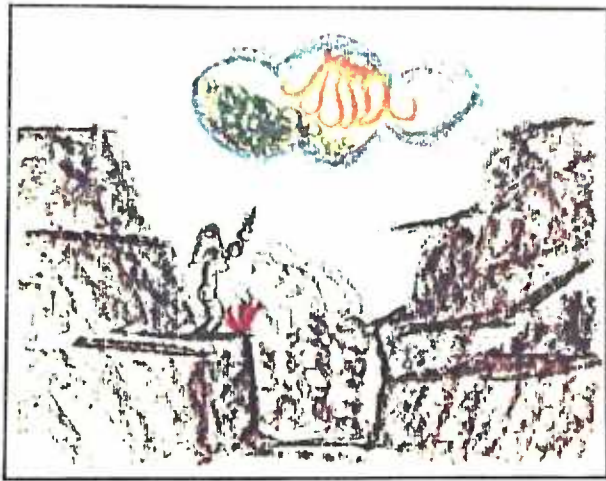
§The client's art-focusing summary for Illustration 22 is as follows.

Title & Date: "A Glimpse of the Kingdom," 7/28/80

Bodily-Sensed Feeling: Heat in my chest--a diffuse center.

Emotion: Longing or desire.

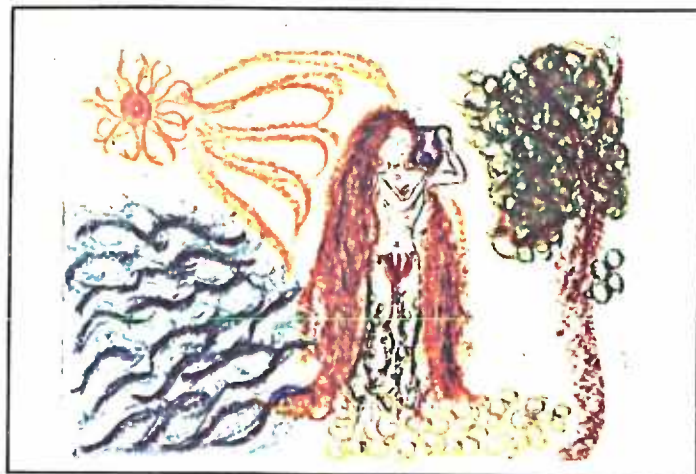
Meaning: Something magical and faraway; a little kingdom with beautiful colors and a three-tiered castle. A feeling of expression and a glimpse of some potential.



19*



20**



21***



22§

Collaborative-Expert: This pattern represents a differentiation of the feminine and the general theme could be the emergence of self as a woman.

Emotional Expressiveness

- T: A love and acceptance of the feminine dimension is evidenced in her comments.
- C: Emotional fulfillment appears to be the predominant emotion.

Somatic Transitions

- T: The images and feelings suggest the ways in which women may live in the world. The women are all busy performing tasks. The images value nature, spirituality, and sexuality as varied components of womanhood. (Middle Ground)
- C: These goddess are from a collective level. They represent possible forms women may live in the world. (Middle Ground)

Symbolic Meanings

- T: These women seem at home with their own nature, which indicates Sarah was becoming comfortable with herself. A contained fire is used as a signal (Illus. 19). A spiritual Mary pours water--"feeling-giving"--from her vessel into the larger water below (Illus. 20); Eve (Illus. 21) carries a vessel of water on her shoulder and has a contained fire in the genital area symbolic of the embodiment of the opposites of water--"feeling"--and fire--"passion." The castle is feminine, according to Sarah. This castle symbolizes a serene and dignified home related to a highly-respected feminine self.
- C: A castle may be symbolic of the potential feminine center of the self.

Series VI. The Creative Feminine Source

Series VI, Figure F, contains three illustrations which show the major theme of "the creative feminine source."

Figure F. Series IV, Illustrations 23-25: The Creative Feminine Source--"Malevolent Eye in the Forest," "Colliding Forces," and "The Cavern of Light and the Greenstone"

*The client's art-focusing summary for Illustration 23 is as follows.

Title & Date: "Malevolent Eye in the Forest," 5/6/80

Bodily-Sensed Feeling: Hot and tense; a moving tension.

Emotion: Feeling mystified, upset, frightened; starting to feel anger.

Meaning: Dark things from the unconscious were starting to push their way out from behind the trees.

**The client's art-focusing summary for Illustration 24 is as follows.

Title & Date: "Colliding Forces," 8/12/80

Bodily-Sensed Feeling: Pressure, motion, expansion and heat in my chest.

Emotion: Apprehension; being all stirred-up.

Meaning: A great deal is happening; forces from the heavens; a comet; smoldering rocks. Hot and cool forces. The sun is hot. The forces are colliding with power and movement. Everything is shaken up.

***The client's art-focusing summary for Illustration 25 is as follows.

Title & Date: "The Cavern of Light and the Greenstone," 8/15/80

Bodily-Sensed Feeling: A home right in my center--a feeling of peace.

Emotion: Happiness.

Meaning: I found a home. A source--a cave of light that was buried underneath the ground. My greenstone was in the cave. The cavern of light and the greenstone gave me my creativity. I began to write words to songs after I found that place.



23*



24**



25***

Patterns or Themes

Therapist: Emergence of creativity out of chaos is the most important theme.

Collaborative-Expert: The theme is the creative feminine source.

Emotional Expressiveness

T: Emotions are fear, happiness, and constancy.

C: A sense of mystery is present with the chaotic fearful feelings that precede her creative experience.

Somatic Transitions

T: The state of feminine serenity has ended. The unconscious is stirred-up. Out of the unconscious, formation is taking place. Sarah wrote her first words to a song. (Endings, Middle Ground, and Formation)

C: Formation is occurring. Chaos is evidenced prior to the outward expression of poetic words. (Middle Ground and Formation)

Symbolic Meanings

T: The cavern is a feminine symbol, a source of knowing or light. A green color shows growth. Its green, jewel-like quality symbolizes the understanding heart.

C: Something is cut-off from Sarah's view in the first image (Illus. 23). The great mother, as nature, blocks the negative mother's eye. Anger is aroused and a collision of opposite forces, cool and hot, occurs. This potential destruction results in a creative experience.

Associated Active Imagination
Dialogue

The "Dialogue of the Calling of the Heart" appeared on August 20th, 1980 and is connected to Illustrations 24 and 25.

Last night in a dream a shining stone was given me.
 it mirrored many faces from the start.
 never what it seemed, glistening green & beckoning
 answer to the calling of the heart
 oh a peacock prances in the park
 a woman dancing in the dark
 a chorus chimes--a poet rhymes a part
 somewhere a spirit is released, it presses on relentlessly
 following the calling of the heart.

Visions of the sea--fathoms deep & shimmering
 underneath the reaches of the sky
 Beyond what is perceived--the threshold of eternity
 opens at the calling of the heart,
 and the moon with irridescant grace
 tilts an ever-changing face
 repeatedly--she runs a starry race
 living a timeless mystery
 that keeps on singlemindedly
 following the calling of the heart.

A dying comet spins a spark
 The blinded archer hits the mark
 following the calling of the heart.

Last night--in a dream
 glistening green & beckoning
 answer to the calling of the heart.

Series VII. Femininity Cut Off from Eros

Series VII, Figure G, contains four illustrations which show the major theme of "femininity cut off from Eros."

Figure G. Series VII, Illustrations 26-29: Femininity Cut Off from Eros--"Ball of Fire and Water," "Mermaid," "Red Balls Bouncing in the Sea," and "Astarte"

*The client's art-focusing summary for Illustration 26 is as follows.

Title & Date: "Ball of Fire and Water," 5/5/80

Bodily-Sensed Feeling: The feeling in my throat. It is plastic and fluid--it moves around from my chest to my throat.

Emotion: A pleasant stirring emotion.

Meaning: Something is unbound. The fire met the water; deeper water is also there.

**The client's art-focusing summary for Illustration 27 is as follows.

Title & Date: "Mermaid," 11/21/80

Bodily-Sensed Feeling: An expanding sensual feeling in my diaphragm, chest, breasts, and stomach.

Emotion: Warm fluid sensual feeling, but not like sexual desire.

Meaning: The hook is from the earth. The mermaid is loving and womanly. She is being hooked out of the water--the watery, feeling realm. This drawing has to do with emerging feelings. The mermaid is not quite human but she has a joyfulness about her.

***The client's art-focusing summary for Illustration 28 is as follows.

Title & Date: "Red Balls Bouncing in the Sea," 11/12/80

Bodily-Sensed Feeling: A sharp, tightly-centered stirring in my chest.

Emotion: Sharp pain.

Meaning: Something is breaking-up yet supported by the boundless sea.

