# the visible spectrum

**participants' experiences
of the process and impacts
of art therapy**

mimmu rankanen

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abstract Art therapy seems to be a highly preferred and satisfactory form of preventive and rehabilitative work for participants in different contexts from education to psychiatry. It consists of multiple theoretical and practical approaches that vary depending of clients' needs and therapists training, but they are all based on the influences of art-making within a therapeutic relationship and joint interaction between therapist and client. This doctoral dissertation focuses on analysing clients' descriptions of art therapy processes and on defining which ingredients are influencing on the qualities of these experiences. In addition, it aims to clarify, which impacts clients experience as personally significant after participating in art therapy.

Previous research has not focused on the systematic observation of those experiences that clients describe as challenging during the art therapy process or on developing theoretical models for contextualising those ingredients that are crucial in aiding or hindering therapeutic change. In current research, these aspects are approached from multiple directions including the observation of both individual and group art therapy practices in the context of either adult education or psychotherapy. This research comprises four articles, enabling different methods and data sets to be triangulated. Thus, both the participants' rich descriptions of art therapy process and its impacts can be analysed from multiple theoretical perspectives. These include different experiential aspects such as embodied sensations and perceptions, emotional and mental experiences as well as intersubjective and dialogical aspects. Of the four articles, the two case studies allow deeper analysis of the unique qualities in individual narratives, while the two systematic content analyses enable shared themes to be found from numerous participants' descriptions.

In this research, the facing-up to, working through and conscious reflection on unpleasant experiences, such as difficulties in art-making, challenging emotions and interaction, turned into important helping processes which aided change. Additionally, based on the findings of a single case study, qualitative change in art making from cognitive control into spontaneous playful processing can be significant in aiding the transformation of previously painful experience into ones that are emotionally manageable and in increasing resources for self-regulation. However, hidden or un-expressed experiences of vulnerability or incapability in relation to verbal expression, art-making or therapeutic tasks and goals turned into hindering ingredients that stagnated the therapeutic process and change. Unpleasant emotions that remain unsolved could arise during sensory interaction in art-making or in social interaction, and a fear for others' interpretations could prevent or restrict expressing personally important issues.

The results of the research create a clearer and better structured understanding of how crucial it is for the experienced outcome of art therapy to encounter and reflect those intrapersonal, intermediate and interpersonal experiences, which awake unpleasant emotions during the process. In addition, as a result of the current study, six themes were recognised in clients' experiences of significant outcomes: (a) Art therapy increased insights and skills of self-reflection, (b) enabled experiences of self-expression and flow that gave resources for everyday life, (c) increased awareness and handling of emotions, (d) gave experiences of social support and acceptance, (e) increased understanding of self and others, and (f) enabled handling of the past and reflecting on the future.

The findings of the current study reveal, how the distinct ingredients that influence the art therapy process are described by different clients and which impacts multiple participants experience as significant after their participation in art therapy. As a result of the study, these findings are contextualised by applying the notion of a triangular working alliance to the individual cases and by developing a new kind of triangular pyramid model to picture the working alliance and aiding or hindering processes in group art therapy. Furthermore, a transtheoretical model for art therapy practice which integrates both essential art based premises and psychotherapeutic core processes is constructed and described in the theoretical part of the research summary.

Thus, this research creates both new kinds of theoretical models for exploring the influencing processes in art therapy as well as offers tools for therapeutic practices. It constructs increased understanding of clients' perspectives on art therapeutic change and its failings both within the context of experiential groups in adult education and in individual art psychotherapy.

tiivistelmä

Taideterapia vaikuttaa olevan osallistujilleen yksi pidetyimmistä ennaltaehkäisevän sekä kuntouttavan työn muodoista useissa eri konteksteissa kasvatuksellisesta työstä psykiatriaan asti. Vaikka taideterapian alalla onkin lukuisia erilaisia teoreettisia ja käytännön lähestymistapoja, ne kaikki perustuvat terapeuttisessa suhteessa tapahtuvan taiteen tekemisen vaikutuksiin ja terapeutin sekä asiakkaan väliseen yhteistyöhön. Tämä tohtorin väitöstutkimus keskittyy analysoimaan osallistujien kuvauksia taideterapian prosessista sekä määrittämään mitkä tekijät vaikuttavat heidän kokemustensa laatuun. Lisäksi tutkimuksessa pyritään selvittämään millaisia vaikutuksia taideterapiaan osallistuneet pitävät henkilökohtaisesti merkityksellisinä.

Aiemmat tutkimukset eivät ole pyrkineet systemaattisesti tarkastelemaan sitä, minkälaisia taideterapian aikana kohtaamiaan kokemuksia asiakkaat kuvaavat itselleen haastaviksi. Niissä ei ole myöskään pyritty kehittämään teoreettisia malleja, joiden avulla olisi mahdollista käsitteellistää niitä taidetyöskentelyyn ja vuorovaikutukseen liittyviä tekijöitä, jotka ovat ratkaisevia terapeuttista muutosta edesauttavina tai sitä estävinä. Tässä tutkimuksessa näitä kysymyksiä lähestytään useista eri suunnista keskittyen niin yksilötaideterapian kuin ryhmätaideterapian käytäntöjen tarkasteluun joko aikuiskasvatuksen tai psykoterapian konteksteissa.

Tutkimus koostuu neljästä erilaisia aineistoja sekä tutkimusmenetelmiä trianguloivasta osatutkimuksesta, mikä mahdollistaa taideterapiaan osallistuneiden henkilöiden kokemusten rikkaiden kuvausten analysoimisen useasta teoreettisesta näkökulmasta. Taideterapiaprosessia ja sen vaikutuksia eritellään huomioiden kokemuksellisuuden eri tasot kuten aistimukset, havainnot, kehollisuuden, emootiot, merkitykset, assosiaatiot, ajatukset sekä dialogisuuden ja vuorovaikutuksen aspektit. Osatutkimuksista kaksi hyödyntää menetelmänään tapaustutkimusta, mikä mahdollistaa yksittäisten asiakkaiden kertomusten kuvaamien kokemusten yksilöllisten laatujen rikkaamman ja syvemmän analyysin kun taas toiset kaksi osatutkimusta edustavat systemaattista sisällönanalyysia, mikä puolestaan mahdollistaa jaettujen teemojen löytämisen lukuisten osallistujien kokemusten kuvauksista.

Keskeisiksi muutosta edesauttaviksi tekijöiksi paljastuvat taideterapiaprosessin aikana kohdattujen epämiellyttävien kokemusten kuten haastavien tunteiden ja vuorovaikutuksen sekä taidetyöskentelyn vaikeuksien ääreen pysähtyminen ja niiden tietoinen reflektio. Toisaalta tapaustutkimuksen perusteella myös muutos taidetyöskentelyn laadussa ja siirtyminen tietoisesta hallinnan pyrkimyksestä spontaanin leikilliseen työtapaan voi olla merkittävä aiemmin tuskalliseksi koetun kokemuksen muuntumista edesauttava tekijä. Sen sijaan muutosta ehkäiseviksi tekijöiksi muodostuivat haavoittuvuuden tai kyvyttömyyden kokemukset ja niiden ilmaisematta jättäminen. Kyvyttömyyden kokemuksia saattoi ilmetä sekä suhteessa ryhmässä tapahtuvaan sanallistamiseen että terapeuttisen taidetyöskentelyn menetelmiin ja tavoitteisiin. Niin taidemateriaaleja käsitellessä kuin ryhmäläisten välisessä vuorovaikutuksessakin saattoi myös herätä prosessin aikana ratkaisemattomiksi jääviä tunteita. Lisäksi oman ilmaisun esteeksi saattoi muodostua toisten tekemien tulkintojen ennakointi tai pelko. Tutkimuksen tuloksena asiakkaiden kokemien epämiellyttäviä tunteita herättävien henkilökohtaisten, taiteellisten ja vuorovaikutuksellisten kokemusten kohtaamisen ja reflektion keskeinen merkitys taideterapian lopputulokselle kirkastuu sekä tulee jäsenneltyä uudella tavalla.

Tutkimuksen tuloksena tunnistetaan myös kuusi taideterapiaan osallistuneille asiakkaille merkityksellistä koettua lopputulosta: (a) Lisääntynyt itsereflektiokyky ja henkilökohtaiset oivallukset, (b) arkeen voimavaroja antavat itse-ilmaisun ja luovuuden kokemukset, (c) parempi tunteiden tunnistamisen ja käsittelyn kyky, (d) kokemus sosiaalisesta tuesta ja hyväksytyksi tulemisesta, (e) lisääntynyt itsen ja toisten ymmärrys sekä hyväksyminen, (f) taideterapian mahdollistama menneisyyteen liittyvien tunteiden ja tulevaisuuden mahdollisuuksien työstäminen.

Tutkimuksen teoreettisena lopputuloksena eri osatutkimusten löydökset käsitteellistetään hyödyntäen taideterapian yhteistyösuhteessa vaikuttavien tekijöiden jäsentämisessä taideterapian kolmiosuhteen mallia sekä kehittämällä uudenlainen kolmiopyramidi-malli ryhmätaideterapian työskentelyalianssin sekä siinä vaikuttavien prosessia edesauttavien tai ehkäisevien tekijöiden kuvaamiseen. Lisäksi tutkimuksen yhteenveto-osion teoreettisessa osuudessa esitellään tutkimuksen kuluessa rakentunut uudenlainen useita teorioita integroiva malli taideterapian työskentelyprosessin kuvaamiseen, jossa yhdistetään sekä taideperustaiset että psykoterapeuttiset ydinprosessit.

