



Research Article

Meeting oneself in inner dialogue: a manual-based Phenomenological Art Therapy as experienced by patients diagnosed with moderate to severe depression



Christina Blomdahl^{a,b,*}, Helle Wijk^{a,c}, Suzanne Guregård^b, Marie Rusner^{a,b}

^a Institute of Care and Health Sciences, Sahlgrenska Academy, University of Gothenburg, Box 457, 405 30 Gothenburg, Sweden

^b Södra Älvsborgs Hospital, Brämhultsvägen 53, 501 82 Borås, Sweden

^c Sahlgrenska University Hospital, 413 45 Gothenburg, Sweden

ARTICLE INFO

Article history:

Received 3 May 2017

Received in revised form 28 July 2017

Accepted 12 August 2017

Available online 20 August 2017

Keywords:

Mental health

Depressive disorder

Creativity

Phenomenology

Treatment-evaluation

Patients' perspectives

ABSTRACT

Manual-based Phenomenological Art Therapy for patients with depression (PATd) is a program developed for patients with depression. This study aimed to explore and describe the significance of PATd for patients diagnosed with moderate to severe depression. The study adopted a phenomenological approach according to Reflective Lifeworld Research. Ten participants were interviewed. The interviews were transcribed and a meaning-oriented analysis was conducted: the transcribed text was read repeatedly to gain an initial sense of the material; meaning-bearing units were identified and related meanings were grouped together in clusters; and the invariant element, the essence of the phenomenon, was described with its various aspects. PATd facilitates meeting oneself in an inner dialogue between that which is evident and that which is outside of awareness. Both processes of making art and describing the experience makes oneself and the situation visible, opening up and altering understanding through the inner dialogue. This study contributes further information by deepening understandings of the importance of the meeting with oneself in an inner dialogue that occurs through the patient's engagement with the image, the art materials, and in the process of making art. The outer dialogue with the therapist elucidates and deepens the inner dialogue.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

One way to describe depression is as a condition characterized by feelings of meaninglessness that affect one's whole existence and zest for life (Røseth, Binder, & Malt, 2013). Depression is a complex syndrome with varying, and sometimes unclear, causes with considerable influence on the individual's psychic well-being, self-image, and ability to function in any social context (Herlofsson et al., 2010). Depression is linked to social, psychological and biological factors, and people who have gone through destructive life events, such as unemployment, loss, and psychological trauma, are more likely to develop depression (WHO, 2012). Depression is a common condition, and is considered to be one of the major current endemic diseases as it is estimated to have a lifetime prevalence of 40% amongst women and 20% amongst men (Åsberg et al., 2004).

According to the World Health Organization (WHO), people with depression live the longest of those with any other disability, but are also at the highest risk of premature death (Wittchen et al., 2011). The prevalence of depression is predicted to increase in the coming years, while the low recovery rate is a major health problem (Mathers & Loncar, 2006).

Betensky (1995) was one of the first to describe art therapy based on phenomenology. Phenomenology is a philosophy that is concerned with how the structures of experience construct meaning in any given phenomenon. The domain of phenomenology is the lifeworld; the world in which we live, and that we experience and take for granted (Dahlberg, Dahlberg, & Nyström, 2008). Guttmann and Regev (2004) have continued Betensky's work and have operationalized phenomenology to inform art therapy practice. Art therapy that is based on phenomenology focuses on the way in which patients perceive the world, their lives, and themselves. The therapeutic goals in phenomenological art therapy have been described as: enhancement of self-awareness; viewing and evaluating current lives in new ways; promoting an increased understanding about one's life; acceptance of one's limitations

* Corresponding author at: Psychiatric rehabilitation unit, Solhem plan 4, 501 82 Borås, Sweden.

E-mail addresses: christina.blomdahl@vgregion.se (C. Blomdahl), helle.wijk@gu.se (H. Wijk), suzanne.guregard@vgregion.se (S. Guregård), marie.rusner@vgregion.se (M. Rusner).

and strengths; and to prioritize these based on self-knowledge (Guttman & Regev, 2004).

The patients most frequently involved in art therapy are those diagnosed with depression (Zubala, MacIntyre, Gleeson, & Karkou, 2013). However, there is a lack of research about art therapy for patients with depression. Most art therapy is based on practice experience (Van Lith, 2016), and art therapists who work with patients with depression use an eclectic mix of theoretical influences (Blomdahl et al., 2016; Zubala, MacIntyre, & Karkou, 2014). They use different techniques, such as artistic, verbal, group, and time-related exercises. These techniques encourage patients to express problems and emotions and to explore the experience of depression. The therapists stress the importance of the non-verbal qualities of art therapy and highlight the significance of creativity (Zubala et al., 2014). A study described how art therapy could assist recovery from mental diseases through promoting a change of self-image and a stronger sense of control over life (Van Lith, Fenner, & Schofield, 2011). Art therapy has also been claimed to contribute something besides verbal psychotherapies in that, by including art-making, it allows patients to express their thoughts and feelings in an additional way (Blomdahl, Gunnarsson, Guregard, & Bjorklund, 2013). Positive, contradictory, and negative experiences with art therapy have been described in a study by Rankanen (2014), who stressed the need to consider all experiences in further research. Thus there is an urgent need for further research of the relationship between patients' experiences and the outcomes of art therapy (Van Lith, 2016). Using patient experience in research allows topics that are important for patients to be included, which clinicians might otherwise not be aware of and may elude (Wilkie, 2014).