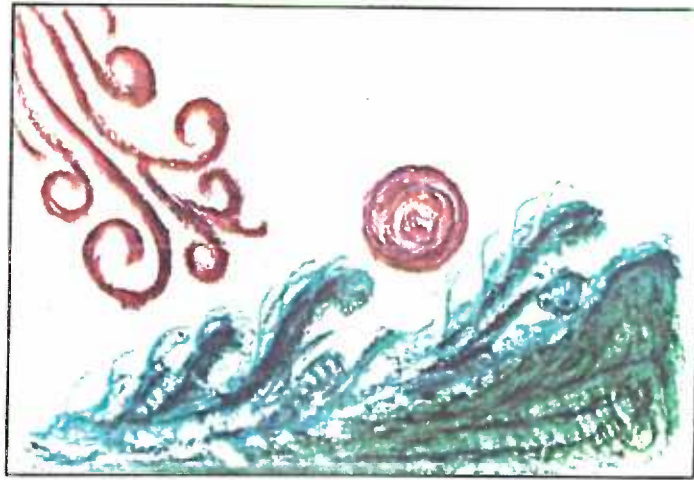
§The client's art-focusing summary for Illustration 29 is as follows.

Title & Date: "Astarte," 11/23/80

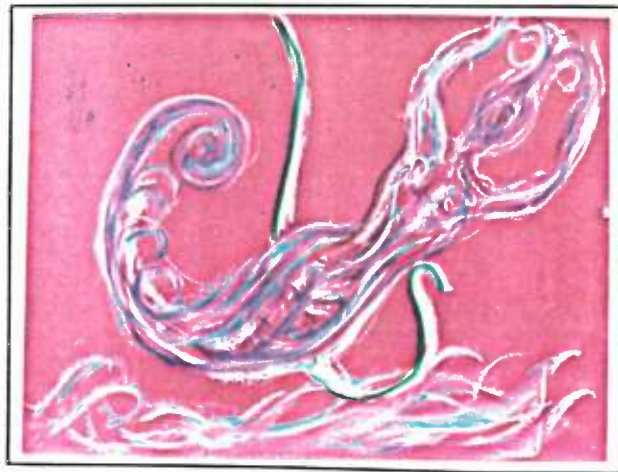
Bodily-Sensed Feeling: I feel a withdrawal in my stomach, yet a resonance with this image.

Emotion: Drama and fiery boldness.

Meaning: The headdress makes her look like a goddess, a powerful figure--maybe a queen working for destruction or good. Her feeling is dramatic but not refined. She's both intimidating and protective. She creates and controls energy.



26*



27**



28***



29

Patterns or Themes

Therapist: The presence of the round balls, explosiveness, fire, water, the mermaid, and the fire-goddess seem to indicate that opposite forces are at work but not yet relating.

Collaborative-Expert: Femininity cut off from Eros and sexuality seems to be the theme.

Emotional Expressiveness

T: Tumultuous emotions are being depicted as an explosive emergence of polar opposites. Contained or enclosed sensual feelings are seen in the mermaid (Illus. 27) and a fiery, uncontained boldness is demonstrated in Astarte (Illus. 29).

C: Emotion seems both cut off and enclosed in a glass-like body in Illustration 27. Emotion is controlled, but uncontained in Illustration 29.

Somatic Transitions

T: The imagery shows no grounding as seen with the fishtail of the mermaid (Illus. 27) and lack of feet on Astarte (Illus. 29). (Middle Ground)

C: This process has not developed in life yet. (Middle Ground)

Symbolic Meanings

T: The balls in Illustration 28 seem to be exploding. Fire and water may represent either intuition and feeling or emotion and the unconscious. The mermaid has been hooked by something from the earth. Astarte (Illus. 29) is the name of a Phoenician goddess. She symbolizes sexuality, love, and fertility or creative energy.

C: This series seems symbolic of a lack of grounding in sexuality, sensuality, and love. Power and controlling, goddess-like qualities are portrayed which also show a lack of grounding.

Series VIII. Eros Potential Develops

Series VIII, Figure H, contains four illustrations which show the major theme of "Eros potential develops."

Patterns or Themes

Therapist: A differentiation from her mother's animus (inner masculine guide) is taking place; Sarah also develops her own assertive powers.

Collaborative-Expert: Eros potential develops in this pattern.

Emotional Expressiveness

T: Fear, passivity, anger, assertiveness, and passion.

C: Assertiveness and passion (not fully-grounded).

Somatic Transitions

T: As the client develops assertive ability in her imagery, a grounding and differentiation from her mother's opinions is evidenced, as yet at a primitive state of development (Illus. 31). (Middle Ground)

C: Sarah is moving towards relationship with the masculine principle. (Middle Ground)

Symbolic Meanings

T: A disembodied head indicates that Sarah has been living with inner, punishing opinions rather than her own differentiated feelings or cognitive understanding. The black and red dragon (Illus. 31) and the separated circles with the birds (Illus. 32) both symbolize a discrimination which allows her to relate to a true masculine partner in a passionate way (Illus. 33).

Figure H. Series VIII, Illustrations 30-33: Eros Potential Develops--
 "The Bird with Forked Tongue Attacking Woman--The Patriarch
 Looks On," "Dragon Emerging from Mom's Protection," "Black
 and Red Circle with Doves," and "Meeting Male Counterpart"

*The client's art-focusing summary for Illustration 30 is as follows.

Title & Date: "The Bird with Forked Tongue Attacking Woman--The Patriarch Looks On,"
 7/4/80

Bodily-Sensed Feeling: A tightening in my shoulders and upper body.

Emotion: Fear, anger, resentment.

Meaning: The young woman is being attacked by the bird. A masculine figure is in control. The hawk-like or chicken-like bird is under his power. The patriarch reminds me of my mother's father.

**The client's art-focusing summary for Illustration 31 is as follows.

Title & Date: "Dragon Emerging from Mom's Protection," 10/9/80

Bodily-Sensed Feeling: Warm all over.

Emotion: Good tears, loving feelings of affection.

Meaning: This is a male underdeveloped dragon. He's testing his flames for the first time. He's smiling as he spews the flames. I felt good, myself, as I began to strut and feel more sure of myself. There's another dimension to this picture. The red and black sun seems like it's separating opposite colors. The sun is presiding over the dragon.

***The client's art-focusing summary for Illustration 32 is as follows.

Title & Date: "Black and Red Circle with Doves," 10/18/80

Bodily-Sensed Feeling: A rising, tingling, and releasing feeling in my chest.

Emotion: Hopefulness; wholeness.

Meaning: Reaching for something within my reach. Two opposing forces are united. Two white doves are in the center. Things are coming together but not easily.

§The client's art-focusing summary for Illustration 33 is as follows.

Title & Date: "Meeting Male Counterpart," 8/9/80

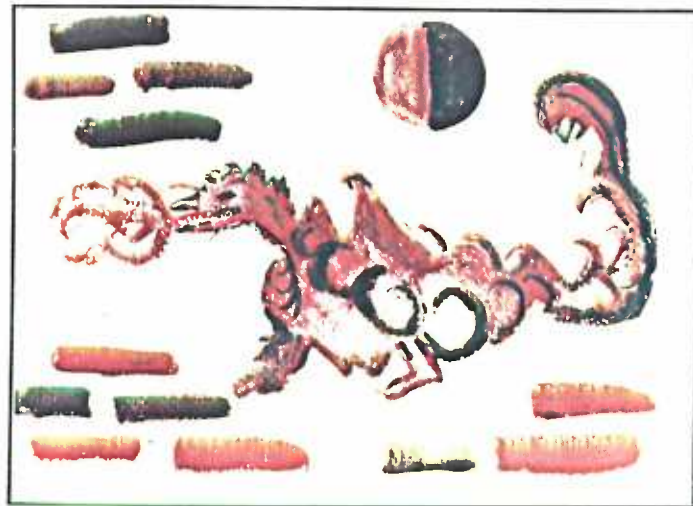
Bodily-Sensed Feeling: A hot opening in my center bringing tears to my eyes.

Emotion: A passionate ownership.

Meaning: The two people aren't really touching, except for arms and hands. It's embracing and welcoming a masculine dimension as well as forming an appreciation of the passion the masculine brings.



30*



31**



32***



33

C: The Eros potential is forming, although it is not yet lived in life.

Associated Active Imagination
Dialogue

The "Dialogue with the Patriarch" appeared on June 30th, 1980 and is connected to Illustration 30.

Sarah: How are you?

Patriarch: Stern as ever. You certainly haven't turned out as I imagined you would.

S: How is death?

P: Lonely.

S: I can no longer live my life by your rigid restrictions and values.

P: Why?

S: I must be free to be my own person and to develop my strength and sense of self.

P. You will die: you are wrong.

S: No!! You and all before you who tried to confine and suppress womanspirit were wrong. You were frightened, self-righteous, and wrong.