Käsillä oleva tutkimus antaakin sekä uudenlaisia teoreettisia malleja taideterapiassa vaikuttavien prosessien tutkimukseen että käytännön työkaluja terapeuttistavoitteiseen asiakastyöhön erilaisissa konteksteissa aikuiskasvatuksen kokemuksellista ryhmistä yksilöpsykoterapiaan asti syventäen ymmärrystämme asiakkaiden näkökulmista taideterapian muutosprosessiin ja sen esteisiin sekä vaikutuksiin.

foreword

Art-making and perceiving artworks influence us in many ways that are universally experienced as therapeutic. Throughout history, humankind has attempted to harness these powers for curing problems of mind and body. In contemporary Western culture, one extension of these strivings is the integration of art and therapy. That said, artistic expression always also has intrinsic value that is not reducible to the service of any other discipline. Following its untamed nature, art always strives to break free from prejudices and boundaries by skilfully breaking rules to create unforeseen routes. If art becomes the dull following of formulas, it loses its touching quality, and the art itself escapes its cage between the bars and surprises us by reappearing in unexpected places. However, psychotherapy needs to be conducted within professional boundaries by following carefully considered ethical principles to protect the clients' rights. How can we then yoke untamed art for the use of confined psychotherapy without losing its peculiar nature?

If we aim for this integration by harnessing art as a technique of psychotherapy or as a recipe manual, we will only be following familiar routes from which art has escaped and is now miles away. Instead, if we see art as an individual agent in interaction, with whom both client and therapist have their own living and transforming relationship, we can simultaneously open up the dyadic therapeutic relationship into a wider triangular space. Art enlarges the interactive space for play and provides a free stage for changing roles between active agent and reflective observer. It builds an arena for both embodied subjective experiencing and more distanced observing and reflecting. At its best, this triangular space can become a safe place for improvisations, where shared rhythms and aesthetically resonating attunement can be sought. It can also tolerate the conflicts and ruptures that are inevitable. It gives room to explore unavoidable breaches and, furthermore, it allows them to be transformed into art.

The act of creating and transforming meanings builds a shared ground for art and therapy. In psychotherapy, significances are born within the intrapersonal dialogic relationship to one's inner world and within an intersubjective relationship between oneself and another person. In art, we create a third signifying relationship – the art makers and observers' embodied relationship with art materials and aesthetic space. An art maker is always in a reciprocal position in relation to the quality of her or his expressive embodied experience and art materials. When we observe this interaction in the context of psychotherapy, it is interesting to note how we are observing it. Which 'observing position' do we take? Do we think that the relationship with the artwork is symptomatic or curative? Is a patient's artwork representing an illness that needs to be cured in order to enable change to also take place in the patient? Is the artwork a representation of symptoms and an object for diagnosis or is making art medicine in itself? Or are art-making and artworks placebos that are not real medicines but only effective because we believe in them? Is making art dangerous and uncontrollable and are we afraid of it? Or is it a soothing, holding and relieving activity towards which we turn when we are troubled or desperate? Does art-making represent the healthy and well-functioning sides of the patient's personality? Or is the patient after all an artist, who is using art materials to express significant experiences?

The research at hand asks how clients experience the process and impacts of art therapy and which ingredients affect the quality of these experiences. It attempts to make visible the spectrum of unique and shared qualities of clients' experiences. This question is approached from the clients' perspective, utilising their narratives describing their personal art therapy process as data. However, the therapist-researcher is the other party in this interaction, one whose task is to try to understand these experiences and give them some structure. In this research, this structuring is done with the help of different methods of analysis, utilising theory-building single case study, narrative single case study, deductive content analysis and inductive content analysis that is triangulated with a web-based self-report survey. On the basis of previous research on clients' experiences of psychotherapy we already have some ground for understanding the ingredients that affect the quality of therapeutic experiences in dyadic verbal integration. Thus, of special interest in the present research is defining more clearly what kind of role the third party in the art therapy relationship – the art – has in forming the clients' experiences of the art therapy process and its impacts.

The first article of this study observes a single client's images and narrative, which describes her personal process of change occurring during two experiential art therapy group sessions. The therapist-researcher's focus is on understanding how changing qualities in the embodied creative art process affect the client's mental relation to the problematic issue. By exploring the client's embodied and mental experiences with the help of a systemic theoretical model defining psychophysical therapeutic elements in the creative process, the qualities of the change process, as well as the theoretical model itself, become further clarified. As a result, the study argues that the quality of aesthetic creative experiences can either hinder or aid a client's mental and emotional change processes. In the current case, the changes from cognitively controlling art-making into a spontaneous and playful approach to art-making – which the client made in her way to make art – also affected other levels of her experiences by changing a helpless relationship with a traumatic experience into an agentic position, wherein more flexible observation and experiences of resourcefulness became possible.

Another single case study is the fourth article of this study, which focuses on describing the dialogical qualities in an individual art psychotherapy process. In addition to presenting the client's and therapist's perspectives, which construct different views on the art therapy process at different times, the aim is to clarify the unique embodied and material possibilities of reciprocal dialogues which actualise during making and observing art. In this special case, the focus is on understanding the client's fragmented experiences – which cause uncontrollable changes in the quality of her experiences and intense psychological pain – with the help of a dialogical view. This part of the study claims that art therapy offers specific and concrete tools for the integrative process to clients who suffer from fragmentation of experiences and separate self-states. The process of making dissociated states visible during making art – as well as the embodied, material, aesthetic and creative possibilities for changing perspective while observing the artwork – enables more concrete emotional regulation and opportunities to become aware of the parts of experience that are fragmented into separate states than that enabled by abstract verbal expression. Thus, in addition to exploring a client's internal and intersubjective mental dialogues within a dyadic therapy relationship, the embodied and material relationship with art creates other special opportunities to aid processes of assimilation and integration.

Instead of observing single cases, the second and third articles focus on multiple experiential art therapy groups' participants' experiences. The second article aims to clarify the kind of experiences that participants experience during the different phases of the art therapy group process. The art therapy group's process and influencing ingredients differ from individual art therapy. The group brings one more layer into the therapeutic working alliance that consists of the experienced emotional bond and mutually negotiated therapeutic tasks and goals. As a result of this research, a new kind of contextual model of the working alliance in an art therapy group is then developed. Client, therapist, group and art each form a facet in a triangular pyramid that can be utilised to picture the complicated interaction within and between these different parties in art therapy groups. This model is applied in introducing the findings of the second part of the study. Art therapy processes that participants' experienced as positive or as aiding therapeutic change, as well as processes that participants' found negative or hindering change, are described. With the help of this model a more detailed description of the participants' process experiences and especially the distinguishing of the sources that influence the quality of these processes at different phases become possible. It enables arguing that there are qualitative differences in the influencing processes between the phases that are oriented in interaction with art – either during making art or during its observation and reflection – and phases where intersubjective interaction is at the centre. The varying sources that can aid or hinder therapeutic change process become manifest.

The third article focuses on the impacts that participants described after participation in experiential art therapy groups. In a long-time follow-up questionnaire, 41% of the participants (N = 51) rated the effect on their mental health as highly positive and an additional 57% rated the effect as positive. Only 2% experienced no change. Social relationships were affected highly positively for 19% and positively for an additional 63% of participants. Sixteen per cent experienced no change and 2% experienced negative effects on their social relationships. In addition, some positive effects on physical health were also experienced. However, 33% of participants experienced no change in their physical health. Relying on triangulated findings from the third article, it can be argued that participation in an art therapy group creates new perspectives and insights into one's personal life, increases self-knowledge and the skills for self-reflection. It enables developing new capacities for self-expression, offers experiences of creative flow and gives more resources for everyday life. In addition, all the participants' experienced that art therapy increased their emotional awareness and helped them to handle difficult emotions. Everyone experienced that they could handle negative emotions related to the past and that they could also reflect upon future possibilities. The group offered them significant experiences of social acceptance and interpersonal mirroring as well as increased understanding of others.

1.
introduction

1.1. Illuminating the researcher's position

I begin this introduction by illuminating my professional background and clarifying how it frames and shapes the entirety of my research. I find it crucial as the entirety of this research is formed by integrating four separately published parts of the study and the scope of each publisher has set its own requirements for each article, limiting my ability to explicate the aspects of my personal professional history that guide my perspective and positioning in relation to the issues researched. Transparency regarding my subjective position as a researcher has particular ethical importance – when I have a double role as an art therapy practitioner/researcher it can cause a restricted or biased view in relation to the subjects of the research. Since at the base of qualitative research there is the acceptance that it is impossible to set aside the researcher's perspective, transparency regarding my personal orientations enables critical and alternative ways of reading my research (Elliot, Fischer, & Rennie, 1999). In what follows, I begin by specifying how I am situated in the field of practice-based art therapy research. Then, I move on to clarify some important viewpoints on those disciplines that are related to my perspective on art therapy in this research.

1.1.1. Practice-based research in art therapy

As a researcher, I position myself in the field of practice-based research, which also implies the importance of my professional background and experience as the base on which this research stands. Thus, my educational and professional history inevitably frames my research subject and the perspectives from which I view it. The areas of my interests are bound together by the complex notion of practice-based research for it is a commonly-used research approach for both clinical and artistic practitioners, as well as art therapists (Karkou, 2010b). However, the concept can refer to very different research approaches stemming from notably distinct practices related to the disparate disciplinary contexts. In art, it refers to the artist-researcher's knowledge and personal or collective experience of and reflection on art-making processes and artworks, which are made the subject of critical inquiry from diverse theoretical or artistic perspectives (Kallio-Tavin, 2013; Kantonen, 2005; Mäkelä, 2003; Pitkänen-Walter, 2006). Instead, in psychotherapy it refers to a wide variety of research that studies naturalistic client populations in real-world clinical work by using either quantitative measuring and statistical analysis or qualitative data and analysis. In other words, these approaches focus on the effectiveness of psychotherapy in contrast to the randomised controlled trial (RCT) experimental research design that focuses on researching efficacy (Goldfried, 2013).

The complexity of the notion becomes evident in the context of interdisciplinary art therapy, in which parallel views on practice-based research from the perspectives of both art and psychotherapy are possible (Carolan, 2001; Gilroy, 2006, pp. 36–40, 97; Kapitan, 2010, p. 36). In the research at hand, my perspective is closer to the latter approach and focuses on qualitative aspects of the real-world art therapy. As for many other art therapist practitioner-researchers, my interest in understanding better the process and impacts of art therapy rose from puzzling questions I encountered during art therapeutic interaction. The development and structure of this research follows my learning process as a practitioner and the articles reflect changes in the contexts of where I worked during the research process. The

development of my theoretical thinking was guided by the need to apply art therapy in different contexts with diverse clients, and these changes are mirrored in the distinct articles. Each of the four articles unfolds a different view of the experienced process and impacts of art therapy.