It is also important to offer an evidence-based treatment, where the effects, feasibility and the experiences of participating in the treatment are known, particularly for this difficult-to-treat group of patients who are increasing in number (Mathers & Loncar, 2006; Rush et al., 2006). To address these issues, a manual-based Phenomenological Art Therapy for patients with depression (PATd) was developed on the basis of what has been shown to be therapeutic in art therapy, for example, exploring and expressing oneself through art-making (Blomdahl et al., 2013). Therapists' opinions of what the main factors are in art therapy for patients with depression were sought (Blomdahl et al., 2016) and the Expressive Arts Therapy Continuum (ETC) was also used as framework (Blomdahl et al., 2016; Lusebrink, 2004), in combination with the theoretical frame of phenomenology (Guttman & Regev, 2004). ETC describes how art therapy involves the entire body and mind and explains how art materials and art exercises prompt physical and mental responses, depending on their properties (Hinz, 2009). PATd starts with reflections, followed by a short relaxation exercise. Next comes the art-making, prompted by a theme (see Table 1), which is followed by a dialogue between the patient and therapist about the created image and its significance.

The present study focuses on the experience of participating in PATd and was embedded within a randomized controlled trial (RCT) measuring the effects. Hence, the purpose of this study was to describe and explore the significance of PATd as experienced by patients diagnosed with moderate to severe depression.

Method

Study design

This study adopted a lifeworld phenomenological approach that focuses on the lived experiences of a phenomenon. Through lived experiences the essence of a phenomenon can be detected (Dahlberg, 2006). By using this approach, we intended to enrich the understanding of participation in PATd and to determine the

significance it has in life by describing the essence of the actual phenomenon. The research question: *What are the significances of manual-based Phenomenological Art Therapy for patients with moderate to severe depression?* was examined using the methodological principles set out in Reflective Lifeworld research (Dahlberg et al., 2008). The methodological principles, adopting an open attitude to the phenomenon and bridling the researcher's own perceptions and pre-understanding, demand a gradual approach, which implies avoidance of quick determinations of meanings and openness to alternative explanations for as long as possible. Bridling in this study means striving towards adopting a reflective position, being conscious of preconceptions, and confronting oneself with critical questions during the analysis. Discussion within the research group (the authors) was a strategy applied to promote the bridling of preconceptions during the research process. In addition, the methodological principle of reversibility was adopted during the analysis, which can be characterized as the moving from the whole to the parts to a new whole (Dahlberg et al., 2008).

Intervention

In Sweden there are very few therapists with formal training in art therapy and art therapist is not a recognized profession. By tradition, occupational therapists conduct art-based therapy and have basic training in using art for therapeutic purposes. Therefore, eight occupational therapists with additional basic training in psychotherapy or art therapy carried out the treatment. The therapists were specifically educated (for a total of 3 days) in PATd and were regularly supervised during the treatment by the first author (CB).

PATd was primarily developed to make it possible to evaluate art therapy under controlled conditions. The most important step in controlling the conditions was to incorporate the application of art therapy practice in a manual, and the manual consisted of detailed guidelines based on phenomenological art therapy (Guttman & Regev, 2004). PATd consisted of 10 one-hour weekly sessions. The first session began with goal-formulation. Subsequent sessions started with a recapitulating of the previous session, followed by a short relaxation exercise to prepare for art-making (Czamanski-Cohen et al., 2014). The art-making was based on different art tasks. The tasks acted as encouragement for the participants to paint. The art tasks and art materials were listed in the manual (see Table 1). Art-making was based on the participants' own interpretation of the specified art tasks and was followed by a dialogue about the image, in which the therapist asked questions and listened to the participants' descriptions. The dialogue around the image was based on joint exploration, where the focus was placed on the image's meaning for the patient. The basic idea with PATd was to promote authentic choices in life; therefore, the patients created their artwork in their own ways. Each patient was encouraged to use their emotions to guide them in solving the art task and to use the materials (Betensky, 1995; Guttman & Regev, 2004).

It was important that the therapists tried to bridle any preconceptions. Manual-based Phenomenological Art Therapy stresses that the relationship in a meaningful encounter is always mutual. Therefore, because the concept of transference can be problematic in phenomenological-based art therapy, the therapist should be aware of this phenomena but it should not be the focus (Guttman & Regev, 2004).

Sample questions were included in the manual, for example, "Would you tell me about your image and your process?"

Participants

Participants were strategically recruited from an ongoing RCT study of the effects of PATd. The inclusion criteria were patients

Table 1
Content of the manual-based Phenomenological Art Therapy for patients with depression (PATd) sessions.

Session	Content	Aims	Material	Source
I	Introduction Goal-setting Exercise: Body scan Art Theme: Description of the current situation	To describe the current situation. The image serves as the starting point Experience of self and problems are in focus	Sleeping pad Optional paper and art media	(Trombetta, 2007) Modified
II	Exercise: Here and now Art theme: Mindful exploration of art media	Awareness of bodily and emotional responses elicited by sensory stimulation	Optional paper and use of all available art media	(Monti et al., 2006)
III	Exercise: Breathing anchors Art Theme: Body image before and after the mindfulness practice	Raise awareness and explore how breathing affects body experience	Sleeping pad Optional paper and art media	(Luzzatto, Sereno, & Capps, 2003; Monti et al., 2006)
IV	Exercise: Breathing-space Art theme: Drawing analogue picture	Explore and raise the awareness of emotional reactions	Sleeping pad Step 1: 2 A4 sheets of paper, pencil Step 2: Optional paper and art media	(Egberg Thyme et al., 2009; Öster et al., 2006)
V	Exercise: Body scan Art theme: Colour and emotions	In-depth exploration of emotions and State of mind. Alternative continuation of session IV	Sleeping pad Optional paper and art media	(Meijer-Degen & Lansen, 2006)
VI	Exercise: Inner and outer attention Art Theme: stressful, pleasant event pictures	Enhance awareness for reactions to stressful situations and find strategies to cope with reactions	Sleeping pad Optional paper and art media	(Monti et al., 2006)
VII	Exercise: One thing at a time Art Theme: Graphic life-line	Awareness of behaviour patterns and strategies	Optional paper and art media	(Martin, 1997)
VIII	Exercise: Breathing Exercise Art theme: Roles	Awareness of behaviour patterns and roles	Sleeping pad Optional paper and art media	(Barbee, 1996) modified
IX	Exercise: Body scan Art theme: Description of the current situation	Evaluation of treatment and process. The patient's interpretation of meanings are the focus	Optional paper and art media	(Trombetta, 2007) modified
X	Review of all images Art Theme: Mandala Follow-up goal	Gather impressions and conclusions from treatment	Optional paper and art media	(Henderson, Rosen, & Mascaro, 2007)