P: You will pay.

S: No!! We will be responsible for our lives and actions. I will be responsible and choose who I am to be. You can't stop me any longer. I tried to live your way--always catering to your approval. I suppressed my anger, sublimated my point of view, altered my appearance--was your nigger and slave.

And it killed my spirit, made me depressed and hateful myself--instead of directing my anger to you--its rightful recipient.

This is my first conscious act of rebellion!

I choose to defy you--to hate all that you represent. And my knowledge of your oppression, and by my striving to root it from

my life--I am set free . . . you are nasty and cruel and hurting. Your lack of awareness of any but your own needs--your own narrow perspective--is powerfully dangerous to life. I say No to your standards. I say Yes to life . . . and choose actively a risk-taking direction . . . creativity . . . expression . . . striving . . . regardless of my gender or of your wishes and desires . . . you cannot bind me . . . this knowledge sets me free. . . .

P: So you think you've won. . . I am omnipresent. . . omnipotent.

S: You are a fool. The force of your power depends upon your ability to threaten and manipulate and intimidate me . . . I say No and refuse to be cowed and swayed. The power that results of self-knowledge and self-regard strips your force-laden threats of their power. I say No to force. I say Yes to a life determined by my own self and guided by the inner wisdom that is me and all the power of the universe which is in me and shines through me. It is beyond your control. It is the essence of life . . . the forward moving, light seeking motion of all living beings. Your criticism and fear, your hatred and the hatred of all men cannot stop it. It is greater than you; it is greater than me. It is within and part of all of us.

I choose to embrace that which you deny . . . and I pity you . . . that you choose a god who is judgmental and punishing and rigid. I cannot accept that. I choose to live . . . the unpredictable . . . ever changing . . . interesting and full-spectrum of experience and emotional being . . . leave me alone. I cast you out and leave you to your own limited life . . . goodbye and may you sleep forever in peace. . . .

Series IX. Spiritual and Organic Sense of Self

Series IX, Figure I, contains four illustrations which show the major theme of "spiritual and organic sense of self."

Patterns or Themes

Therapist: A spiritual and organic sense of self is emerging.

Collaborative-Expert: Authentic self-identity and congruity is emerging with strengthened ego-identity.

Figure I. Series IX, Illustrations 34-37: Spiritual and Organic Sense of Self--"Delphi of the Spirit," "Queen with the Sun (Lily) in Her Heart," "Mandala with Six Points," and "Plant in the Psyche"

*The client's art-focusing summary for Illustration 34 is as follows.

Title & Date: "Delphi of the Spirit," 8/1/80

Bodily-Sensed Feeling: Warm in my heart area.

Emotion: Security, balance, caring.

Meaning: When Delphi of the Spirit came, she was the voice of balance and reason.

I could depend on her objective, rational approach to problems.

**The client's art-focusing summary for Illustration 35 is as follows.

Title & Date: "Queen with the Sun (Lily) in Her Heart," 12/1/80

Bodily-Sensed Feeling: A strong, hot feeling in my chest.

Emotion: Freedom, rightness.

Meaning: This picture means I can make a forthright statement. A woman dressed in bright hues, has a warm, yellow sun in her heart. All the colors are deep and dark, but in the center is this light. It's a nice balance. The queen has a strong fiery artistic nature. The heart represents vulnerable, sensitive feeling like Lily. Delphi is like the sun--sure, bright, and free.

***The client's art-focusing summary for Illustration 36 is as follows.

Title & Date: "Mandala with Six Points," 12/3/80

Bodily-Sensed Feeling: A wholeness and fullness reaching from my solar plexus to my chest area.

Emotion: Happiness, joy.

Meaning: The image appeared just before Christmas. I was reaping the benefits of my inner work--writing songs, relating in a different way to people. I had reached a degree of spiritual understanding after struggling in a long, dark tunnel.

§ The client's art-focusing summary for Illustration 37 is as follows.

Title & Date: "Plant in the Psyche," 1/21/81

Bodily-Sensed Feeling: The plant is not just nature; I have a warm, tingly column going up and down my center.

Emotion: The emotion is wonder. The color depicts a watery feeling.

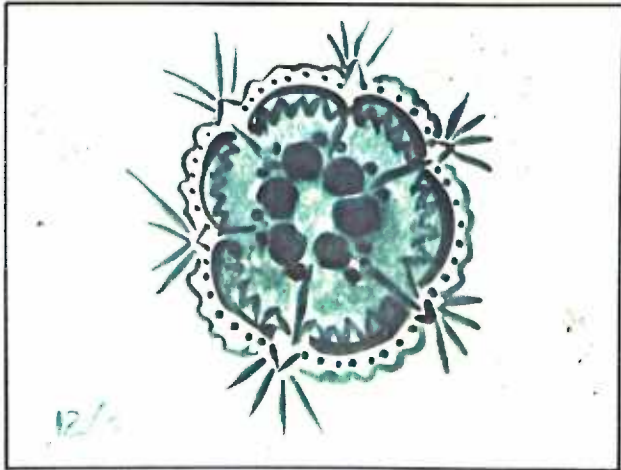
Meaning: The plant is bizarre, wonderful, and fascinating. It represents my creative process. It's a different color than a plant in nature.



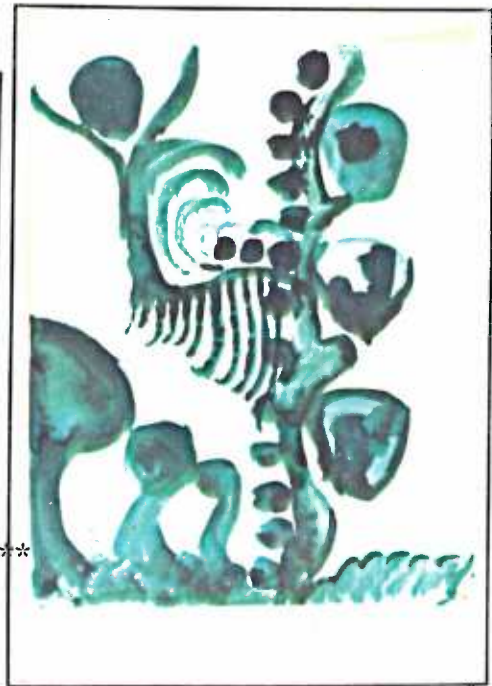
34*



35**



36***



37§

Emotional Expressiveness

- T: Freedom, happiness, and balanced spiritual/bodily feelings are expressed.
- C: Security, expressiveness, wholeness, and love are shown.

Somatic Transitions

- T: This image shows that formation, differentiation, and integration have occurred. She is trying out her wings in life. (Formation)
- C: It is a state of formation and integration. (Formation)

Symbolic Meanings

- T: Eros is being experienced in the world with a union of Delphi's spirit (Illus. 34), the queen's power (Illus. 36), and Lily's feeling (as noted in the active imagination dialogue with Lily, p. 155).
- C: The number six symbolizes an earth process (Illus. 36). Integration has occurred between feeling and power (Illus. 35). A steadying connection is symbolized by the mandala (Illus. 36).

Associated Active Imagination Dialogues

The "Dialogue with Delphi of the Spirit" appeared during August 1980 and is connected to Illustration 34.

Sarah: I fear losing control, that I won't be able to cope or maintain. You need to give it up. Dive in, immerse . . . take the water . . . hope. Who is there to help me?

Delphi of the Spirit: I am Delphi, the fair of spirit. I will guide you . . . depend upon me. I am open to experience . . . courageous and brave . . . softspoken and gentle, but sure . . . and I love you.

S: How will I know you?

D: Just ask.

S: I am so confused. . . .

D: I know, but all will be made clear . . . trust me.

S: What shall I do?

D: Try "persevere," "learn," "care."

S: What about my music?

D: Don't go ahead too quickly . . . wait . . . patience.

S: But I am growing too old. . . .

D: No, No, No; you have just begun.

S: Do you really believe that?

D: Yes, I will show the way every step of the way. Listen to me; revere me; understand me; defer your own judgment until you understand fully all that must be done.

S: I am beginning to believe you.

D: Good, I will not hurt you or lead you wrong.

S: (Saw image of woman, long golden hair in white robes with red rose.) I hear a voice in the depths of me say, "I hate you."

D: Who?

S: You.

D: Why?

S: For caging me up, for forcing me inward (like a small scared child.)

D: What can I do?

S: Let go . . . free . . . heart . . . hand . . . holy . . .
scream . . . move . . . don't look back or double-think . . .
believe . . . set me free. I am in a cage, chained, scream-
ing. . . . I want my wings . . . my voice. Why do you do
this to me? I have not hurt you. I am the essence of you,

alive and growing. You cut me off and disrupt your own growth. The child--whimsical, reacting, emoting--is not to be feared . . . let her be.