1.1.2. Integrating perspectives on background disciplines and practices

I have chosen the metaphor of a triangular glass pyramid to integrate the different perspectives of the parts of the study. Throughout the introduction, I will play with this metaphor, aiming to bind together the different theoretical, methodological, contextual and practical aspects of this research. A triangular glass pyramid is a four-sided and transparent object, which one can turn to perceive its different sides, explore views into the internal space and observe changing perspectives on the surrounding environment through it. In addition, it enables us to observe the otherwise invisible colours of light. Similarly, I wish my research to illuminate the spectrum of unique experiences and varied views that have not been clearly distinguishable before. The multiple sides and angles of a triangular pyramid enable more explicit representation of the starting points, implementation and results of this research.

First, I build a triangular pyramid of the disciplines and practices through which I view art therapy in this research. Because art therapy is essentially multidisciplinary and can be transformed to be applied in changing social contexts and needs, its definitions and implementations can obviously be viewed from several different perspectives (Gilroy, 2006, p. 5; Karkou & Sanderson, 2006; Rankanen, 2011a). With the first picture, I aim to make visible the otherwise implicit spectrum of varying theoretical backgrounds behind the practical approaches to art therapy – from arts-based approaches to experiential learning and psychotherapy – that colour the applications of art therapy in this research. Each of the theoretical fields alone is so extensive that their expanded exposition in the framework of this study is not possible. However, by visualising the triangular pyramid I can explicate how the different disciplines colour the perspectives on art therapy and affect its varying applications and aims in different contexts. At the same time, I can illustrate how the multifaceted spectrum of disciplines and theoretical concepts build the background for this research. In the different parts of my research, I situate myself in different positions on this pyramid and move my perspective using varying framings to view the entirety. Simultaneously they are positions that mirror distinct aspects of my cultural, educational and professional history.
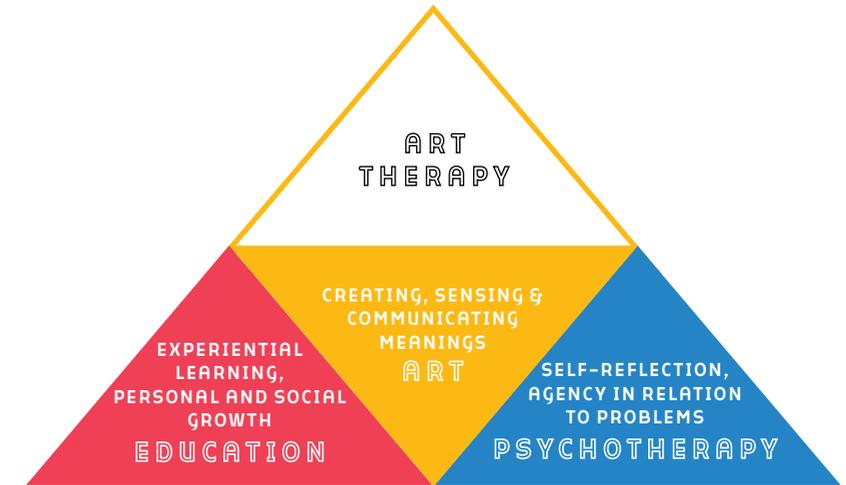
PICTURE 1. A two-dimensional chart of a triangular pyramid addressing the scope of disciplines that influence this research. Interdisciplinary art therapy can be viewed through the aims and practices of varying theories at the same time as it integrates aspects of these different disciplines. The spectrum of theoretical backgrounds and practices, which are tied to diverse disciplines, shapes the concepts and applications of art therapy employed in different cultural, societal and professional contexts.

1.1.3. A view on art therapy through art education

My initial professional background in art education offered me my first sense of art therapy combined with experiential learning, as well as a glimpse of art-based research on therapeutic aspects in the art-making process (Kapitan, 2010, pp. 35–36; Mantere, 1991; Räsänen, 1993). Thus, I received my first view into the area of art therapy through the facet of education (Picture 1). In the Finnish cultural context, from which I come, the first art therapy education began alongside visual art education studies in the 1970s, and even if professional art psychotherapy education later continued as a separate subject of further education, the opportunity to study courses in art therapy as a part of art education studies has continued over the last four decades (Mantere, 1996; Rankanen, 2006; Seeskari, 2011). Also, in the light of the international history of art therapy, art education is one of the traditional contexts for practising art therapy, and many pioneering art therapists were art educators (Karkou, 2010a; Karkou & Sanderson, 2006, p. 15; Lusebrink, Mārtinsone, & Dzilna-Silova, 2013; Michael, 1982). Since the early 20TH century, art therapy has been developed and applied in the areas of the European child study movement, progressive pedagogy, child-centred education and special education with children and youth (Kramer, 1973; Michael, 1982; Naumburg, 1966). The enhancement of psychological wellbeing, personal and emotional growth, social development and inclusion have been central aims of art therapy in pedagogical contexts, in addition to dealing with psychosocial, somatic or developmental problems or delays (Karkou, 2010a; Michael, 1982; Rubin 2005, p. 7).

Art therapy has also been applied in the contexts of adult education and preventative psychosocial work, with a variety of aims from increasing psychological well-being and reducing stress to empowering and developing personal agency (Hautala, 2008; Huet, 2015; Kapitan, Litell, & Torres, 2011; Wilkinson & Chilton, 2013). For adults, art therapy offers time and space for personal

reflection in the form of art making in the presence of an emotionally accepting and peacefully reflective art therapist (Sava, 2009). In educational settings, art therapy is most often conducted in a group format, which can build valuable supportive experiences of social inclusion and connection. Additionally, previous research has indicated that the personal art therapy process can be linked to the cycle of experiential learning, which can actualise in optimal pedagogical contexts if there are safe therapeutic boundaries and containment (Hautala, 2008; Räsänen, 1993). Viewed from another perspective, a meaningful connection between art therapy and aspects of adult pedagogy is the notion of therapeutic encounters, referring to moments of pausing in order to be present in an intersubjective relationship. These sometimes also actualise in educational interaction when the pedagogue's aim shifts from offering advice and solutions for problems into creating an empathic and supportive atmosphere for enabling joint self-exploration and attuning self-reflection (Vehviläinen, 2003).

These views are closely connected to my practice in an adult educational context, from where the data for the three first parts of this research was gathered (Rankanen, 2011b; 2014a; 2016). Instead of aiming to teach art or educate in art, I conducted experiential art therapy groups wherein I explicitly focused on providing participants with a personal experience of the art therapy process and its impacts. The goal was to facilitate creative art making and engender a therapeutic group process that would be flexible enough to address the varying spectrum of the participants' individually framed therapeutic aims. Thus, the experiential learning process paralleled the personal art therapy process and social interaction in these groups.

1.1.4. Art therapy viewed through the practice of art

In addition to studying art education, I have developed a subjective experiential understanding of the process of making and exhibiting art while practising as a visual artist[1] and by interdisciplinary co-operation with the choreographer and dancer, Mammu Rankanen[2]. These experiences have strengthened my ability to view the art therapy process from the position of an art maker who exposes her work to others' eyes (Picture 1). At the same time, I have sensed and wondered about the countless ways in which mental and intersubjective processes intertwine with the material and embodied aspects present in art making. I have gained rich experiences of this often implicit practice-based knowledge by diving into my personal art-making process, while other practitioner researchers have widened my understanding by verbalising and explicating their perspective on the embodied, mental, social and interactive facets of artistic processes (Kantonen, 2005; Mäkelä, 2003; Pitkänen-Walter, 2006).

1.1.5. An art-based view of art therapy

However, an even more important base for establishing my practice as a therapist on these experiential art therapy groups, which provided the data for three of the articles of this study, has been my professional art therapy training. The practice of the Dutch art-centred approach to visual art therapy, integrated with some of the main principles of phenomenological art therapy and intermodal expressive arts therapy, built the first cornerstones for my art-based views (Betensky, 1987; 1995; Brederode, 1999; Jacoby, 1999; Levine, 1997; Levine & Levine, 1999;

Mantere, 1991). Later, Vija Bergs Lusebrink's (1990; 2004) systemic theory of the Expressive Therapies Continuum (ETC), became most influential in constructing my theoretical understanding as well as on my work in practice. It was an invaluable art therapy-specific tool for case formulation in figuring out the recurring patterns or evolving transformations during unique art therapy processes. I could apply it when matching my practice with the dynamics and developmental phase of each particular group as well as when matching it with the needs of different individuals in the groups.

Thus, my approach was not non-directive, but instead I used my art-based therapeutic skills to frame the therapeutic space and facilitate the creative process, art-making, self-reflection, interaction and group process. My main theoretical tools for guiding these processes in practice were Paolo Knill's (2005) 'architecture' of an art therapy session that helps to structure the time frame according to the creative and therapeutic goals, and Lusebrink's (1990; 2004; 2010) ETC, which helps to structure the psychophysical — embodied, material and mental — aspects of the creative art therapy process. The integration of these theoretical approaches into practice is profoundly described in a previous publication about art-based therapy (Rankanen, Hentinen, & Mantere, 2007). Lengthy co-operation with art therapists and educators Meri-Helga Mantere and Hanna Hentinen, in the form of reading and editing each other's texts, helped me to form an integrative view of art therapy when approached from an art-based perspective.

1.1.6. Psychotherapeutic perspectives on art therapy

However, in addition to the necessity of art-based knowledge, an art therapist is engaged with inter-subjective interaction and needs a thorough comprehension of relational principles and theories of psychotherapeutic change (Clinton, Gierlach, Zack, Beutler, & Castonguay, 2007; Pachankis & Goldfried, 2007). In the experiential art therapy groups, my psychotherapeutic attitude and interaction style followed a humanistic view, wherein the art therapist is present as an authentic, genuine and empathic person who relates with unconditional positive regard to the client's personal experiential world (Rogers, 1957). I considered participants to be specialists regarding their personal experiences and problems. I viewed art therapy clients or group participants as unique persons, who were active agents in constructing the therapeutic process, and my aim was to facilitate or enhance their self-understanding by combining art making, reflection on artworks and social interaction.