diagnosed with moderate to severe depression, as defined by the Diagnostic and Statistical Manual of Mental Disorders, DSM-5 (American Psychiatric Association, 2014), with an average score of 20 or more on the Montgomery, Åsberg depression rating scale (MADR-S) (Fantino & Moore, 2009). MADR-S is a self-reported instrument that measures degree of depression. The severity of depression at the start of PATd for all participants receiving the intervention and for participants included in this study (shown in parentheses), averaged 29.92 (27.70), and, after completion of treatment, 21.89 (17.9) on the MADR-S. The exclusion criteria were defined as psychosis, bipolar disorder, and ongoing drug abuse. The participants were included strategically to obtain as much variation of experiences of the examined phenomenon as possible, and by considering those living in rural versus urban places, gender, ethnicity, level of depression, and age. The participants were asked to participate in this study by a research assistant at the follow-up to the RCT study. The aim of this study and the procedures were explained. If the participant agreed to participate, he or she was then contacted by telephone by the first author (CB) to schedule a time for the interview. This was the first contact between CB and the participant. Twelve participants who took part in the RCT were asked to participate in this study. One potential participant declined participation due to having lack of time and one did not answer. The remaining 10 took part in interviews that contained rich material with detailed descriptions of the participants' experiences, and were therefore judged sufficient to form the basis of the analysis.

Setting

This study was performed in the western region of Sweden. The participants were asked to choose a place for the interview. All participants chose to be interviewed at the clinic where they

were enrolled, except for one interview, which took place at the participant's home.

Data collection

The meaning-oriented interviews were carried out 1-to-2 months after completion of PATd. This time interval was based on the assumption that the participants needed some time to reach awareness of the significance of their experiences. CB carried out all interviews. To prepare the participants for the interviews, the research question and the aim of the study were explained by the interviewer. All interviews were conducted in such a way as to minimize disturbance; only the interviewer and the participant were present.

The phenomenon, the significance of PATd as experienced by patients with moderate to severe depression, ruled and guided the interviews. Interviews began with the opening question: Can you describe how it was for you to participate in manual-based art therapy? Besides this opening question, no interview protocol was used. Follow-up questions to deepen the answers were based on each patient's own descriptions and guided by the phenomenon. To capture experiences, descriptions of actual situations were repeatedly sought. The interviews were recorded with a digital recorder and lasted from 50 to 90 min. The audio-files were transcribed verbatim.

Data analysis

The analysis process of Reflective Lifeworld Research is systematic and rigorous. It is performed in three steps; the *whole*, the *parts* and the *new whole*. The descriptions of the experiences are stepwise processed from the concrete to the more abstract along with contextual descriptions. The earlier described principle of reversibility

is used in this analysis process (Dahlberg, 2006; Dahlberg et al., 2008).

First step. The whole. All transcribed interviews were read several times in order to gain a general sense of the material. Emphasis was placed on maintaining openness to the meanings and refraining from defining implications.

Second step. The parts. Meaning-bearing units related to the phenomenon were identified in the transcribed text. QSR International's NVivo 11 qualitative data analysis is a software program developed to help researchers handle qualitative data (Edhlund, 2016). Nvivo 11 was used to store and handle data and to sort the manually selected meaning-bearing units in the text. Related meanings were described in the participants' own words. Differences, similarities, patterns, and relationships between the meanings were identified and grouped together in clusters. For example, the quotation;

"I thought of the image, I drew a little child. Anyway, I saw that the little child that was me was sad. Can just accept that this was how it was, I can't take away my life I had as a child,"

was identified as a meaning unit. One meaning derived from that meaning unit was "acceptance of the past". This meaning, together with other similar meanings, formed the cluster "art-making leads to changes".

The clustering process continued until no loose ends could be detected and all meanings were related to each other in each cluster. To preserve conformity with the interviews, the cluster descriptions were then compared with the original text.

Third step. The new whole. The next step was to find and describe the invariant part, namely the essence of the phenomenon. This was a dynamic process in which the clusters were searched for the invariant. Various descriptions of the essence were formed until it created a final comprehensive whole, covering all meanings in all the clusters. Finally, the constituents that are the contextual variations of the essence were described. The example cluster, described above, influenced the constituent "changes in understanding entail changes in life".

Results

The structure of the phenomenon, the significance of the manual-based Phenomenological Art Therapy experienced by patients diagnosed with moderate to severe depression, is presented here in two parts. First, the invariant part of the phenomenon, the essence, is presented; then the contextual variations, the constituents, are presented. Quotations from the original interview text are inserted to further describe the meanings. The different participants are named A to J. According to Reflective Lifeworld Research, meanings are presented in the present tense, as they describe how the phenomenon is and not what the participants said about it (Dahlberg et al., 2008).