The "Dialogue with Delphi of the Spirit" appeared on August 10th, 1980 and is connected to Illustration 34.

Sarah: I want to speak to the blondman . . . who are you?

Delphi of the Spirit: You know that.

S: How can I put into practice in my life the things which you embody.

D: Energy . . . taking risks . . . making statements with art . . . taking chances . . . moving surely. You already have begun . . . listen to me.

S: I feel so helpless and frightened like there is a line to cross over and I can't do it.

D: Give me your hand and I will help you over the line every time you need or want to cross it.

The "Dialogue of Responding to the Darkness" appeared on October 11th, 1980 and is connected to Delphi, Illustration 34; there is not a drawing of the dragon referred to in this dialogue.

Delphi--who I told that it was time to get on with things--in middle there is a need to complete. I question, "Will looking at dark things help me with words?"

Delphi's answer: "In some ways, yes--but it'll always be hard for you."

She pushed me and we fell into a murky, black, dirty, polluted water . . . down, down . . . emerging in a narrow cave, we crawled on our bellies, snakes slithered over us. She said, "Don't fear, they won't bite you." We crawled into a small room of rock--a chest, from which emanated some light, beckoned us, inside there was a key.

She said, "Are you sure you are ready for this? I said, "Yes."

She unlocked a door and led me down a subterranean passage lined with cells. Inside: monstrous, deformed creatures; pitifully thin, women in chains; headless things that called out and tried to get out. We approached the end of the aisle, another door--coolness, darkness. She opened it; I said, "You go first." She said, "No--you go alone if you want to enter."

Inside, still dark.

Breathing, "Who's there?" I say; a monster evil (dragon-like) unfriendly, ugly, hideous scales, confronts me, lays me on a table and has intercourse with me. I am appalled that I am responding.

The "Dialogue with Lily" appeared on November 25th, 1980 and is connected to Illustration 35.

Lily came out as teenage Sarah. She first appeared as a girl of 10: demanding, precocious--a real "me first" person wanting attention and nurturing, food and comfort. I didn't like her very well and felt pretty condescending towards her.

She changed about the time I started on this diet, six weeks ago, to a 12- or 13-year-old girl: in agony, angry at her mother; in desperate need of food and love, wanting to drown in it; fearing that if I lost weight, she would die (lose power); and that by limiting my intake of food, I was denying her her only means of expression and power.

She was angry, hurt, confused, rebellious. In the last two weeks, she transformed (not without a struggle) to Lily: a very thin, pale, dark-haired girl of 13, dressed in white organdy; she carried a book and seemed transfixed before a mirror.

She is shy and sensitive and vulnerable. It is hard for her to hide the emotion that flows through her. Sometimes you can see a flood of tenderness mirrored in her face. By teenage standards, she is not very cool. She is easily shocked.

The "Dialogue of the Queen with the Sun (Lily) in Her Heart" appeared on December 1st, 1980 and is connected to Illustration 35.

Delphi of the Spirit and Lily talk about singing--really letting go when I sing. Lily said, "Yes, I'm vulnerable and shy." Delphi didn't know quite what to say. She finally decided it was a matter between the Queen and Lily because it was they who would share the stage together. She tried to explain to both of them that they needed one another: that Lily needed the Queen's outgoing strength and the Queen needed Lily's depth of feeling. Lily accepted that (although she feels as if we were laying an awful lot on her and she is barely on her feet, first a diet and now performing--"whew!") Delphi said that first of all this would happen gradually so that she could adjust to the change.

The Queen, however, was not buying this. I had an image of the Queen, tall and imposing and powerful; inside her heart was a small Lily dressed in white. When the Queen opened her mouth to sing, she let go of lots of energy that was accentuated with feeling.

Series X. Recapitulation of Sarah's Process
as Related Primarily to the Feminine Principle

Series X, Figure J, contains three illustrations which show the major theme of a "recapitulation of Sarah's process as related to the feminine principle."

Patterns or Themes

Therapist: The theme is the feminine vessel depicting the therapy process at various stages.

Collaborative-Expert: Recapitulation of Sarah's process as related primarily to the feminine principle is the theme.

Emotional Expressiveness

T: In Illustration 38, at the beginning of therapy, Sarah displayed angry, rejecting emotions. In Illustration 39, she was at a period when she delighted in a relationship to her own femininity. She celebrated, ritualized, and understood her emotions of coolness, comfort, spirituality, nurturance, and protectiveness by connecting them to the collective feminine imagery--Artemis, Mary, and Eve. In Illustration 40, vibrant, full emotions began to be expressed with words and music.

C: These images seem expressive of deep anger changing to an ordering of affect and changing then to joyful expressiveness.

Somatic Transitions

T: All three somatic transitions are evidenced: Illustration 38 shows ending, a rejection of her femininity; Illustration 39 depicts middle ground, inner images of various feminine patterns appear. Illustration 40 depicts formation; her creativity is blooming as well as her femininity in the outer world. (Endings, Middle Ground, and Formation)

Figure J. Series X, Illustrations 38-40: Recapitulation of Sarah's Process as Related Primarily to the Feminine Principle-- "Break the Vase," "Feminine Pitcher," and "Blue Pitcher Filled with Tulips"

*The client's art-focusing summary for Illustration 38 is as follows.

Title & Date: "Break the Vase," 5/2/80

Bodily-Sensed Feeling: A stabbing in the chest, tightness in the throat.

Emotion: Resistance, starting to move, then hurting, then anger, painfulness, sadness.

Meaning: I have compassion for the feelings evoked. When I drew that picture at the beginning of therapy, my womanly, feminine nature was hurt and broken. This picture represents a hurt, feminine self.

**The client's art-focusing summary for Illustration 39 is as follows.

Title & Date: "Feminine Pitcher," 10/4/80

Bodily-Sensed Feeling: Tears welling-up in my eyes, a spreading, itchy feeling in my chest.

Emotion: Warm, affectionate feelings.

Meaning: Fullness. The vase is primitive but has a distinct shape. The outburst of anger was over. Feelings were starting to come back. The vase might represent the eternal feminine.

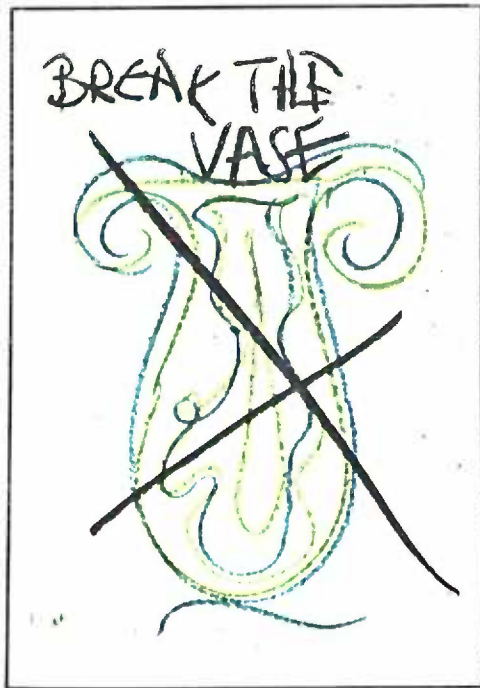
***The client's art-focusing summary for Illustration 40 is as follows.

Title & Date: "Blue Pitcher Filled with Tulips," 4/24/81

Bodily-Sensed Feeling: Bursting, loving feelings in chest.

Emotion: Joy, happiness.

Meaning: A feminine creative part of my life is full, open, and blooming. I didn't know I could draw this picture. It was a pitcher of flowers on the outside that I responded to.



38*



39**



40***

- C: This series recapitulates all the transitional states.
(Endings, Middle Ground, and Formation)

Symbolic Meanings

- T: At the beginning of therapy, Sarah felt rejecting towards her own feminine nature (Illus. 38). Positive mythological, feminine figures appear to strengthen her joy in being a woman (Illus 39). The feminine symbol of the vessel displays vibrant feelings and beauty symbolized by the tulips inspired from a life experience (Illus. 40).
- C: A squaring of the circle (depicted in Illus. 39) symbolizes the feminine being integrated by dipping into the unconscious and returning to the conscious world. The client had to break through her persona (mask) to get to her creativity (Illus. 40). The client has gone through one level of a growth process wherein she had integrated repressed emotions, found meaning, and discovered her potential for authentic individuality.

APPENDIX B

OPERATIONAL DEFINITIONS AND INSTRUCTIONS FOR
SPONTANEOUS ART, ACTIVE IMAGINATION,
FOCUSING, IMAGE-FOCUSING,
AND ART-FOCUSING

Spontaneous Art Instructions

The spontaneous art instructions used in this study are taken from Abt (1978).