In the context of psychotherapy, humanistic approaches have had a profound influence in changing the therapists' role as well as their power relation and interaction style with clients (Angus, Watson, Elliot, Schneider, & Timulak, 2014; Rogers, 1957). The importance of the therapist's empathic attitude and the formation of a good working alliance for therapeutic outcomes have been thoroughly researched and are currently two of the commonly-accepted therapeutic factors across all different schools of psychotherapy (Weinberger & Rasco, 2007). The other main factors affecting therapies are clients' positive expectations of the effectiveness and outcome of therapy, and the therapeutic theories and techniques that the therapist uses to help clients face, understand, explain and overcome or develop abilities to cope with their problems (Wampold & Budge, 2012; Weinberger & Rasco, 2007). I aimed to apply

these central principles in my work with the experiential art therapy groups. My practice in experiential art therapy groups also had other links with a humanistic view, namely with the perspectives of person-centred, experiential and process-experiential psychotherapies (Angus et al., 2014; Elliot & Greenberg, 2007).

After over a decade of witnessing the art therapeutic process from a therapist's point of view, my curiosity regarding gaining a more comprehensive perspective on the spectrum of clients' subjective art therapy experiences constantly increased. However, art therapy literature and case studies are written by therapists and most often only illuminate their perspective of the client's art therapy process and its outcomes, not the clients' perspectives. Therapists' observations and theory-bound interpretations of the therapeutic relationship and change processes are of course extremely informative and important, but clients can have another, equally important, perspective on the joint work and its impacts (Hill & Knox, 2009; Hoener, Stiles, Luka, & Gordon, 2012; Levitt, Butler, & Hill, 2006; Levitt & Piazza-Bonin, 2011; Levitt, Pomerville, & Surace, 2016; Nilsson, Svensson, Sandell, & Clinton, 2007).

Descriptions of clients' experiences of the helpful and meaningful aspects of an art therapeutic alliance, as well as the processes they found to be either challenging or preventing therapeutic impacts, were largely missing from art therapy research. Following the awareness of this lack, I became interested in obtaining a more systematic and research-based understanding of the art therapy process and its experienced impacts from the clients' view. Instead of making interpretations by trusting my random observations, I decided to begin with focusing retrospectively on the participants' written data and pictures that I had obtained as a part of my work while conducting experiential art therapy groups. These clients' written reflections on their art therapy experiences offered me a large amount of narrative data that I could analyse in the three first parts of the study from different perspectives (Rankanen, 2011b; 2014a; 2016).

During the research process, I also participated in further education in cognitive analytic therapy (CAT) and qualified as a verbal psychotherapist. Anthony Ryle (1985; 1991; 2005), the founder of CAT, was originally interested in integrating psychodynamic object-relations theory with the cognitive theory of personality construction. He aimed to develop the integration of problematic action sequences with internal mental sequences and reciprocal role procedures. Later, Finnish professor Mikael Leiman (1992) utilised cultural psychologist Lev Vygotsky's and psychoanalyst Donald Winnicott's thoughts in developing a description of how the joint creation of mediating signs is internalised during a child's interaction with caregivers and begins to create the child's personal repertoire of reciprocal role procedures or inner dialogues. Following from this development, both self and relationships to others are understood as being dialogically structured.

In CAT, the aim is not to treat certain symptoms or change beliefs. Instead, the therapist and client focus on forming a co-operative relationship for observing and finding a description of the client's recurring procedures of interaction. Changes in internal regulation and transpersonal interaction then lessen the symptoms. This approach has clear connections with recognised common factors across psychotherapies and Ryle (2005) stresses that therapeutic

change is primarily dependent upon two factors: (a) the new ability for self-reflection and self-regulation that the client develops, and (b) the therapeutic relationship that supports this development.

Throughout the years of my psychotherapy education I strived to integrate my understanding of art therapy with CAT (Hughes, 2007; Rankanen, 2015; Särkelä, Tikkanen, & Haanpää, 2015). This different theoretical and contextual approach to art therapy as a form of individual psychotherapy is most explicitly reflected in the fourth article, which opens a dialogical view on the intrapersonal, interpersonal and embodied aspects of the art therapy process (Rankanen, 2014b). To a greater extent than in the other articles, this narrative case study brings forth the therapeutic interaction and discussion in which I as a therapist and my client participate in the presence of and in relation to her art. When viewing my art therapy research through the psychotherapy facet of the triangular pyramid (Picture 1), one can observe that, in addition to the humanistic orientation regarding the common principles of a therapeutic relationship, CAT gave me specific conceptual tools for discussing the client's fragmented experiences in the light of unintegrated dialogues and the social notion of self.

[1] Of my private exhibitions, *Transit Hall* was exhibited in Muu gallery in Helsinki in 1995, Sydänmaa in Helsinki City Art Museum's Kluuvi Gallery in 1996 and *Pysäytyskuvia* in Naantalin taidehuone 2006.

[2] Another set of private exhibitions, which were exhibited together or besides Mammu Rankanen's solo choreographies, were: *Albiino* in the Union of Finnish Photographers Gallery Hippolyte in Helsinki, 1998 and in Temple Bar Gallery, Dublin, 1999. *Momento Rojo* was exhibited in Thyrone Guthrie Centre in Cuenca in 2000 and in Rantakasarmi Gallery in Suomenlinna in 2001, in co-operation with the Zodiac Centre for Contemporary Dance. *Musta* was exhibited in Cable Factory Pannuhalli in 2003, again in co-operation with the Zodiak Centre for Contemporary Dance.

1.2. The research context

The following chapter first shortly describes the most common and widely-used research approaches within psychotherapy research. Some perspectives on the advantages and limitations of these approaches are briefly addressed as well as some aspects regarding the variety in the concepts that are used in research for describing similar features, either from a quantitative or qualitative perspective. These different research approaches are also condensed into an image in order to clarify the wide spectrum of perspectives from which art therapy can be studied (Picture 2). The chapter then provides an overview of previous research regarding clients' experiences of art therapy and psychotherapy as these are relevant for the research setting and framings of this research. It addresses the existing gaps in art therapy research on client experiences. The chapter ends by clarifying and making explicit the varying aspects of the experienced therapy process and its impacts on clients that earlier research has touched on.

1.2.1. Research on efficacy

In general, the high positive impact of different forms of psychotherapy is no longer questioned. In fact, they are found to be equally effective treatment forms (Wampold, 2001; Wampold & Imel, 2015). These results are based on research evidence from numerous randomised controlled trials (RCTs) and large meta-analyses using medical and psychological measures to enable statistical evaluation of the quantitative level of symptom reduction. Because RCT is an experimental research method that enables causal conclusions, it requires diagnostically uniform client groups, clearly manualised interventions and the operationalisation of variables. On the other hand, the contemporary trend towards manualised evidence-supported treatments (ESTs) – which suggests that the efficacy shown in RCTs and meta-analysis is the only accepted evidence for justifying the use of certain practices – is questioned by many (Gilroy, 2006, pp. 79–84; Hilsenroth, 2013; Weinberger & Hofman, 2007). Effectiveness research that utilises other kinds of research methods are also needed to build a more expansive view of the processes and influences of psychotherapy and art therapy (Gilroy, 2006, pp. 85, 91; Kapitan, 2010).

1.2.2. Research on common factors

Another main quantitative research approach is correlative research on common factors – those general ingredients that are shared by all different orientations of psychotherapy (Weinberger & Rasco, 2007). Research on common factors has contributed to the development of the integrative movement of psychotherapies, building universal guidelines for therapeutic principles and several general or transtheoretical models of change (Prochaska & Norcross, 2010; Wampold & Budge, 2012). These transtheoretical models, which can integrate theories or interventions from multiple varying psychotherapeutic approaches, can be either symptom-specific or transdiagnostic (Clinton et al., 2007; Ehrenreich, Buzzella, & Barlow, 2007; Litz & Salters-Pedneault, 2007). For example, certain general or transtheoretical psychotherapeutic principles have been suggested for treating post-traumatic stress disorder (PTSD) (Litz & Salters-Pedneault, 2007). On the other hand, it has been possible to integrate information about the participant, relationship and treatment procedure factors to

create even more general empirically-supported transdiagnostic models of working principles and build a methods-like systematic treatment selection (STS) that enables tailoring the treatment according to a particular patient, not according to a specific diagnosis (Clinton et al., 2007). However, unlike descriptive qualitative studies, this research based on correlative methods cannot reveal how and why therapeutic change takes place in different clients or grasp the unique and contradictory qualities of client experiences. The results that differ from the statistical mean only appear as outliers whose characters remain unknown.
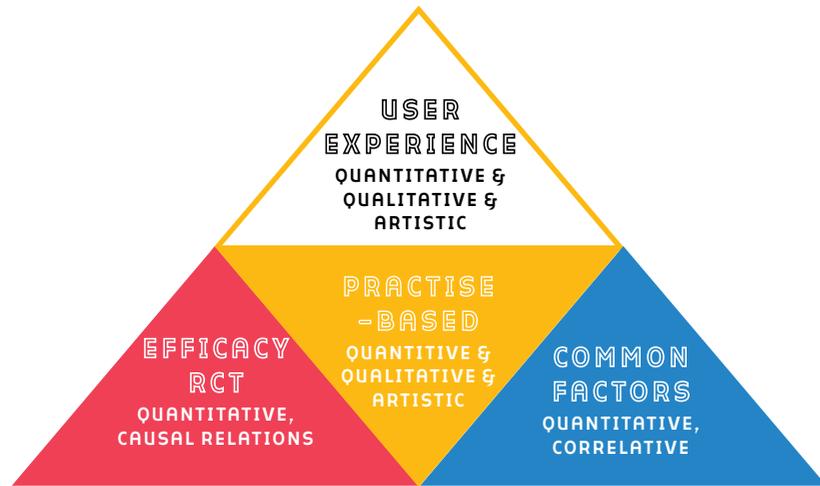
PICTURE 2. A visualisation of the main research approaches that can be used in the research of psychotherapies and art therapy. In addition to quantitative and qualitative methods, art-based research can also be used. The focus is most often either on the preconditions, process or outcomes of therapy. In this research, art therapy user experiences of the process and outcomes are viewed through qualitative practice-based research in which some nominal quantification is also utilised.