The essence

Manual-based Phenomenological Art Therapy for people with moderate to severe depression means meeting oneself in an inner dialogue between the evident and the unaware. Art-making and the ensuing narrating makes inner life visible, and can open up and alter the understanding of oneself and one's situation.

When an image is created, the image gives a visual response. The image acts as a mirror, which enables responding to the image by continuing to paint and develop the image. An interaction emerges between the participants, the material, and the image. Through the image, and in the meeting and the interchange with oneself, an inner dialogue occurs. Consciously or intuitively, the choices and use of materials as a response to an essential need

at the given moment become part of the inner dialogue. In PATd, the different art tasks support art-making, but they also allow new viewpoints to arise, enabling new aspects to reveal the unconscious. The art tasks provide something to reflect upon. The different art tasks can be seen as pieces of a puzzle that can be put together to promote understanding of oneself and one's reactions. Narrating the experience of art-making clarifies and deepens the inner dialogue. The therapist becomes part of the inner dialogue: the one who receives and responds to the descriptions.

The inner dialogue takes place at various levels

The inner dialogue is complex and takes place on various levels. It can take part simultaneously when making art with the material, or independently with the finished image. The dialogue can then evolve further in an outer dialogue with the therapist, allowing new perspectives and understandings to occur.

In the interaction between the participant and the image, the inner dialogue, evolves by moving between attending to the created image and the inner dialogue. The created image and its content acts as mirror which can be viewed and comprehended by the viewers and enables responses. Emotions can emerge both consciously and unconsciously, take shape in the image, and can be viewed and apprehended.

I drew all the feelings. And so when I chose two of them, I chose loneliness and sadness. In a second, I felt my heart started to beat. This is how it is. I knew now why I was feeling bad, and I didn't know this before. B

Art-making rouses emotions but also increases awareness of emotions and thoughts. The image reveals the not-yet conscious and concealed; it provides pieces of a puzzle, with little bits that convey its message. When emotions take shape in the image and the participant gets in touch with them, the emotions can begin to differentiate.

It is difficult to express a feeling or how you feel, how do I feel today? But if I am painting it in colors, you can see it. Yes I am feeling like this, I feel like this, which may be positive but still a little stressful. C

When choosing colors, the texture of the paint and the nuances become part of the inner dialogue. Art materials are ascribed with different qualities and are used intentionally or intuitively as a response to an inner demand for what is important. Emotional reactions are explored on the basis of the properties of the art materials and the colors and materials help to clarify and signal meaning.

Then it appears clearly where I would like to have it dark and where I would like to have it bright, which means this and that. A

Emotions can also take shape through symbols and the symbols are loaded with meaning. One of the participants described that when using watercolors, it was the color that spoke, and when using crayons, it was the motif.

Sometimes I used very thick paint, so it was thick in some way and the thick felt quite nice. Healing is the wrong word to say but the dark disappeared from my body. A

Different art materials stimulate the senses differently; for example, crayons offer resistance and watercolors are fluid with little or no resistances but may be difficult to control. One participant described that it was nice to use the senses of touch and vision rather than speech, as is used in verbal psychotherapy.

I think it's different senses working in art-making. It's very tactile and you use vision; these two I would basically be able to do without in therapy when I sit down and talk. Then maybe it's the way that

you can use other senses when you're in art therapy, which I think has been very good. F

Through the image, feelings and experiences are shown and then described, and explicating the image conveys what is important and can enhance self-understanding.

Overcoming challenges by perceiving and accepting oneself

Challenges can occur when taking part in PATd. For example, the inner dialogue may not happen. It may take time to understand the purpose of art therapy and there seems to be a threshold to overcome to gain access to the inner dialogue. If the meeting between the participant and the image or art material does not take place, art therapy can be experienced as difficult and that something is missing.

For me it was really good, I feel so much difference. Maybe after the first times, I felt this is not very good, nothing happens. I just keep on, and after six to eight times, I really did understand what art therapy meant, and I noticed that I felt so much better. I understand so much stuff, which I didn't understand before, and it makes me very happy and pleased. B

One's own opinions about performance ability in painting can initially be enhanced and be a source of doubt of own ability. Confronting performance requirements can expose a sense of failure, and thoughts of abandoning PATd may arise.

It's very difficult to paint certain feelings, which I found very hard to get on paper. I felt, well, a bit frustrated, because I didn't know what I was going to paint. G

Another challenge may be important questions of life that become so dominant that they overshadow the inner dialogue. Being caught up in questioning *why* can take away the focus from inner experiences when the answers are sought so intensely that the inner dialogue becomes a monologue.

Yeah I think, on and on about myself, and who I am in this, but I was very focused on how should I proceed? How? I have searched a lot after that. How do I get healthy? H

Obstacles to the inner dialogue can occur when participants do not want or are unable to approach themselves. Difficulties arise when the image conveys more than participants can cope with.

Perhaps that is why I do not want to take it up, negative stuff, not bring it up. For I really don't want to wrestle with it. E

It is possible to overcome the threshold through transparency and relinquishing demands on performance. Gradually, the inner dialogue is detected through the use of color or by the meanings conveyed by the image. In time, the benefits that come with art-making are detected and, slowly, anxieties decrease.

Performance anxiety was released in art therapy, and I feel I'm able to perform, it's a good achievement with art therapy. To be able to do without anxiety was perfect, that felt great, and I will take that with me. H

Art themes about symbolizing emotions can be difficult. It can be difficult to recognize an emotion, and a sense of insecurity can arise when there is no key to know how to symbolize them. It may take time to trust one's own abilities, but trust can gradually increase. Tangible art tasks support and give something to reflect upon. They provide a starting point for questions to emerge and the inner dialogue to start.