1. Select Materials:
 - work with preferred medium (e.g., pencils, oils, acrylics, chalks, crayons, etc.)
 - select paper or material (any size or quality).
2. Select Time:
 - choose a time for art when you have little chance of being interrupted.
 - choose a time for art when you either feel tension or do not feel tension (either time is appropriate).
3. Painting Process:
 - let the hand spontaneously draw or paint without planning or worrying about the outcome.
4. Colors:
 - you may work with black, white, or select colors, as you wish; colors may express certain feelings.
5. Results:
 - bring spontaneous art to therapy sessions weekly along with any other imaginative material which may emerge.

Active Imagination Instructions

Active imagination instructions are taken from von Franz
(1975).

1. Suspending:
--letting go of the critical faculty helps one become receptive to the process.
2. Allowing:
--emotions, affects, fantasies, obsessive thoughts or even waking dream-images are allowed to come up from the unconscious.
3. Confronting:
--whatever images emerge are to be faced as if they were objectively present (an alert, wakeful confrontation with the contents of the unconscious is the very essence of active imagination).
4. Objectifying:
--fantasies can be objectified by writing them, by drawing, painting, or dancing them. A written dialogue is the most differentiated form and usually leads to the best results.

Focusing Instructions

Focusing consists of the following steps (according to Olsen, 1978).

1. Relaxation. (Key word, "Relaxation")
2. Recall the Focusing Matrix. (Key word, "Matrix")
 - letting go of your usual way of thinking and feeling, your usual way of talking to yourself.
 - letting go of the feeling of trying to do something or get somewhere.
 - letting words come from, match, or fit your body sensations.
 - creating a space for something more than "just" feeling or "just" thinking; an actual experience of release, change, shift, new awareness.
 - being willing to allow the possibility of change (even though that may not feel possible at the time you are focusing).
3. Pick something to focus on, at the level of difficulty you feel willing to deal with. (Key word, "Focusing Awareness")
4. Describe the event as vividly as you can. Be brief. (Key word, "Body Sensing")
5. What body sensations go with what you are focusing on? (Key word, "Body Sensing")
 - Describe the quality and location of the sensations. (Key words, "Quality" and "Location")
 - See if the sensations connect with any others, especially those all through the center of the body. (Key word, "Connecting")
6. Locate the center of the main sensation or group of sensations. (Key word, "Centering")
7. When you find the center, WAIT. Be aware of an image, sound, or gesture that comes to you as you pay attention to the center of the sensation. (Key words, "Waiting," "Whole," and "Sensing")
8. What body sensations go with the image, sound, or gesture? (Key word, "Body Sensing")
9. What emotional feeling goes with the sensation and image/sound/gesture? (Key word, "Felt Sensing")

10. Find one or two words that match the sensation/feeling/image/sound/gesture. (Key word, "Matching")
11. Check with your body sensation to see if the word(s) actually match. (Key word, "Checking")
12. What are your body sensations now? What happened to your body sensation when you found words that matched? (Key word, ["experience" to assess if felt shift occurs])
13. Recall how you felt when you started focusing. See how you feel the same or different now.
14. Do whatever you need to do to finish the exercise.

After this technique has been learned and additional training sessions in image-focusing have been practiced, the process of art-focusing will be utilized to understand the spontaneous art images.

Image-Focusing Instructions¹

1. Pick something to focus on--a problem you've having, a conflict, some place you feel troubled or stuck, a difficult situation you've run up against, something you would like to change about yourself. Or start from how you are just now. --pick something that feels important and meaningful.
2. Pay attention to the place in your body where you usually feel things--sad or happy or scared. Pay attention there and see how you are now. See whatever comes to you when you ask yourself, "How am I now?" "How do I feel?" --find a few words or a sentence. Say them to yourself silently, but in words like, "I feel _____."
3. Now take the problem you picked (and/or the feeling that is in you now) and let yourself have a sense of how all of the problem hits you. Let yourself feel the whole thing, all of that. --find a few words or a sentence that captures how you feel.
4. Stay with that sense, the sense of what those words refer to, and let an image form inside you. Just see whatever image comes. If you have trouble, try the following:
 - ask yourself again, "What is that feeling?, What is my sense of what that problem (feeling, issue) is like?"; Wait, let the feeling of it grow in you, and again see whatever image forms.
 - relax, say again to yourself the thing you picked to work on; let yourself feel what that's like, and see if you can imagine yourself in a room--it might be familiar or one you've never seen before.
 - take a feeling that came to you and say to yourself, "I feel _____"; make a short phrase or a word which seems to capture what it's like for you. See what image forms in you after you say your feeling.
5. Describe the image to yourself as it appears to you just now, What are you like in the image? Go back and see if you missed anything.
6. Take each part of the image and carefully ask yourself how it would feel to be each part. It might help to speak as if you were each part, letting yourself feel what those words refer to. See again how it feels to be you now in the image.

¹According to Olsen (1975).

7. Have some kind of interaction or dialogue among the parts.
If you are not in the image, imagine yourself to be there too.
Ask yourself, "What do I want to say or do in the image?"
Make sure to ask yourself again how it would feel to be each part.
8. Go back to the image and see if it's changed. Repeat steps five through eight until you feel a stopping point.
9. Connect the image feelings with your own feelings. See what the image means to you.
--see if you have felt the feelings of each of the parts.
--ask yourself what the images and feelings have to do with what you picked to focus on.
10. Go back again to your sense of the thing you picked to focus on. Keeping all the images and feelings in mind, see how that problem or feeling is for you now. Say that to yourself in words.
--stay with the sense you have now and see if there is anything fresh or new in your feeling as it is just now; find words or images that exactly capture how you feel.
11. Go back and forth between words, images, and your felt sense. Keep asking yourself, "Why is it I feel _____?" "What is that?"
--find words or images that make a fresh difference in your feeling; settle only for words that feel just right.

Art-Focusing Instructions

Art-focusing involves the three main areas of bodily-sensed feeling, emotion, and meaning. At the "understanding phase" of therapy, the images were projected onto a screen and the client used art-focusing to understand her images and her process. Examples of the data collected from the art-focusing sessions, to assess the client's ability to art-focus, will be evaluated by an expert. The instructions are adapted from Olsen's (1978) focusing instrument.

1. Relaxation.
2. Recall focus matrix.
3. What body sensations go with this art image?
4. What emotional feelings go with the sensation and image?
5. Find two words that match the sensation/feeling of the image.
6. Check with the body sensation to see if the words actually match.
7. What are your body sensations now? What happened to your body sensation when you found words that matched?
8. Describe any insight or intuitive awareness you have regarding the meaning of your painting or drawing.

APPENDIX C

CLIENT'S ABILITY TO ART-FOCUS: COLLABORATIVE-
EXPERT'S EXPERIENCING SCALE RATING
OF ART-FOCUSING SESSIONS

Art-Focusing Example #1Descending Bird and the
Sovereign Heart

Therapist: Take some time to experience your bodily-sensed feelings about this image.

Subject: There's a pleasant, strong surging in my chest. It's like a welling of emotion; the rise of something.

T: Are there words to describe that feeling?

S: Pleasant. . . . Serenity . . . but that's not quite it. It's a healing . . . like being contained in one's self in a good way . . . a word goes with it. The bird gives it a spiritual feeling.

T: Go back to the bodily-sensed feeling again.

S: Fortitude--that's a stronger one. Fortitude and rightness. It's a warm feeling. Underneath the pain and great confusion is a sense of fortitude and inner strength. I always knew that what I was doing was right. It's a feeling of sovereignty. That's the word. I felt it inside.

Experiencing Scale Rating #1¹Stage

1	External events; refusal to participate.	Impersonal, detached.
2	External events; behavioral or intellectual self-description.	Interested, personal, self-participation.
3	Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings.	Reactive, emotionally involved.
4	Descriptions of feelings and personal experiences.	Self-descriptive; associative.

¹The Experiencing Scale is from Gendlin (1968); the collaborative-expert's rating is circled.

- | | | |
|---|--|---|
| 5 | Problems or propositions about feelings and personal experiences. | Exploratory, elaborative, hypothetical. |
| ⑥ | Synthesis of readily accessible feelings and experiences to resolve personally significant issues. | Feelings vividly expressed, integrative, conclusive or affirmative. |
| 7 | Full, easy presentation of experiencing; all elements confidently integrated. | Expansive, illuminating, confident, buoyant. |

Art-Focusing Example #2The Bird with Forked Tongue Attacking
Woman--The Patriarch Looks On

Therapist (looking at this picture): See what kind of bodily-sense the picture gives you.

Subject: It's a bird attacking a woman while a patriarchal figure looks on. The bodily-sense is a tightening in my solar plexus, a defensiveness. I feel angry. What an awful thing that figure up on the upper right--looks as if he's sneering.

T: A male . . . sneering.