1.2.3. Practice–based qualitative process research

The qualitative approach to psychotherapy research aims to review and enrich previous understanding and embrace the differences of experiences as much as their similarities (Elliot, Fischer, & Rennie, 1999; Guba, 1981). It attempts to grasp, describe and understand the perspectives of the subjects of the research as far as it is possible (Elliot et al., 1999). The development and expansion of qualitative research methods have enabled the analysis of numerous qualitative features of the therapy process, such as significant experiences, corrective experiences or those aspects that help or hinder a good outcome (Hill, Chui, & Baumann, 2013; Hill & Knox, 2009; Levitt & Piazza-Bonin, 2010). Often the focus is on how the therapeutic process generates change and influences the outcome (Levitt et al., 2006).

Because qualitative researchers understand that there are multiple experiential perspectives that are bound to subjective experiences, there is a demand of neutrality concerning the transparent presentation of the research context – an explicit perspective on the research data, methods of analysis and findings, from which the reader can judge the adequacy of the

results (Morrow, 2005). On the basis of previous methodological discussions, Robert Elliot (1991; 2008) has built a conceptual model of five dimensions of the therapy process that clarifies the range of different perspectives and framings that can be used in process research. First of all, the research should explicate who is observing the process – is it the client, therapist or observer? Secondly, the person, dyad or group in the focus of the observation needs to be clarified. The research also needs to specify the aspect of the process that is observed and specify on which unit level the observation is made; for example, if it looks at the process of a single session or at the entire treatment. Finally, it should define the sequential phase of therapy in relation to the past and future in order to enable understanding of the context, process or impact of therapeutic processes.

Especially during the last few decades, qualitative or mixed-methods research on clients' psychotherapy experiences has expanded (Elliot, 2008; Levitt et al., 2006; Levitt & Piazza-Bonin, 2010; Levitt et al., 2016). This kind of approach and research setting is commonly appealing for a practitioner-researcher aiming to gain a better understanding of varying therapeutic processes and improve her or his practice (Stubbe Teglbjaerg, 2009). Still, practitioner-researchers are sometimes also criticised for their inevitable lack of objectivity towards the processes researched, which can cause biased results (Gilroy, 2006, p. 37).

However, as stated before, qualitative research by its nature has a descriptive or interpretive quality and attempts to respect and make visible the variety of subjective perspectives. Its aim is not to find a measurable objective truth but, instead, to increase the trustworthiness of the results by being explicitly transparent regarding the researcher's perspective, research context, setting and analysis (Elliot et al., 1999; Kapitan, 2010, pp. 16–19). Other commonly-used strategies for overcoming the risk of presenting an uncritical or restricted single-researcher's perspective are the sampling of negative cases, triangulation of data collection, methods or results, and providing the participants of the research with the possibility to check the analysis of results (Guba, 1981; Johnson & Onwuegbuzie, 2004; Morrow, 2005). The number of art therapy practitioner-researchers has also steadily increased and there are attempts to collectively increase the quality of their research. Within the UK, art therapists have developed a web-based Art Therapy Practice Research Network (ATPRN) that enables the discussion of personal research projects, the sharing of research protocols, provision of professional feedback and the receiving advice online, regardless of practitioners' geographical base.

In spite of its evident limitations concerning objectivity and generalisability, research conducted by practitioners also has many advantages. Instead of using rigid manualised treatments for strictly framed diagnostic groups, it enables the study of naturalistic client groups within real-world practices and a focus on a variety of qualitative issues that clients or therapists find crucial for the art therapeutic process (Hanevik, Hestad, Lien, Stubbe Teglbjaerg, & Danbolt, 2013; Springham & Brooker, 2013; Stubbe Teglbjaerg, 2009). Correspondingly, the entirety of this research can be situated in the field of practice-based qualitative process research and, more precisely, in an approach interested in the participants', clients', patients' or service users' experiences and views of therapy[3] (Elliot, 2008; Gilroy, 2006, p. 91; Haeyen, van Hooren, & Hutschemaekers, 2015; Hoener et al., 2012; Levitt et al., 2006; Levitt et al. 2016; Nilsson et al., 2007; Springham, Findlay, Woods, & Harris, 2012; Valkonen, Hänninen, & Lindfors, 2011; Van Lith, 2015).

Its aim is to create a more coherent picture of clients' multilevelled process experiences and the specific therapeutic ingredients that they experience in art therapy. In addition, it intends to construct a description of the outcomes that they find significant after participating in art therapy.

Important research-based knowledge contributing to the design of this study thus consisted of different views on unique and common factors (Wampold & Budge, 2012; Weinberger & Rasco, 2007). The therapeutic ingredients that are shared by all the psychotherapies are often discussed using the concept of common factors in contrast to specific factors that are unique to specific schools of psychotherapy. However, because the concept of a factor often refers to the statistically-identified results of quantitative psychotherapy studies, this research applies more flexible qualitative notions in discussing the shared or unique ingredients experienced in art therapy.

In addition, when discussing clients' experienced change and the processes that influence experienced change in art therapy, the existing research on the 'mechanisms of change' in psychotherapies has also been somewhat influential in this research (Conolly Gibbons et al., 2009; Kazdin, 2009). Again, instead of focusing on the quantitative analysis of the mechanisms that mediate the effect of intervention into outcome, the qualitative research of clients' change processes, as well as theory-building case studies of therapeutic change and research on clients' perspectives on outcomes, comes closer to the framing of the research at hand (Haeyen et al., 2015; Hanevik et al., 2013; Hill et al., 2006; Hoener et al., 2012; Levitt et al., 2006; Nilsson et al., 2007; Ribeiro, Bento, Salgado, Stiles, & Gonçalves 2011; Springham & Brooker, 2013; Springham et al., 2012; Stiles, Meshot, Anderson, & Sloan, 1992; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Valkonen et al., 2011; Van Lith, 2015; Wood, Low, Molassiotis, & Tookman, 2013; Zubala, 2013).

1.2.4. Previous research on user experiences in art therapy

At the top of many psychiatric service-users' unmet needs is their hope of obtaining psychological services, and in MIND's My choice campaign they ranked art, music and drama therapy within their first five alternatives to medication (Brooker et al., 2006, p. 9; Department of Health, 2004, pp. 1, 6; Gilroy, 2006, p. 27). In Brooker and colleagues' (2006, p. 14) guidelines, a smaller focus group of service-users also expressed their wish to have the possibility for proactive management of their problems by having rapid access to art therapy and more community-based drop-in art therapy studios. In addition, the contribution of arts therapies to outcome and user satisfaction in day-hospital programmes is significant (Johns & Karterud, 2004). These service-users' experiences are interesting in relation to previous psychotherapy research, wherein clients' preferences and expectations of therapy or their views of the quality of the alliance have often been better predictors of outcome than therapists' views (Castonguay, 2013; Goldfried, 2013; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000; Weinberger & Rasco, 2007). A better understanding of clients' experiences is also important for gaining a more comprehensive view on how the therapeutic process mediates changes and affects outcomes.

Some researchers have already focused on the processes that clients find helpful or hindering in verbal psychotherapies (Nilsson et al., 2007; Levitt et al., 2006). Clients' experiences of personally-matching therapeutic relationships, of the attention, empathy or validation which the therapist gives and, on the other hand, their experiences of the specific problem-solving techniques that the therapist uses to aid positive impacts (Elliot, 2008; Levitt & Piazza-Bonin, 2010; Nilsson et al., 2007). The therapist's professional skills and expertise in providing structure are experienced as helpful, as well as their ability to enable the client to face painful emotions or unpleasant things (Levitt et al., 2006; Nilsson et al., 2007). In contrast, if the therapist is experienced as judgmental, invalidating or imposing her or his views on the client, it prevents therapeutic influence (Elliot, 2008). The client's experiences of either a too-intimate or too-distant therapist hinders successful therapeutic work and unsolved problems in the therapeutic relationship as well as the therapist's inability to negotiate therapeutic tasks can prevent good outcomes (Nilsson et al., 2007; Levitt, Butler, & Hill, 2006).

However, previous research on the process and impacts of art therapy from the service-users' or clients' perspective is rare. The experiences that clients find beneficial or experience as constructing significant outcomes, as well as those experiences that have had negative influences on them, have seldom been the main focus of any art therapy research. There is only one systematic review that has a qualitative part that focuses on non-psychotic art therapy users' experiences of both the beneficial and possibly harmful influences of art therapy and specifically names ten studies that specifically focus on clients' perspectives (Uttley et al., 2015). In total, the qualitative review included twelve qualitative studies (in two studies the care-takers estimated the effects instead of clients' themselves) that had a variety of clients (N = 188) suffering from cancer (7 studies), depression (2 studies), obesity (1 study), PTSD (1 study) or being incarcerated (1 study). Nine of the studies named psychological distress or stress as the target of the art therapy intervention, and in six of the studies art therapy intervention focused either additionally or solely on depression. In three studies, anxiety was named as an additional target and one study focused solely on self-esteem, while another on the symptoms of PTSD.

Even if the goal of these interventions was to reduce symptoms or psychological distress, clients nonetheless used different words in describing their art therapy experiences. In six of the ten studies, clients felt that art therapy facilitated relationships or reduced isolation by establishing a relationship with the art therapist or group. The freedom to express negative emotions, such as fear or anger, in a safe environment was also an important experience found in six studies. Clients' experiences of increasing self-understanding or understanding of their own illness were found in a total of six studies. In five studies, clients reported that art therapy promoted thinking about the future. In another five studies, they found it enabled experiences of personal achievement. Facilitation of empowerment as well as relaxation were both experienced by clients in four different studies. In three studies, art therapy offered clients distraction from their illness or pain, and in two studies they felt it provided them with perspective.

These beneficial experiences were not connected with certain diagnoses but appeared across diagnoses, revealing that symptom-specific outcomes were thus not primary for non-psychotic clients. These results are consistent with previous research on verbal

psychotherapies, in which clients do not mention symptom reduction as the most significant outcome (Levitt et al., 2006; Levitt et al. 2016). Instead, they stress personal changes and appreciated their increased self-confidence and improved ability to cope with difficult situations (Nilsson et al., 2007). In addition, interpersonal changes in relationships with others and an increased understanding of and care for themselves and others were felt to be significant (Levitt et al., 2006; Nilsson et al., 2007).