I would paint a timeline on one occasion, over my life, and then it was just painting like things I remember. So it was a bit easier than painting the feelings. It's a little more evident in some way. G

Participating regularly in treatment gives structure to the day and something that provides meaning. However, regular participation in art therapy can be demanding and the difficulties can be hard to contend with. Regular participation in art therapy can contribute to finding meaning.

I thought it was good for me to get off once a week and do something. Although it was tough, and even though I knew days before it was hard, then once I was there, it was very positive. So, it was good for me to do something and do it once a week. D

To prepare for the art-making, relaxation exercise is a way of dealing with any challenges that may arise. Relaxation before art-making can contribute to being more present and ready for art-making, but not all find relaxation techniques helpful, and some may even find them strange and awkward.

I have never focused on just one arm before; it was a bit strange. I After relaxation when I should paint my self-portrait, then all these things that I had in mind were completely gone. I only drew an empty speech bubble. I felt like that and everything was gone. I felt wonderful, then stressful thoughts came back gradually but it was less stressful this time. For I understood in a different way. C

Frameworks enable the inner dialogue and the narrating of experiences

The therapist provides a framework to relate to, setting up rules for the session and maintaining the framework. The attitude of the therapist is important for creating a feeling of safety, giving freedom to express inner dialogue through making art. The therapist hears the patient's story, listens, and asks questions designed to open up new perspectives. Exploring the images with the therapist adds value by aiding the understanding of reactions and actions. Exploring the image supports self-recognition, identifying and understanding thoughts and feelings.

I thought that she listened well, too. Came up with some things that I couldn't explain, so she tried to help me. It was really good. I

Although, I'd not really had it in mind when I made it. I probably do not think much, but when we talked about it, yes, it is exactly so. A

The therapist's approaches to the images are important; taking the images seriously and conveying that there are no right or wrong ways to perform art therapy. The room where the art therapy takes place provides a particular framework and provides space for moving the body; space to promote reflection. The availability of windows or other ways to draw the gaze is also important. Fixing the gaze on something apart from ourselves creates a room within the room, a private inner room for reflection.

There is quite a large area in front of the paper, where I can move before I sit down. I really used the room. It's been pleasant to have so much view. The light in particular. Light, time for reflection, perhaps thinking a bit of the trees and the colors, the shapes on the outside. What mood you are in and how it looks outside. I just think it contributes. That may help me to get a thought or idea of something to do on the paper. Looking out, it may help a bit. F

Another framework is the art theme. Because the art tasks are predetermined in PATd, the art therapy processes become affected by approaching areas that might not otherwise be considered. The same art tasks can have varying significance for different patients. The themes are adjusted by the participants to suit particular needs, and are woven into the therapy.

I got in what I needed to bring up. Otherwise, I probably wouldn't have pursued. E

Relaxation exercises are performed as a preparation for art-making and help to increase concentration and focus on the body and its reactions. Beginning with relaxation helps to organize and clear thoughts, while removing the concerns of ordinary life allows the focus to be placed upon oneself.

Then we did relaxation so I could concentrate on what was here and now. C

Timeframes are important in different ways. The amount of time available in each session affects the selection of art materials and also the materials that participants choose to bring up during the session. Art-making takes varying times and the participant's need to talk about the images varies. Individual adjustment of timeframes is needed to meet these different needs of treatment.

Because we had 20 minutes on an image, then . . . you will not have time to get anything done if you're going to use advanced materials. D

I think it was good distribution, and I got as much time as I needed. In the hour, the relaxing exercise took 10 minutes maximum. Then the painting, I had 20 minutes left, but it wasn't often that I used those 20 minutes. I

The number of sessions that are sufficient for treatment remains unclear: 10 sessions appears to be on the low side, and 15–20 sessions are suggested to be sufficient to enable further processing of experiences.

I could be here for life. I think it has been great. Ten times in the beginning I thought, oh, my God. I'm going to be here 10 times? How much do they want me to paint? But I think, if you're going to implement PATd in health care, then it should be 20 times, perhaps 15 times. F

I don't know how long you should keep on with this stuff, but it felt a short time. Had we continued further, I think my unconscious would have released even more. My unconscious came forward even more than in talk therapy. The kind of things that I didn't understand at all were revealed, so I could process them further when we talked about them. A

Changes in understanding entail changes in life

Changes in understanding occur at different levels. Inner dialogue changes the way to think and allows concepts to be re-evaluated. Stopping and reflecting contributes to re-evaluation and allows new concepts to be realized. In daily life, a changed understanding offers a different approach to taking care of oneself, for example, through taking regular walks or setting limits. A deeper change can occur when the focus on emotions becomes enhanced and they are taken more seriously. In perceiving oneself honestly, one's needs can be communicated to others.

Yes, it was . . . got some eureka moments and, not only art-making, but relaxation, too, what it gave and . . . then the last time when you saw what you have processed during art therapy, things have actually happened. J

Experiences in art-making can be transferred to everyday life. For example, painting slowly transfers to everyday life by allowing one to carrying out tasks more slowly and hence reducing stress levels.

I am a rushed person and always do stuff quickly. Once I drew slowly. I say, I can't, I can't be slow, I didn't know. I knew I was in a hurry all the time. After that day I started to do other tasks more slowly. B

The inner dialogue through art-making helps focus thinking and reflection on a deeper level with an awareness of self. By going into oneself, one's perceptions about the essential, core beliefs may be discovered.