S: Uh huh, an authority figure. She was being attacked by a male energy of some sort . . . a hawk or rooster bird. She wasn't prepared for it. She's trying to protect herself. He's much bigger, more powerful than she . . . at this point.

The aggressor and the defenseless woman, I identify with the woman so it is a defensive feeling and anger. That anger should allow her to fight back. When I drew this picture, I couldn't do that. The image acts on me and provokes an emotion of anger to come from the defensive feeling in my body.

Experiencing Scale Rating #2¹Stage

1	External events; refusal to participate.	Impersonal, detached.
2	External events; behavioral or intellectual self-description.	Interested, personal, self-participation.
3	Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings.	Reactive, emotionally involved.

¹The Experiencing Scale is from Gendlin (1968); the collaborative-expert's rating is circled.

- | | | |
|---|--|---|
| 4 | Descriptions of feelings and personal experiences. | Self-descriptive; associative. |
| 5 | Problems or propositions about feelings and personal experiences. | Exploratory, elaborative, hypothetical. |
| ⑥ | Synthesis of readily accessible feelings and experiences to resolve personally significant issues. | Feelings vividly expressed, integrative, conclusive or affirmative. |
| 7 | Full, easy presentation of experiencing; all elements confidently integrated. | Expansive, illuminating, confident, buoyant. |

Additional comment by Collaborative-Expert:

Sylvia, this could almost be a 7--but would need more information about where she goes with the defensive feeling. Very nice.

APPENDIX D

POST IMAGE-FOCUSING CHECKLIST

Eighty-three percent of the client's answers showed a pattern which depicted successful image-focusing. Answers which differed from that pattern were numbers 4, 25, 28, 30, 36, 39.

Post Image-Focusing Checklist¹

Following is a list of statements and questions which have been used to describe the experience of Focusing. Please read each item and decide whether or not it describes your Focusing experience. Please make your decision on the basis of your experience, NOT what you think it should have been. Since each person's experience is somewhat different, there are no "right" or "wrong" answers.

	YES	NO
1. An image just came to me.	<u>X</u>	_____
2. The images I had made sense to me.	<u>X</u>	_____
3. The image called up a feeling--the image seemed to "come with" a feeling.	<u>X</u>	_____
4. There was a sense of surprise when I got an image.	<u>0</u>	<u>X</u>
5. The image was more confusing than helpful.	_____	<u>X</u>
6. I experienced a kind of daydream, but didn't learn anything new.	_____	<u>X</u>
7. Having the image made my feeling deeper and more vivid.	<u>X</u>	_____
8. I got an image but couldn't make sense of it.	_____	<u>X</u>
9. My feeling changed when I got an image.	<u>X</u>	_____
10. The image seemed to come all of a sudden.	<u>X</u>	_____
11. Getting an image helped me understand my problem more clearly.	<u>X</u>	_____
12. My images were vague and unformed.	_____	<u>X</u>
13. Many images came to me but on the whole they didn't seem to slow down or get clear.	_____	<u>X</u>

¹X = client's response matched the pattern of successful focusing; 0 = client's response did not match pattern of successful focusing.

	YES	NO
14. The feeling was very concrete but hard to put into words.	<u>X</u>	_____
15. Did you struggle and not find an object for your feelings?	_____	<u>X</u>
16. Everything is exactly as it was before.	_____	<u>X</u>
17. It was not one whole feeling, but little ones scattered all around the problem.	_____	<u>X</u>
18. I found better words for what I was feeling than I had before.	<u>X</u>	_____
19. Did you find out what was behind the feeling you got?	<u>X</u>	_____
20. I know I was missing the main point but tried to keep up with what I was supposed to be doing.	_____	<u>X</u>
21. Was there a sense of having worked something through?	<u>X</u>	_____
22. I tried to concentrate and keep an <u>idea</u> focused.	_____	<u>X</u>
23. Words or images seemed to come from the feeling.	<u>X</u>	_____
24. The feelings began to make sense and fit in with other things.	<u>X</u>	_____
25. The words or images had old or familiar elements put together in a new way.	<u>0</u>	<u>X</u>
26. Things definitely changed, but not in words or images.	<u>X</u>	_____
27. Focusing put things into a new perspective.	<u>X</u>	_____
28. I got to a place where my problems didn't touch me.	<u>X</u>	<u>0</u>
29. Did the things you thought of seem trivial or inconsequential?	_____	<u>X</u>
30. Had you seen these words or images in the same light before?	<u>X</u>	<u>0</u>
31. The process seemed to get deeper and more engaging.	<u>X</u>	_____

	YES	NO
32. Did you have a sense of "I've thought all this before and it's stale?"	<u> </u>	<u> X </u>
33. The words I use to describe the feeling are the same but meaning something different now.	<u> X </u>	<u> </u>
34. I began to see how I could make things different.	<u> X </u>	<u> </u>
35. Not much was happening but I did find something to think about.	<u> </u>	<u> X </u>
36. Did you see now something you hadn't thought of before?	<u> 0 </u>	<u> X </u>
37. Were you eventually able to sense clearly the main feeling?	<u> X </u>	<u> </u>
38. Was there a sense of wholeness to what you thought?	<u> X </u>	<u> </u>
39. Did your feelings seem to take on new applications or consequences as you explored them?	<u> 0 </u>	<u> X </u>
40. Was it rather like day dreaming about what had happened or could happen?	<u> X </u>	<u> </u>
41. Were you eventually able to see more clearly the interrelation of the things making up the feeling you had?	<u> X </u>	<u> </u>

SCORING: This checklist is scored by adding up the number of disagreements with the checklist. Thus, a low score indicates high focusing.

APPENDIX E

CLIENT'S POST IMAGE-FOCUSING QUESTIONNAIRE WITH
CLIENT'S RESPONSES AND COLLABORATIVE-EXPERT'S
RATING OF CLIENT'S ABILITY TO IMAGE-FOCUS

Post Image-Focusing Questionnaire¹

This questionnaire is to help us evaluate the instructions you were given, and to help you become aware of the way you work with your feelings. Please answer the following questions with a minimum of one sentence per item in such a way as to describe the nature (rather than the content) of your Image-Focusing experience. You need only talk about the specific topic to the extent needed to convey the nature of the process you experienced during the Focusing. Be sure to use at least one complete sentence in your description.

1. Without saying what you focused on, describe in two or three sentences what was happening for you during this time.

I became aware of hurt feelings and imaged an angry place.

2. Describe what happened after I asked you to see if there was anything fresh or new that came out of the focusing.

After a while the hurt feeling went away and the face relaxed a bit--I became aware that I felt used.

3. Describe what happened after I asked you to talk about the meaning of the image, to connect the feelings in the image with your own experience.

I related both immediately to my situation at work.

4. Did your main feeling--your sense of the whole problem--change or move?

The hurt feeling went away.

If you do not feel your main feeling changed, would you say that any feelings changed or became different? Describe what that was like.

¹The client's actual answers follow each question.

5. Describe what happened after I asked you to take each part of the image and see how it would feel to be the image.

There was only one image and when I became it, I was surprised that I did not feel angry--but felt hurt--although it felt good to release the feelings.

6. Describe what happened after I asked you to pay attention to the whole sense of the problem or feeling, to let yourself feel the whole thing, and to see if you could get an image of what that's like.

An image came and shortly afterward a feeling came.

7. How is this different from what you normally do?

Usually I don't image but just try to focus on the feeling.

8. What about this was the best thing for you?

When the hurt feeling came right after the angry face--later when the hurt went away.

9. What was the worst thing about it?

Feeling as if I was not focusing successfully.

10. What surprised you most about doing this?

I was not surprised.

11. Describe the image(s) you focused on.

A very angry face--spewing intensity and feeling.

Also, please make the following judgment:

"The image I got was." (check one)

- a. perfectly clear and as vivid as an actual experience _____
- b. very clear and comparable in vividness to an actual experience _____
- c. moderately clear and vivid x
- d. not clear or vivid, but recognizable _____
- e. vague and dim _____
- f. so vague and dim as to be hardly discernible _____
- g. no image present at all, only "knowing" that you're thinking of the object _____

Post-Image-Focusing Questionnaire Rating Scale¹

1. Not sure whether person focused or not. Person could not find something to focus on, could not pick a problem.
2. Person did not focus. There was no zeroing in on a felt referent, no ability to hold problem in awareness, no experience of the "whole sense" of the problem, no imagery.
3. Person could pick a specific topic, hold it in awareness, staying with a particular problem or issue. There was no zeroing in on a felt referent, an image might be present but there is no felt sense which comes with the image.
4. Person could zero in on a felt referent, get an image and experience the "whole sense" of the problem, but no further feelings came out of that whole sense. There was no unfolding of the felt referent.
5. Person reports parts or dimensions of what he/she is focusing on. Specific feelings emerge from the whole sense of the problem. There may be new images and felt referents, and images are always tied to felt sensing.
- ⑥ Unfolding and referent movement occur. There is a sense of a change or shift in perspective, a sense of a new or changed feeling. The person may experience a feeling of relief, satisfaction or acceptance of the problem or feeling. When the person refers back to the issue he/she was focusing on, he/she experiences a difference from the way it was before.