Other, smaller-scale qualitative art therapy studies – mainly multiple case studies or single case studies but also some surveys and focus group interviews – have focused on the experiences of clients who suffer from certain problems, including the following: borderline personality disorders (Haeyen et al., 2015; Morgan, Knight, Bagwash, & Thompson, 2012; Springham et al., 2012), depression (Stubbe Teglbjaerg, 2009; Woods & Springham, 2011; Zubala, 2013), psychotic problems (Brooker et al., 2006; Stubbe Teglbjaerg, 2009; Hanevik et al., 2013), cancer (Wood et al., 2013; Öster, Åström, Lindh, & Magnusson, 2009) or disability and trauma (Learmonth & Gibson, 2010; White, Bull, & Beavis, 2008). On the other hand, there are also studies that have not framed the client group according to certain diagnoses but have aimed to identify more general art therapy specific processes or impacts (Shechtman & Perl-dekel, 2000; Springham & Brooker, 2013; Van Lith, 2015).

However, while research on art therapy clients' experience is rare, it is true that even more seldom is there any comment on clients' negative experiences of the art therapy process or on the aspects that they experience as hindering therapeutic change. In their qualitative review of beneficial user experiences, Uttley and colleagues (2015) also focused on examining clients' views regarding the potentially harmful effects of art therapy and found that clients experienced the activation of emotions as problematic when they remained unsolved. Another harmful aspect was an overly-abrupt ending of art therapy. In addition, they found some less favourable experiences, such as descriptions of superficiality and childishness.

In other studies, more serious consequences were experienced by clients who suffered from personality disorders. They felt that they were fundamentally flawed as a result of their fears of being bad at making art if these challenges were not overcome during the art therapy process (Melliar & Brühka, 2010; Morgan et al., 2012). Correspondingly, clients' intersubjective negative experiences, including fears of interpersonal misinterpretation or the therapist's judgmental attitudes, hindered the therapeutic process (Brooker et al., 2006; Morgan et al., 2012; Springham et al., 2012; Woods & Springham, 2011; Zubala, 2013). In addition, some clients described negative experiences connected with the therapist lacking the skills to handle or inability to recognise the client's unbearable emotions (Woods & Springham, 2011; Uttley et al., 2015).

To build a ground for the current research, a transdiagnostic synthesis of the processes and impacts that clients have generally described as positive or negative in previous studies is gathered in the following six tables according to their potential source being either predominantly in art (Tables 1 and 2), group (Tables 3 and 4) or therapist (Tables 5 and 6). These distinctions, which divide influencing processes according their predominant source, are naturally artificial and simplifying, but they attempt to make more explicit the special nature of art-bound therapeutic processes in art therapy when compared with verbal therapies.

Regardless of assumed similarities in outcomes and generally shared therapeutic processes, artistic interaction may include unique working mechanisms or processes. Artistic interaction modifies the therapy relationship into a triadic relationship – or into an even more complicated interaction – if we observe art therapy in groups (Karkou & Sanderson, 2006, pp. 64–67). Any aspect of this intervening interactive relationship between art, client, therapist and group can either have positive influences or negative influences on the clients' art therapy process or the outcomes they experience. The following qualitative synthesis also includes a couple of studies that explore professional or amateur artists' experiences of therapeutic processes in art-making, even if they were not explicitly conducted in therapy contexts (Reynolds, 2000; 2010; Reynolds & Lim, 2007). Because the participants in these studies suffered from varying somatic or psychic chronic illnesses, the focus was on defining how art was working as therapy and the forms of therapeutic influences it had.

The first two tables give an overview on how clients have described the therapeutic or untherapeutic effects of making or looking at art. The third table describes the kinds of positive processes or influences that participants have experienced in relation to art therapy group. However, at this point it is crucial to note that none of the previous studies focused explicitly on art therapy clients' negative or challenging experiences stemming from issues related to art therapy groups and it was possible to find data that could be related to this kind of experience in only two studies (Table 4). Instead of drawing the conclusion that these experiences do not exist, it is more likely that there is a gap in focusing on and addressing this issue in previous studies. Finally, the fifth and sixth table offer an overview on how an art therapist's skills or attitudes can affect clients' experiences.

The qualitative synthesis is constructed by combining the data and results from the following 17 studies: a. Brooker et al., 2006; b. Haeyen et al., 2015; c. Hanevik et al., 2013; d. Johns & Karterud, 2004; e. Melliar & Brühka, 2010; f. Morgan et al., 2012; g. Reynolds, 2000; h. Reynolds, 2010; i. Reynolds & Lim, 2007; j. Shechtman & Perl-dekel, 2000; k. Springham et al., 2012; l. Stubbe Teglbjaerg, 2009; m. Uttley et al., 2015; n. Van Lith, 2015; o. Wood et al., 2013; p. Woods & Springham, 2011; q. Zubala, 2013. Note that in the table, the Uttley et al. (2015) review is separated from other studies.

A connection to one's inner self or sense of self, a new perspective on oneself	m	a, b, c, e, f, k, l, n, o, ọ
A visible document of experiences		a, b, c, d, e, j, k, l, n, o
An alternative to verbal expression and communication		a, b, c, e, f, j, k, l, n, o
Flow experiences, sensory and aesthetic pleasures, provides distraction from illness	m	c, f, g, h, i, l, n, o
Creativity, spontaneity and play; freedom for expression	m	e, j, k, l, o, ọ
Emotional awareness; expressing and managing emotions	m	b, e, f, j, k, o
Creates a safe psychological space; enables tolerable intersubjective connection	m	b, c, e, f, l, n
Motivation, capability and achievement	m	g, h, j, k, l, n
Finding an art maker's identity; diminishing stigmatisation		k, h, i, l, n
Overcoming challenges; practising alternative behaviour; concrete problem-solving		a, b, e, n
Integrating conflicts or bridging contrasting issues		b, j, n
The ability to increase the distinction between a normal and psychotic experience		a, c, l
Relaxation	m	g

³ Different terms for the participants of therapy are used, depending upon the reference, research context and therapeutic approach. Each of the terms also has different cultural connotations of which none are especially successful in accurately catching the full qualitative spectrum of a mutual and respectful human relationship. The term 'patient' is traditionally used in medical inpatient contexts describing patient–doctor relationships, wherein people have a sickness or illness. A therapist can be viewed as resembling a doctor who helps the patient by prescribing medicine or by giving treatment for the problem. The term 'client' refers to a humanistic view of the genuine client–therapist relationship, as opposed to a hierarchical power relationship. However, it also has connotations of the clients being the choice-making and paying consumers of health services. In the client–therapist relationship, the therapist can be viewed as marketing or selling the kind of help that the client needs or wants to buy. The term 'user' is more recent and refers to the participatory approach, wherein people are viewed as active and competent participants in the therapeutic relationship. Users have varying creative ways to construct and interpret their personal meanings in therapy that are not dependent upon the therapists' views. The term has connotations both with narrative approaches as well as with service-users, who participate in collaborative research within health service design. In the user–therapist relationship, the therapist offers services that the participant can use. In Brooker and colleagues' (2006) evidence-based clinical practice guideline, the 'experience-experts' considered 'service-user' to be an empowering term and client to imply voluntary status, instead of the term patient, which was experienced as stigmatising.

TABLE 2.
CLIENTS' EXPERIENCES OF THE NEGATIVE PROCESSES OR IMPACTS OF ART MAKING:

It can evoke fears of encountering uncontrollable emotions	b, n, o, q
It can evoke a fear of being too exposed and vulnerable	e, p, q
The fear of being bad at art, a lack of productivity can lead to negative emotions and judgments of oneself or others	e, o, q
Imperfections and experienced failures in art can confirm oneself as fundamentally flawed	e, f
Art can be used for comparing oneself to others	f

TABLE 3.
THE GROUP AS THE PRIMARY SOURCE OF THE FOLLOWING CLIENT-EXPERIENCED POSITIVE PROCESSES OR IMPACTS:

Social connectedness and support	m	b, c, e, k, l
The group's responses and the reflection of oneself in comparison with others; gaining multiple perspectives		b, c, k, l, q
The possibility to share and hear of others' difficult experiences; universality		c, e, k, l
Witnessing others' artworks		l, q
The possibility to concentrate on one's images and concrete artistic interaction in a non-demanding and accepting atmosphere		c, l

TABLE 4.
CLIENTS' EXPERIENCES OF THE NEGATIVE PROCESSES OR IMPACTS CONNECTED WITH THE ART THERAPY GROUP:

A silent or unresponsive group	p, q

TABLE 5
THE THERAPIST'S SKILLS OR ATTITUDE AS THE PRIMARY SOURCE OF THE FOLLOWING CLIENT-EXPERIENCED POSITIVE PROCESSES AND IMPACTS:

Respecting genuine attitudes and listening skills; the clients' experiences of becoming understood and feeling valued as fellow human beings	a, b, c, k, l, o, p
The ability to give explicit information of the art therapy process and its effects, as well as expressing the subjective limitations of the therapist's knowledge — taking a not-knowing stance in relation to the client's mind	a, c, f, k, p
The ability to build a clear, consistent and holding therapeutic framework (overt for both) enables freedom of expression and management of intensive emotions	b, e, f,
The ability to be genuine and to stay with the current situation without demanding expectations for the client to change or use art materials	a, p
Mutual negotiation of the aims and methods of both art making and therapy	a
The ability to attend in detail to ruptures and emotional difficulties in an interpersonal relationship and address the difficulties with ending and transitions	f

TABLE 6.
THE THERAPIST'S SKILLS OR ATTITUDE AS THE PRIMARY SOURCE OF THE FOLLOWING CLIENT-EXPERIENCED NEGATIVE PROCESSES AND IMPACTS:

A tendency to over-interpret art or intrusively look for deeper symbolic meanings — clients call for respect for their own understanding		a, f, p
Passivity; a too intensively-observing and silent art therapist can feel intrusive, critical or judgmental		k, p, q
The inability to recognise and work with the client's unbearable emotions or anxiety	m	p, q
The inability to ease discomfort with artistic expression or overly restricted art materials — such as missing digital media		a, q

1.3. The objectives of the study

This doctoral thesis consists of a summary part and four articles, which each introduce a distinct part of the study. As a whole, the research answers the following question: How do clients experience the process and impacts of art therapy and which ingredients affect the quality of these experiences? The main focus is on describing and understanding the qualitative nature of varying clients' experiences. At the same time, as each of the articles observes this objective from a distinct perspective, there is also a unifying aim of constructing a more general view of the subject. Despite the fact that each client's subjective experience of the art therapy process and its impacts is always unique, by observing numerous descriptions it is possible to find similar or overlapping characterisations. Thus, alongside the intention of making the spectrum of distinct clients' experiences visible and even illustrating their contradictory qualities lies the objective of achieving a wider perspective on the ingredients that clients more generally or commonly perceive as crucial in art therapy. In other words, this research aims to describe and contextualise clients' experiences of the processes that influence change or prevent it, as well as the experienced outcomes of art therapy.