The greatest is really what you can express through images. You can use it in different ways and it has helped me to think. H

Increased awareness of emotions and needs allows questioning about wants and needs. Increased awareness can also help to clarify what is important in life and can simplify how to prioritize.

I did a little doodle on different emotions, and it's quite interesting how you can create pictures with different emotions. How it makes you think a lot, whether you are in the right place in life, or in the right place at work? Have I the factors that I need to feel good? F

Art-making and the understanding that follows contributes to new approaches and relationships with others. A first step towards change is to understand what does not work. Acceptance of limitations and life events makes it possible to leave the past and move on in life. In art therapy, you work with acceptance by meeting your limits in painting, and this can be transferred to other aspects in life. In other words, art therapy can provide an arena for practice. Exploring oneself means learning about oneself, obstacles and behaviors.

I had no respect for myself. When I looked at the pictures. I knew that I must attempt to achieve this, exactly as with a toddler. I am an adult. I know what's okay. Now it's bad weather, put on more clothes. Only the small children – they don't know. You have to say to them: bring a jacket when you go out. I'm this little child. I saw that I must take care of me a little bit. B

Selecting art materials and letting oneself go for painting and creativity can be a key element in bringing back zest for life. Painting can be satisfying and arouse curiosity. With increased energy levels and motivation, what was once important comes back into focus. To be able to express thoughts and emotions on paper releases feelings of grief and anxiety and promotes recovery.

You are not left in the fog, I thought to say [laughs]. No, but the desire to live, you could say it is a good thing. Not just colors, you see everything, you can see the trees, how they look, you can see. C

Discussion

This study shows that PATd encourages meeting oneself in an inner dialogue between the evident and the unaware. According to Vygotsky, there is a connection between inner dialogue and capacity for self-regulation. When we imagine something, our consciousness directs our thoughts through internal dialogue (Smolucha, 1992a). Our consciousness also links emotion with meaning. Our emotions are interpreted by the consciousness and this enters our imagination (Lindqvist, 2003). Experience of everyday life affects thinking, and when the inner dialogue structures our activities we become more self-governing and can create something new (Vygotskij, 2001). Art therapy is concerned with expressing inner images through art-making. Meeting oneself through art-making raises awareness and provides an opportunity for making choices that are more conscious in life.

The findings in this study indicate the importance of the inner dialogue. The inner dialogue in PATd takes place on several levels; it can take part when selecting and making art with the material, or independently with the finished image. The results emphasize the importance for patients to select art materials by themselves. Selecting art materials acts as a starting point for reflection. Selecting colors promotes awareness about problems and solutions. The characteristics of art materials produce emotions through the direct

experiences of colors, textures, and forms. In art therapy, such meetings allow what is felt to be true in the present moment to be conveyed (Salom, 2013). The inner dialogue can then evolve further in an outer dialogue with the therapist, allowing new perspectives and understandings to occur. The therapists have an important role to support the participant to meet oneself through the picture. Art affects emotions and allows the release of emotions: catharsis. Emotions are often interpreted with help from the imagination (Lindqvist, 2003). An important effect of PATd is to discover the pleasure of being creative. Being caught up in creation helps forgetting oneself – living in the present moment, and experiencing something new. Depressed patients struggle with negative thoughts and feelings and are often trapped in a repeating record of failures and shortcomings, but when such ruminations are interrupted by prompts to consider other topics, new and more positive thoughts may be introduced.

This study shows that some art tasks were first found difficult to understand. It seems that more tangible art tasks are easier to comprehend. According to Vygotsky, our imagination is developed from childhood play characterized by reproductive imagination that evolves to an adolescent ability of more complex and mature thinking processes (Smolucha, 1992b). Vygotsky's theory of creativity can explain why some people seem to have difficulties making images. He claims that our ability to create images is a process that starts in childhood through play and works to symbolize reality. In adolescence, the ability to create internal images and evolve to higher cognitive functions and thoughts can become increasingly abstract (Smolucha, 1992a). Perhaps this development is not a straightforward process, as some people do not develop a high level of imagination, or suffer from a form of depression that affects this ability. This agrees with our findings; that some participants found it easier to perform tangible art tasks. One plausible explanation could be that some patients with depression have a lower tolerance of uncertainty (Einstein, 2014). In addressing this issue, it is important that the treatment is predictable which can help the patient to feel more secure. Difficulties remain in answering these questions, and the issue needs to be examined further.

The inner dialogue can alter ways of thinking and concepts can be re-evaluated. The body contains our memories, experiences, and lived knowledge. When creating images we use our bodies through movements and through emotions and thoughts. The embodied knowledge is transferred through the hand and the mind to the paper. What is concealed can be viewed and reflected upon. Theories of the lived body agree with the results of this study; that all knowledge is embodied and, through our bodies, we experience ourselves and the outside world (Dahlberg et al., 2008). These experiences through the body, and our senses, thoughts, and feelings, mean that body and mind are inseparable (Bengtsson, 2005).

Methodological discussion

Research into human experience includes qualitative aspects. These require a scientific approach that can reach the essence of experiences and the meaning attributed to them (Dahlberg et al., 2008). Therefore, this study was conducted with a Reflective Lifeworld phenomenological approach based on the theory of the lifeworld, intentionality, and the lived body (Dahlberg et al., 2008). Experiences of PATd are complex, and their significance differs between individuals. Despite this, the essential meanings do not vary. Designing a study based on phenomenology involves trying to relinquish preconceptions about how things are, and being present in the moment, while still monitoring the researcher's own reactions and thoughts. In this study we have tried to stay open to both the phenomenon and the experiences that the participants shared. In-depth questions were asked during interviews and the analyses dwelt on the significance of the answers. Credibility was

obtained through the open approach that was adopted, by placing the focus on the phenomenon, and by having discussions amongst the research group to bridle preconceptions.