Images may change and new felt senses come for new images. There is an awareness that images come with felt referents. The images are connected to life experiences and the person is able to "own" the aspect of the images having to do with his/her felt sensing of an actual life situation.

7. Unfolding and referent movement clearly take place. The imagery which occurs may be bizarre or dreamlike. There may be more than one image, movement reported among images. The person may report a sense of non-verbal change (e.g., "something is different now but I don't know what it is"). There is a sense of intensity; a clear, distinct change in felt referent(s). Images come easily, and may be related to each other in a story or fantasy. There is no difficulty connecting the meaning of the image to an actual life situation.

¹This questionnaire is from Olsen (1975); the collaborative-expert's rating is circled.

APPENDIX F

AFFECT QUESTIONNAIRE

AFFECT QUESTIONNAIRE¹

Please answer the following questions. Be sure to include at least one complete sentence in your answer.

What is it like for you when you feel lonely?

When I feel lonely I feel isolated and empty--as if no one cares that I exist. Everything is grey and heavy.

What is it like for you when you feel depressed?

When I feel depressed I feel as if I am at the bottom of a pit--darkness, not able to see the light--or to see (feel) beyond my present situation. I feel low in energy--usually emotionally wrung out--sometimes unable to move. I.e., when one of the waitresses at work constantly was telling me what to do and cautioning me about mistakes before I made them.

When you feel ashamed?

When I am ashamed I feel like hiding, guilty--I don't want anyone to see or know what I have done. Very small and inadequate and embarrassed. I can't meet another's eyes--I want to hold my head down. Disappointed. I.e., when I forget a commitment I've made or hurt someone inadvertently through inattention or oversight.

When you feel guilty?

When I feel guilty I feel as if I have broken a personal or universal law or transgressed an important value. I am sometimes angry or distraught with myself--negative to myself. I.e., when I intentionally hurt someone.

When you feel happy?

When I feel happy I think the world is not big enough for the power that is inside me. I feel like bursting apart and spilling it out all over the world. Sparkling, energetic, talkative, and radiant. I.e., after a lesson with Mike _____ --when he likes what I've written.

¹Questionnaire based on Gorney (1968).

When you feel satisfied?

When I feel satisfied I am full and steady and usually pretty calm. As if everything "fits" and "is right." They are usually only moments or a few hours but they are steady with a sense of accomplishment and having worked hard. I.e., when I finish writing a song and it "fits"; i.e., the poetry for the scorpion.

What is it like for you when you feel proud?

When I feel proud I feel like a peacock--preening--as if I have something worthwhile to show for myself or my efforts. I feel a sense of purpose--as if I am somebody and want others to see and know that too. I.e., when I published my first song. When my boss told me he had had many good compliments about my work.

APPENDIX G

THERAPY SESSION REPORT FORMS: PATIENT FEELING
AND THERAPIST PERCEPTION OF PATIENT FEELING
(THE "FEELING SCALES")

Therapy Session Report: Patient Feeling¹

WHAT WERE YOUR FEELINGS DURING THIS SESSION?

(For each feeling, circle the answer which best applies.)

DURING THIS SESSION I FELT:

	<u>NO</u>	<u>SOME</u>	<u>A LOT</u>		<u>NO</u>	<u>SOME</u>	<u>A LOT</u>
1. CONFIDENT	0	1	2	18. AFFECTIONATE	0	1	2
2. EMBARRASSED	0	1	2	19. SERIOUS	0	1	2
3. RELAXED	0	1	2	20. ANXIOUS	0	1	2
4. WITHDRAWN	0	1	2	21. ANGRY	0	1	2
5. HELPLESS	0	1	2	22. PLEASED	0	1	2
6. DETERMINED	0	1	2	23. INHIBITED	0	1	2
7. GRATEFUL	0	1	2	24. CONFUSED	0	1	2
8. RELIEVED	0	1	2	25. DISCOURAGED	0	1	2
9. TEARFUL	0	1	2	26. ACCEPTED	0	1	2
10. CLOSE	0	1	2	27. CAUTIOUS	0	1	2
11. IMPATIENT	0	1	2	28. FRUSTRATED	0	1	2
12. GUILTY	0	1	2	29. HOPEFUL	0	1	2
13. STRANGE	0	1	2	30. TIRED	0	1	2
14. INADEQUATE	0	1	2	31. ILL	0	1	2
15. LIKEABLE	0	1	2	32. THIRSTY	0	1	2
16. HURT	0	1	2	33. SEXUALLY ATTRACTED	0	1	2
17. DEPRESSED	0	1	2	34. OTHER: _____		1	2

BE SURE THAT YOU HAVE CHECKED EVERY ITEM.

¹One of a series taken from "The Psychotherapy Session Project," (1966) cited in Olsen (1975).

Therapy Session Report: Therapist
Perception of Patient Feeling¹

HOW DID YOUR PATIENT SEEM TO FEEL DURING THIS SESSION?

(For each item, circle the answer which best applies.)

MY PATIENT SEEMED TO FEEL:

	<u>NO</u>	<u>SOME</u>	<u>A LOT</u>		<u>NO</u>	<u>SOME</u>	<u>A LOT</u>
1. CONFIDENT	0	1	2	18. AFFECTIONATE	0	1	2
2. EMBARRASSED	0	1	2	19. SERIOUS	0	1	2
3. RELAXED	0	1	2	20. ANXIOUS	0	1	2
4. WITHDRAWN	0	1	2	21. ANGRY	0	1	2
5. HELPLESS	0	1	2	22. PLEASED	0	1	2
6. DETERMINED	0	1	2	23. INHIBITED	0	1	2
7. GRATEFUL	0	1	2	24. CONFUSED	0	1	2
8. RELIEVED	0	1	2	25. DISCOURAGED	0	1	2
9. TEARFUL	0	1	2	26. ACCEPTED	0	1	2
10. CLOSE	0	1	2	27. CAUTIOUS	0	1	2
11. IMPATIENT	0	1	2	28. FRUSTRATED	0	1	2
12. GUILTY	0	1	2	29. HOPEFUL	0	1	2
13. STRANGE	0	1	2	30. TIRED	0	1	2
14. INADEQUATE	0	1	2	31. ILL	0	1	2
15. LIKEABLE	0	1	2	32. SEXUALLY ATTRACTED	0	1	2
16. HURT	0	1	2	33. OTHER _____			
17. DEPRESSED	0	1	2	34. _____		1	2

BE SURE THAT YOU HAVE CHECKED EVERY ITEM.

¹One of a series taken from "The Psychotherapy Session Project," (1966) cited in Olsen (1975).

APPENDIX H

BASELINE AND POST-THERAPY BEHAVIORAL ASSESSMENT

REPORT: INITIAL INTERVIEW INFORMATION,

HISTORY, AND BEHAVIORAL CHANGE SUMMARY

Initial Interview Information and History:

April 1980

CLIENT: Sarah, Age 28
referred by a therapist who left
the area after seeing Sarah for
five sessions

Presenting Concerns

Sarah's expressed concerns have emerged slowly as the therapeutic alliance has developed. They include feelings of being out of control, no direction, loss of ability to communicate (restriction of words), recurring deep depression, absence of friendships, fear of men and sexual intimacy, lack of an authentic self-identity, excessive fantasy, fear-anxiety, feelings of failure, defensiveness, abandonment, and excessive dependency.

Career Concern

After several months in therapy Sarah expressed that she wants to be a performer and to write the songs she sings. She had written some music, but not the words to the music. She decided she wants to expand her personality and emotional spectrum.

Description of the Client (in
terms of behavior, appearance,
ability to express self,
and affect)

This attractive young woman complains of being 25 pounds overweight. She was dressed casually in a shirt and jeans for the initial meeting. Sarah came into therapy with a good deal of body rigidity. She claimed her withdrawal behavior was due to shyness. Her smile was tight, her jawline rigid, and her arms were folded across her chest as if she wished to convey the message "keep away" or "I need to protect myself." Her spoken words were hesitant and relayed in a halting manner. She stated that her first need was "to make a statement;" yet, she didn't know what that statement concerned.