All the articles aim to provide space for clients' voices to be heard and respected. However, in spite of the main focus being on client experiences, art therapy is always based on a reciprocal triangular interaction between client, art and therapist (Case & Dalley, 2006, pp. 90–92; Karkou & Sanderson, 2006, pp. 64–67). The art therapist is an integral and intertwined part of the clients' therapeutic process and relationship, who for her part affects the client's experiences of the process and outcome of art therapy. The way in which the therapist understands, gives structure for and contextualises the client's experiences constructs the basis for their interactive work. Correspondingly, in the context of this research, the researcher's theoretical background and conceptual knowledge forms her ways of approaching, giving structure to and understanding the experiences that clients have described in the data. Her perspective defines what is important in the research material and how meaningful findings should be constructed. Furthermore, to increase the trustworthiness of this study, the intention is to be transparent and explicate the theoretical views that inevitably shape the therapist-researcher's perspective on the data and analysis of clients' experiences and form them according to the chosen conceptual structures.

1.3.1. The objectives of the articles

Each of the articles contributes to constructing the research as a whole and accomplishing its main objective by posing different sub-questions. The four articles and the questions they explore are shown in the following table (Table 7). It attempts to clarify how each part of the study forms a part of the thesis and what the central objectives that frame the scope of each article are. The common aim of all articles is to align different aspects of the art therapy process and its impacts from the clients' point of view. However, each of the articles has a distinct theoretical perspective on the process. In addition, they all utilise different data and methods of analysis.

Name of the article	The space between art experiences and reflective understanding.	Clients' positive and negative experiences of experiential art therapy group process.	Clients' experiences of the impacts of an experiential art therapy group.	The three-headed girl. The experience of dialogical art therapy viewed from different perspectives.
Publication	Lapoujade, C. Ross, M. & Scoble, S. (Eds.) (2011). *Arts therapies and the space between* (pp. 66–83). European Consortium for Arts Therapies Education (ECArTE). Plymouth: University of Plymouth Press.	*The Arts in Psychotherapy,* 41, 193–204.	*The Arts in Psychotherapy,* 50, 101–110.	Manuscript accepted for publication in K. Killick (Ed.), *Art Therapy for Psychosis: Theory and Practice.* The International Society for Psychological and Social Approaches to Psychosis (ISPS), Routledge.
The main aim	Describe the art therapy process from the perspective of individual psychophysical experiences during the creative art-making process	Describe the helping or hindering processes that participants can experience during an art therapy group	Understand the effects and outcomes that art therapy groups' participants describe as significant	Describe the embodied, material and mental dialogical qualities of an individual art psychotherapy process focusing especially upon art-related aspects
Research question	How do art experiences affect the therapy process and change?	What kind of positive or negative experiences are participants confronted with during the different phases of the experiential art therapy group process?	How do clients describe the impacts of their participation in an art therapy group?	How to understand the art therapy process and its impacts from a dialogical perspective?
The context of practice	An experiential art therapy group	An experiential art therapy group	An experiential art therapy group	Individual art psychotherapy
Data	Client's pictures and written description of the process	Clients' retrospectively written descriptions of the process	Qualitative: Clients' retrospectively written descriptions of the process and answers to the follow-up questionnaire's unstructured questions Quantitative/ nominal: The follow-up questionnaire's structured answers	The client's pictures, the therapist's notes, and two recorded and transcribed interviews
Participants	N = 1	N = 36	Qualitative N = 68; Quantitative N = 51	N = 1
Method	A theory-building case study. Analysis of the clients' description of a significant process using the systemic model of the ETC.	Computer-aided qualitative content analysis. A deductive approach utilising a theoretical model of the different phases of the art therapy process.	Computer-aided qualitative content analysis and a follow-up web survey. An inductive approach.	A narrative case study. Analysis of the process and its impacts using dialogical notions derived from cognitive analytic theory.

TABLE 7. This table outlines the articles that form the thesis and the research questions that each distinct part of the study poses. Because the first and the fourth articles are written in a narrative format for a book, they do not state in an explicit way those research questions that are presented here. However, for the purpose of this research, the questions they explore need to be explicit and clearly defined. In addition, the table shows the context and content of data acquisition, and the methods that were used for data analysis in each of the articles.

The first article, named *The space between art experiences and reflective understanding*, was published in an article collection by the European Consortium for Arts Therapies Education (ECArTE) and the University of Plymouth Press (Rankanen, 2011b). It is a theory-building case study in which a therapist-researcher analyses the experiences of one participant from an experiential art therapy group. The participant's pictures and personal narrative descriptions of her art process from two art therapy sessions that she found significant are observed by aiming to discover how art experiences affect the therapeutic process and change. The focus is directed especially towards the psychophysical experiences that occur in the intermediate area (Winnicott, 1971/1999) in her relationship to art. The therapist-researcher's objective is to apply Lusebrink's (1990; 2004) systemic ETC model for describing and understanding the therapeutic aspects of a client's psychophysical experiences during her individual creative process. The blockages to change and transformations in making art and the emotional relation to the problematic experiences that the client describes are contextualised with the help of the ETC. In other words, the ETC is applied as an art therapy-specific method of process research and case formulation. In this particular client's therapeutic process, the focus is on handling or working through her emotionally painful relationship to traumatic experiences, which are connected with her childhood attachment (Bowlby, 1988). At the same time, while this part of the study parallels Lusebrink's (1990, 2004) art-based systemic model with ideas of embodied cognition, sensorimotor trauma therapy and attachment theory (Folensbee, 2007; Gibbs, 2005; Ogden, Minton, & Pain, 2006; Siegel, 2007), it also seeks to clarify some of the ingredients that are particular to art therapy in mediating change when compared with verbal therapy.

The second article was published in the journal The Arts in Psychotherapy, with the title: *Clients' positive and negative experiences of experiential art therapy group process* (Rankanen, 2014a). The analysis focuses on distinguishing the kinds of positive, contradictory or negative experiences that participants encounter during different phases of the experiential art therapy group process. The model for determining these different phases of the working process was developed using Knill's (2005) model of the architecture of an art therapy session as a base. The varying experiences that participants' describe are analysed by carefully allocating both the shared and conflicting qualities into data-driven categories. The aim is to recognise whether there are similar or overlapping themes described in multiple participants' narratives. At the same time, the objective is to build a more coherent overview of the spectrum of art therapy process experiences that the larger group of different clients describe. However, there is no attempt to reduce the variety of experiences. Instead, this part of the study aims to make explicit the contradictory or even conflicting experiences that clients can experience during the same phase of the process.

The third article, *Clients' experiences of the impacts of an experiential art therapy group*, was also published in The Arts in Psychotherapy (Rankanen, 2016). This part of the study asks: How do clients describe the impacts of their participation in an art therapy group? The objective is to identify and explicate the themes of the personally-significant therapeutic impacts resulting from their participation in an experiential art therapy group. The focus is on understanding the clients' descriptions of the outcomes that they found meaningful. In addition, the aim is to recognise the kinds of art therapy specific working mechanisms

or therapeutically-impactful processes that clients describe and to discuss the identified processes in relation to the common or shared therapeutic processes that have been previously identified in research focusing on clients' experiences of art therapy or verbal therapy (Elliot, 2008; Levitt et al., 2006; Nilsson et al., 2007; Shechtman & Perl-dekel, 2000; Uttley et al., 2015; Wood et al., 2013).

The fourth part of the study explores how best to understand the art therapy process and its impacts from a dialogical perspective. The research article has been accepted into an article collection edited by Katherine Killick that handles art therapy with psychotic patients. The approved manuscript is named: *The three-headed girl. The dialogical experience of art therapy viewed from different perspectives* (Rankanen, 2014b). It focuses on describing the individual art psychotherapy process and the quality of the changes that took place during the process. Correspondingly, the nature of and transformations in specific problems – including amnesia and fragmentation of experiences, which the client describes and experiences as disturbing and painful – constitute the core for the art therapy process that therapist-researcher attempts to understand. Her objective is to describe the manifold layers of the client's art therapy experiences by applying a dialogical view derived from the theory of CAT (Leiman, 1992). By utilising notions of dialogical positions or reciprocal roles and separate self-states (Kerr, Brickett, & Chanen, 2003; Ryle, 1985; 1997; Ryle & Kerr, 2002), the therapist-researcher aims to conceptualise both the client's fragmented internal experiences and the embodied, emotional and intersubjective interaction that takes place in art therapy. This part of the study also aims to develop theoretical integration between the cognitive analytic approach and art therapy by widening the application of the dialogical view from a dyadic relationship between therapist and client into a triangular relationship between art, client and therapist.

1.4. The structure
of the research

In this introductory part of the thesis, I first illuminated my personal professional background for the reader and made explicit how it constructs the ground for the perspectives and framings that are applied in this research. Next, I moved away from subjective language and introduced some of the main approaches that are utilised in psychotherapy and art therapy research. For purposes of consistency, this more distanced way of writing will then continue to be used through all the following chapters of this entirety and also from this point on in this presentation of the structure. The third introductory chapter presented the objectives of this research as well as the sub-questions it poses in the four different parts of the study. In what follows, an overview of the coming chapters is presented.