Transferability

Dahlberg considered that, if the experiences of a phenomenon were described by people with different background and experiences, it would be possible to generalize the results (Dahlberg et al., 2008). In Reflective Lifeworld Research, the concept of maturation is not in line with this approach. Instead, the strategic selection of participants is the means to ensure that as many variations as possible of experiences of the phenomenon are covered. What Dahlberg means by this is that results can be transferred to all within this group when the participants are strategically chosen to obtain varied experiences of the phenomenon, thereby enabling transferability of the results (Dahlberg et al., 2008). Whether the results can be transferred to other patients with other diagnoses needs to be further investigated. The focus in this study was the participants' experiences of PATd and its significance. Whether it is possible to transfer the results related to manual-based Phenomenological Art Therapy from this study to, for example, process-oriented art therapy, is not evident, because the clinical application differs (Schulte & Eifert, 2002). However, the most significant results are the gaining of an understanding of the importance of the inner dialogue and that the inner dialogue is likely to take place regardless of the orientation of the art therapy.

The participants were not given the opportunity to comment on the results, as this is not the practice in Reflective Lifeworld Research. However, the participants were provided with a summary of the results, written in Swedish.

Sampling

There was a slight difference in the level of depression amongst the participants who took part in the interviews and the total group who participated in the PATd. These participants felt slightly better before the start of treatment and the treatment also had a greater effect. It is unclear why those interviewed differed from the other participants, but one reason may be that having positive experiences provides greater inclination to share their experiences.

Two of the participants indicated that the treatment had little or low significance. Their reactions have been important for understanding the difficulties of participating in PATd. Increased knowledge provides an opportunity to reflect on what treatment is best suited for patients and how to support them to discover how they can use their inner dialogue. There is a need for more research to fully understand how PATd works.

Competing interests

The authors declare that they have no competing interests.

Ethics approval and consent to participate

Informed written consent was obtained after the procedure had been fully explained. This study was approved by the Ethics Review Board, Gothenburg, Sweden (Dnr 072-14).

Funding

This project was supported by the R&D board Södra Älvsborg under Grant VGFOUSA-484551. The funding body had no control over the design, collection of data, analysis or writing up of the research.