Other Data (developmental history, living situation, marital status, relationships; whatever contributes to understanding the situation or circumstances)

Sarah has never been married and has been living out West about a year. During the past year she has worked periodically. Sarah lives alone and has few friendships. She is the oldest of five children ranging from 18 to 28 years old (four girls and one boy). She generally remembers her childhood as carefree until she reached 13 to 14 years old. At that time, her mother became alarmed at her "tomboy" ways (wrestling with boys, playing football, being one of the gang) and weight gain and began screaming at her. She became the focus of her mother's tirades until she left home for college. The dissension continued whenever she returned home. According to her mother, she doesn't dress right, eat right, or act right. During her college years, Sarah felt she was emotionally and sexually mistreated by men.

What This Client Needs
at This Time

She needs support, encouragement, and stability during the process of finding her self-identity and developing her creative potential. Care must be taken in exposing traumatic material, since Sarah appears to be very sensitive to criticism. She also needs to get more in touch with her body and be oriented to the present as well as to the future and the past.

What Ways This Client May Be
Enlisted in the Treatment
Process

Sarah has some sophistication in therapy procedures. She has also had a cognitive type of therapy previously; and also, because she is having difficulty verbalizing, a nonverbal method--spontaneous art--will be used first to see how she responds. She will have responsibility for creating and portraying the spontaneous images as homework.

Further Discussion

Sarah is very distracted--spending much of the day more in fantasy than reality. Her wish is to develop her musical and poetic creativity. Her reality dimension however also needs strengthening. Being able to objectify her imagery in drawings may help her do this.

Sarah has worked successfully as an office manager in advertising and at a rehabilitation center as a counselor. In the near future, she may need further social skills to develop interpersonal relationships. She will also need to find a satisfactory way to support herself economically while she is pursuing her creative work.

Summary of Behavioral Changes Collaborative Report by Client and Therapist

Since the 1980 report, Sarah has formed many new patterns for living. Intermittent depressions still occur, but she now calls them "gestating periods." She seems to have worked through her deep depression and rage.

Sarah's emotional expression has loosened the "constricted narrow band" where she lived in 1980. One manifestation of this is the depth of feeling and creative ability expressed in her song writing and musical performance. Her expressive feeling is flourishing off stage as well and is evidenced by a comfortable verbal flow in personal encounters.

Sarah also has developed a sense of her own style in dress and can be casual or glamorous, as the occasion warrants. She had lost twenty-five pounds during the course of therapy. She regained fifteen pounds, which she again is beginning to lose. Her weight gain was not emotionally traumatic, since she is much more comfortable with her body. She states she had no idea how rigid her body was until her emotions returned.

During the past three years Sarah has developed several friendships with both men and women. She has had two close relationships with men which were short-lived. Her hope is to be able to create a deeper, reciprocal, more caring interchange with a male partner. Her growing inner sense of constancy has made her less fearful of abandonment or rejection.

At present, Sarah is participating in a socialization group which deals with skills in developing interpersonal relationships. She spends little time in idle fantasy, but does keep in touch with her imagination and inner sense of knowing. She is at a very active stage in her life working on her music and preparing to move to a larger city where more opportunities are available for performance. The twelve-month follow-up Rorschach test in February showed that Sarah was able to reclaim many of her qualities, both positive and negative, that she had projected on her mother.

APPENDIX I

SAMPLE OF LETTERS SENT TO COLLABORATIVE-EXPERTS

Sylvia Robinson
2170 Elk Avenue
Eugene, OR 97403
(503) 344-2588

March 14, 1983

Dear Pat:

I'd appreciate your assistance as a focusing expert, to do a data verification check for me for my thesis. My testing validity is by expert verification--one expert for the Rorschach, one for spontaneous art interpretation, and one for the ability of the client to art-focus. The following is a very complicated explanation for about 15 minutes worth of work:

The data sample is to be checked to see if you feel that the client knows how to art-focus. But, first, there are some preliminaries that must be verified, namely: her ability to image-focus as evidenced by the Post Image-Focusing Questionnaire (a form is included for you to use or your verification may be by just writing me a note); then her ability to art-focus, as checked by the Experiencing Scale (my art-focusing research variable is very much like steps #8-14 of the Focusing Steps).

There are, then, three areas being emphasized: focusing, image-focusing, and art-focusing. The enclosed questionnaire forms investigate whether the client can image-focus and art-focus. Art-focusing involves the three main areas of bodily-sensed feeling, emotion, and meaning.

I am sending you: initial interview information and history on my client; the research questions for the thesis and my abstract; the Focusing Steps taught to the client; the client's Post Image-Focusing Questionnaire responses with a form for you (the expert) to rate her ability to image-focus; the Art-Focusing Instructions; two examples of my client's art-focusing (including accompanying artwork) and two Experiencing Scales for you, as the expert, to rate her ability to art-focus.

Thank you.

Sincerely,

Sylvia

Enclosures

APPENDIX J

INFORMED CONSENT FORMS

OREGON HEALTH SCIENCES CENTER

School of Nursing

Graduate Studies Department

INFORMED CONSENT

It is not the policy of the Department of Health and Human Services, or any other agency funding the research project in which you are participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The Oregon Health Sciences Center, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that the injury occurred through the fault of the Center, its officers or employees. If you have further questions, please call Dr. Michael Baird, M.D., at (503) 225-8014.

I, _____,
(first name) (middle name) (last name)

herewith agree to serve as a subject in the study named "The Therapeutic Use of Imagery and Focusing: A Phenomenological Case Study for Psych-Mental Health Nursing," conducted by psych-mental health nurse Sylvia Robinson, RN, BA (master's student in psych-mental health nursing at Oregon Health Sciences University. Ms. Robinson's supervisor is Charlotte Markel, RN, MS (doctoral candidate at the University of Michigan School of Nursing).

This research study aims to evaluate data collected during my therapy process. While working with Ms. Robinson, I learned how to access my inner imagery and emotions, to express my feelings verbally and nonverbally and to integrate dissociated aspects of my personality. Toward those purposes I have been taught the imagery techniques of spontaneous art and active imagination and have also learned the integrative technique of focusing. These techniques have also provided me with self-help methods for independently solving future life problems.

I understand that the research information from this study will enhance nursing knowledge concerning the importance of one's inner subjective process and of integrative healing techniques. Ms. Robinson's goal in using imagery and focusing has been to facilitate a union of the conscious and unconscious elements of my personality, in order to promote physiological and psychological well being.

Identifying information obtained by Ms. Robinson will be kept confidential. My name will not appear on the records and my anonymity will be insured through the use of a fictitious name. I understand I may refuse to participate, or withdraw from this study at any time without affecting my relationship with, or treatment by Ms. Robinson. Ms. Robinson has offered to answer any and all questions which I may have concerning my participation in this study. If questions arise, Ms. Robinson may be reached at 2170 Elk Avenue, Eugene, Oregon, telephone number 344-2588.

I have read the foregoing and agree to participate in the study.

(Subject's signature)

(Researcher's signature)

Charlotte Markel, RN, MS

ABSTRACT

AN ABSTRACT OF THE THESIS OF

SYLVIA ROBINSON

For the MASTER OF NURSING

Date of Receiving this Degree: June 1983

Title: The Therapeutic Use of Imagery and Focusing: A Phenomenological Case Study for Mental Health Nursing

Approved:

Charlotte Markel, RN, MS, Thesis Advisor

This study describes the therapeutic process of a client with whom the therapeutic techniques of imagery and focusing were used. Data collected for this research were gathered in a private therapy setting, over a period of 22 months. This research purposes to bring into mental health nursing a fuller appreciation of inner process and its role in integrative healing. Nursing literature has extensively described the importance of objective healing activities; yet, little emphasis has been placed on the client's subjective, intra-individual dimensions. Thus, nursing theory has been prone to make broad assumptions as to what is true for the client without taking into account what is actually occurring within the individual from his or her own frame of reference. This descriptive case study may provide a foundation for future research in which an intra-individual, integrative approach is employed in the treatment of clients possessing both psychological and physiological problems.

After the establishment of the therapeutic relationship, the specific imagery techniques of spontaneous art and active imagination were introduced. A client's life process is often symbolically portrayed through inner imagery. This is significant in that external life events seem not only reflective of inner process, but the inner imagery can be seen as a metaphor depicting patterns of change before they are lived. This occurrence is congruent with hypotheses presented by Perry, Gendlin, and Achterberg and Lawlis that pattern changes emerge from within. The integrative process of focusing was introduced following one year of therapy. Through focusing, the client experienced a heightened affective-sensory awareness and learned to use focusing as a self-help tool for resolving life difficulties on her own. An additional ability, that of bodily-sensing and intuitively understanding the meaning of her images and emotions, resulted from the combined art-focusing sessions.

The independent variables of spontaneous art, active imagination, and focusing were used to promote the dependent variables of fluidity between conscious and unconscious processes, unfolding process, and emotional integration. The results of the study (the data from questionnaires, instruments, measures, and process documentation) are descriptively and figuratively evaluated separately by and/or collaboratively with the client, the therapist, and the collaborative-experts.