References

- Åsberg, M., Bengtsson, F., Hagberg, B., Henriksson, F., Håkansson, I., & Karlsson, I. (2004). *Behandling av depressionsjukdomar. En systematisk litteraturoversikt. [Treatment of affective disorders. A systematic review]*. Stockholm: SBU.
- Öster, I., Svensk, A. C., Magnusson, E., Thyme, K. E., Sjödin, M., Åström, S., & Lindh, J. (2006). Art as therapy improves coping resources: a randomized, controlled study among women with breast cancer. *Palliative & Supportive Care*, 40(1), 57–64.
- American Psychiatric Association. (2014). *Mini-D 5: diagnostiska kriterier enligt DSM-5 [Mini-D 5: diagnostic criteria according to DSM-5]* (J. Herlofson, trans.). Stockholm: Pilgrim Press.
- Barbee, M. (1996). Men's Roles and Their Experience of Depression. *Art Therapy: Journal of the American Art Therapy Association*, 13(1), 31.
- Bengtsson, J. (2005). *Med livsvärlden som grund [The lifeworld as foundation]*. Lund: Studentlitteratur.
- Betensky, M. (1995). *What do you see? Phenomenology of therapeutic art expression*. London and Philadelphia: Jessica Kingsley Publishers.
- Blomdahl, C., Gunnarsson, A. B., Guregård, S., & Björklund, A. (2013). A realist review of art therapy for clients with depression. *The Arts in Psychotherapy*, 40(3), 322–330. <http://dx.doi.org/10.1016/j.aip.2013.05.009>
- Blomdahl, C., Gunnarsson, B. A., Guregård, S., Rusner, M., Wijk, H., & Björklund, A. (2016). Art therapy for patients with depression: Expert opinions on its main aspects for clinical practice. *Journal of Mental Health*, 25(6), 1–9. <http://dx.doi.org/10.1080/09638237.2016.1207226>
- Czamanski-Cohen, J., Sarid, O., Huss, E., Ifergane, A., Niego, L., & Cwikel, J. (2014). CB-ART-The use of a hybrid cognitive behavioral and art based protocol for treating pain and symptoms accompanying coping with chronic illness. *Arts in Psychotherapy*, 41(4), 320–328. <http://dx.doi.org/10.1016/j.aip.2014.05.002>
- Dahlberg, K., Dahlberg, H., & Nyström, M. (2008). *Reflective lifeworld research*. Lund: Studentlitteratur.
- Dahlberg, K. (2006). The essence of essences –The search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-Being*, 1(1), 11–19. <http://dx.doi.org/10.1080/17482620500478405>
- Edhlund, B. M. (2016). *NVivo 11 essentials: Your guide to the world's most powerful data analysis software*. Stallarholmen: Form & Kunskap.
- Egberg Thyme, K., Sundin, E. C., Wiberg, B., Öster, I., Åström, S., & Lindh, J. (2009). Individual brief art therapy can be helpful for women with breast cancer. *Palliative & Supportive Care*, 7(1), 87–95.
- Einstein, D. A. (2014). Extension of the transdiagnostic model to focus on intolerance of uncertainty: A review of the literature and implications for treatment. *Clinical Psychology: Science and Practice*, 21(3), 280–300. <http://dx.doi.org/10.1111/cpsp.12077>
- Fantino, B., & Moore, N. (2009). The self-reported Montgomery-Asberg Depression Rating Scale is a useful evaluative tool in major depressive disorder. *BMC Psychiatry*, 9, 26 [10.1186/1471-244X-9-26].
- Guttmann, J., & Regev, D. (2004). The phenomenological approach to art therapy. *Journal of Contemporary Psychotherapy*, 34(2), 153–162. <http://dx.doi.org/10.1023/B:JOC.0000022314.69354.41>
- Henderson, P., Rosen, D., & Mascaro, N. (2007). Empirical study on the healing nature of mandalas. *Psychology of Aesthetics, Creativity, and the Arts*, 1(3), 148–154. <http://dx.doi.org/10.1037/1931-3896.1.3.148>
- Herlofsson, J., Ekselius, L., Lundh, L.-G., Lundin, A., Mårtensson, B., & Åsberg, M. (Eds.). (2010). *Psykiatri [Psychiatry]*. Lund: Studentlitteratur.
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York: Routledge.
- Lindqvist, G. (2003). Vygotsky's theory of creativity. *Creativity Research Journal*, 15(2–3), 245–251. <http://dx.doi.org/10.1207/S15326934CRJ152&3.14>
- Lusebrink, V. B. (2004). Art therapy and the brain: An attempt to understand the underlying process of art expression in therapy. *Art Therapy: Journal of the American Art Therapy Association*, 3(27), 125–135.
- Luzzatto, P., Sereno, V., & Capps, R. (2003). A communication tool for cancer patients with pain: The art therapy technique of the body outline. *Palliative & Supportive Care*, 1(2), 135–142.
- Martin, E. (1997). The symbolic graphic life-line: Integrating the past and present through graphic imagery. *Art Therapy: Journal of the American Art Therapy Association*, 14(4), 261–267.
- Mathers, C. D., & Loncar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med*, 3(11), e442. <http://dx.doi.org/10.1371/journal.pmed.0030442>
- Meijer-Degen, F., & Larsen, J. (2006). Alexithymia –A challenge to art therapy: The story of Rita. *The Arts in Psychotherapy*, 33(3), 167–179.
- Monti, D. A., Peterson, C., Shakin Kunkel, E. J., Hauck, W. W., Pequignot, E., & Rhodes, L. (2006). A randomised, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer. *Psycho-Oncology*, 15(5), 363–373.
- Røseth, I., Binder, P.-E., & Malt, U. F. (2013). Engulfed by an alienated and threatening emotional body: The essential meaning structure of depression in women. *Journal of Phenomenological Psychology*, 44(2), 153–178. <http://dx.doi.org/10.1163/15691624-12341254>
- Rankanen, M. (2014). Clients' positive and negative experiences of experiential art therapy group process. *Arts in Psychotherapy*, 41(2), 193–204. <http://dx.doi.org/10.1016/j.aip.2014.02.006>
- Rush, A., Trivedi, M., Wisniewski, S., Nierenberg, A., Stewart, J., Warden, D., . . . & Fava, M. (2006). Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. *The American Journal of Psychiatry*, 163, 1905–1917.
- Salom, A. (2013). Art therapy and its contemplative nature: Unifying aspects of image making. *Art Therapy*, 30(4), 142–150. <http://dx.doi.org/10.1080/07421656.2014.846203>
- Schulte, D., & Eifert, G. H. (2002). What to do when manuals fail? The dual model of psychotherapy. *Clinical Psychology: Science and Practice*, 9(3), 312–328. <http://dx.doi.org/10.1093/clipsy/9.3.312>
- Smolucha, F. (1992a). The relevance of Vygotsky's theory of creative imagination for contemporary research on play. *Creativity Research Journal*, 5(1), 69–76. <http://dx.doi.org/10.1080/10400419209534423>
- Smolucha, F. (1992b). A reconstruction of Vygotsky's theory of creativity. *Creativity Research Journal*, 5(1), 49–67. <http://dx.doi.org/10.1080/10400419209534422>
- Trombetta, R. (2007). Art therapy, men and the expressivity gap. *Art Therapy*, 24(1), 29–32.
- Van Lith, T., Fenner, P., & Schofield, M. (2011). The lived experience of art making as a companion to the mental health recovery process. *Disability and Rehabilitation*, 33(8), 652–660. <http://dx.doi.org/10.3109/09638288.2010.505998>
- Van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy*, 47, 9–22. <http://dx.doi.org/10.1016/j.aip.2015.09.003>
- Vygotskij, L. S. (2001). *Tänkande och språk [Thinking and language]*. Göteborg: Daidalos.
- WHO. (2012). *Fact Sheet 369: Depression*. World health organisation. www.who.int/mediacentre/factsheets/fs369/en/
- Wilkie, M. (2014). The importance of using patient experience to direct research. *Peritoneal Dialysis International*, 34(7), 684–685. <http://dx.doi.org/10.3747/pdi.2014.00273>
- Wittchen, H. U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jonsson, B., . . . & Steinhausen, H. C. (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology*, 21(9), 655–679. <http://dx.doi.org/10.1016/j.euroneuro.2011.07.018>
- Zubala, A., MacIntyre, D. J., Gleeson, N., & Karkou, V. (2013). Description of arts therapies practice with adults suffering from depression in the UK: Quantitative results from the nationwide survey. *The Arts in Psychotherapy*, 40(5), 458–464.
- Zubala, A., MacIntyre, D. J., & Karkou, V. (2014). Art psychotherapy practice with adults who suffer from depression in the UK: Qualitative findings from a depression-specific questionnaire. *The Arts in Psychotherapy*, 41(5), 563–569. <http://dx.doi.org/10.1016/j.aip.2014.10.007>