The second part describes selected perspectives on the historical and conceptual landscape of art therapy that are relevant for the current study. Because in the Finnish cultural context there are only two previous doctoral dissertations that have handled art therapy (Alanko, 1984; Hautala, 2008), some core ideas regarding the therapeutic aspects of making art, as well as the main currents regarding the birth of the art therapy profession, are explained. The first chapter presents ideas concerning the evolutionary and biologically significant therapeutic influences of art-making and connects them with the current suggestion of human beings' ethical necessity to create aesthetic form. In the second chapter, a brief overview is given of the multiple sources that contributed to the development of art therapy as a profession. In addition, current international definitions of art therapy are provided in relation to the more specific definitions in the Finnish cultural context.

In the last two chapters of this part, integrative theoretical premises are developed for observing the intrasubjective, intermediary and intersubjective processes that influence the practice of art therapy and clients' experiences. The third chapter moves into the contextual ground of art therapy by defining the core concept of a triangular relationship in which the working alliance of art therapy takes place. Various slightly different theoretical perspectives on this notion are presented, and connections between the triangular space in art therapy and triadic space in early intersubjective development are made. Multiple claims are made concerning the importance of intersubjective proto-aesthetic experiences for the growth and nature of self-regulation and sense of self.

The final chapter of the second part builds a transtheoretical model of the core processes that actualise in art therapy by integrating three art-based models with two psychotherapy-based models. It focuses on understanding the different levels of the art therapy process and the influences that art and the therapist can have on the client. On the other hand, a general description of changes in the clients' relation to the problematic issues that have caused the need for therapy is also presented. This integrative approach to the art therapy process has been developing throughout the current research process. As a result of the whole research process, the theoretical premises that were previously used to build an implicit base for the researched practices can now be explicitly integrated and presented.

Research contexts, data, settings and methods are introduced in the third part. Because each of the four parts of the study has a differently-framed objective, the data and methods of analysis also differ from each other. The triangulation of data and analysis methods, as well as the strategies for checking their adequacy using participants of the research and colleagues, are clarified to ensure trustworthiness. A complimentary detailed description of the different data and methods of analysis can also be found in the four original research articles, each presenting one part of the study.

The fourth part begins by summarising some of the main findings from different articles. It then moves on to describe selected results from each separate study. Each following chapter focuses on summarising findings that are related to some of the distinct sub-questions. The detailed results that are presented in the four articles are not repeated as such in the summary; instead, they are further developed into the next level of abstraction. The first two chapters rely on findings from two single case studies, while the following three chapters build an understanding of the experienced art therapy process and its impacts utilising results from two other studies that analysed multiple art therapy groups' participants' data.

The second chapter answers the question of how art experiences affect the therapy process and change by describing a single client's experiences of a transformative process that proceeded during the creative process from embodied experience into the perception of an alternative meaning. This process developed into a significant therapeutic experience. As a result of the theory-building case study, the aspects that aided and hindered this unique client's art therapy process are demonstrated and new theoretical conceptualisations are made utilising the ETC (Lusebrink, 1990) and assimilation scale (Stiles, 2002).

The question of how to understand the art therapy process and its impacts from a dialogical perspective is answered in the third chapter, utilising findings from the narrative single case study that explores the client's fragmented experiences. It argues that the integration of dissociated dialogues can take place on multiple art therapy-specific levels of triangular interaction. The focus is especially on creating theoretical clarity for the embodied and material qualities of those dialogical processes that are unique to art therapy. The findings from this particular client's art therapy are also contextualised by reflecting her change process using the scale of the assimilation of problematic experiences (Stiles, 2002).

The fourth chapter presents the positive experiences that participants experience during the different phases of the experiential art therapy group process. Themes derived from multiple participants' experiences are reported and compared with previous results. Furthermore, these art therapy-specific, positively-influencing processes are contextualised by constructing a triangular pyramid of art, client, group and therapist to catch and picture the many layers of interaction within the art therapy group's working alliance. This new kind of theoretical contextualisation enables a more general understanding of the aspects that influence participants' experiences of art therapy in its different phases.

Results related to negative experiences that participants confront during the different phases of the experiential art therapy group process are introduced in the fifth chapter.

Contradictions or challenges that are experienced within a therapeutic relationship, group environment or during art processes affect the participants' experiences of therapeutic change. Interestingly, these experiences can either turn into significant aiding processes and a good outcome or become stagnant and hinder the therapeutic process. Again, the model of the triangular pyramid is utilised for demonstrating which experiential aspects of the art therapy group are described as aiding or hindering the process of change.

The sixth chapter presents and summarises six themes of the participants' experienced impacts from the third article and reflects them against previous research findings. It argues that clients also experience art therapy specific processes and influences in addition to the outcomes that are shared by verbal psychotherapies. The seventh chapter critically observes and discusses the limitations and strengths as well as the trustworthiness of the research as a whole and is followed by the final chapter, which reflects on the possibility of applying the results of the research to future studies and different practices.

The fifth and final part is dedicated to the four original research articles. Each article is based on a different part of the study and presents its distinct findings in a more detailed way than the summary of the research as a whole, where the results are approached from a more integrated and abstracted perspective.

2.

the historical and conceptual landscape of art therapy
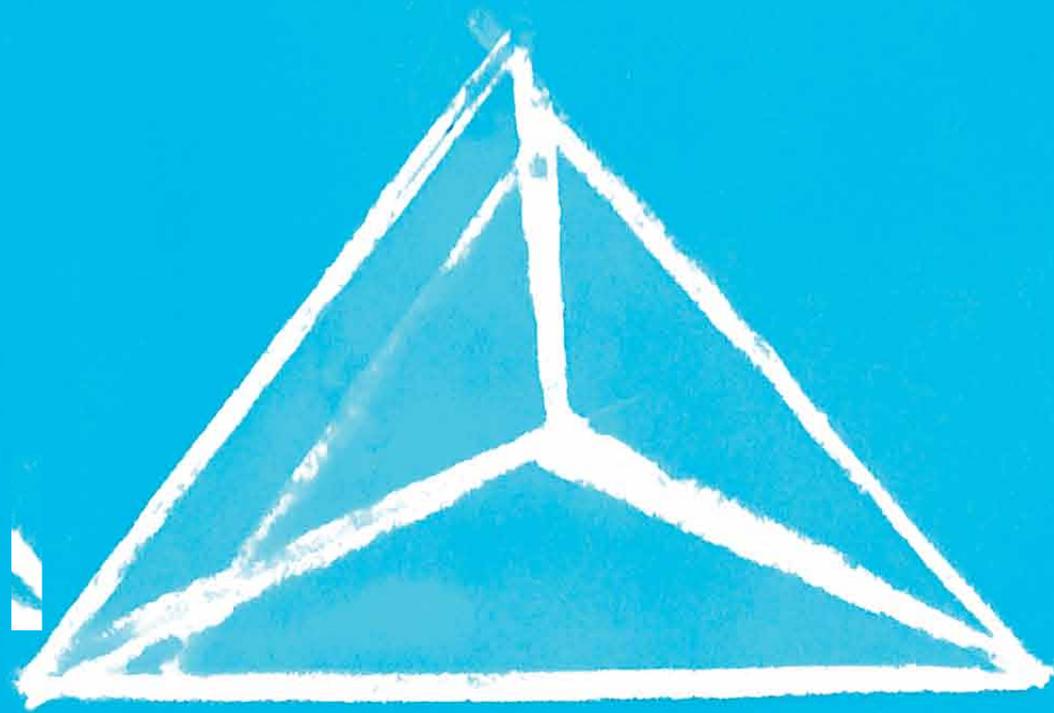
2.1. The traces of therapeutic significance in artistic shaping

Humankind has a long history of utilising the therapeutic impacts of art making. Anthropologist Ellen Dissanayake (1995) has claimed that art is evolutionary and biologically crucial for humans' survival, and she has recognised multiple culturally universal traits in 'a behavior of art'. Human communities need art for embodying or reinforcing important values. Play, rituals and art are all ways to make things and activities special and increase experiences of meaningfulness. However, Dissanayake (1995) strives to separate a behaviour of art from play and rituals by stressing its aesthetic qualities at all levels of human experience. She argues that art experience can integrate such different qualities as intellectual uncommonness, emotional significance, behavioural shaping or transforming, perceptual captivity and arresting sensory qualities. It can give an unusual or special aesthetic gratification and pleasure that differs from other activities. For her, a behaviour of art means 'aesthetic making special' (Dissanayake, 1995, p. 29).

The reasons for making activities or things special are bound with emotionally involving, serious human concerns such as suffering, death, curing the sick or resolving conflicts. Every human individual and group needs to have the means to handle the anxiety provoked by painful losses and sadness or power struggles and aggression. Because the survival of each individual is dependent upon the group, the means for managing and solving social conflicts are crucial. Spending time on a behaviour of art signals our caring and implies issues that we are dependent upon or deeply care about.

Later, Dissanayake (2009) further modified her ideas and developed the hypothesis of 'artification' which suggests how the behaviour of 'artifying' is biologically built upon the implicit dyadic 'proto-aesthetic' experiences of early interactive bonding and communicative collaboration between the baby and the primary caregiver. The inherent capacity to enjoy sensory interaction and care builds rewarding aesthetic pleasures for both the baby and the sensitive caregiver.

From the perspective of artification, art is not bound to an aesthetic outcome but is a special form of behaviour or action. By artification humans signify important issues, reinforce their meanings and make them special – separate from ordinary issues. It is adaptive and intentional aesthetic behaviour that human communities and individuals need during uncertain times or in changing situations and environments. By artifying the group can reinforce social bonds, support cohesion and relive emotional stress and anxiety. However, Dissanayake (2009) stresses that artification is not a by-product of other cognitive abilities or symbolising; instead, she views artifying behaviour as evolutionary adaptive and significant in its own right. For her, art is more than representation – it is an embodied activity that has an effect on the world, attracts attention, sustains interests and creates and moulds emotions.

These views construct an evolutionary base for reflecting upon the therapeutic significances in artistic shaping from the perspective of contemporary arts therapies. Like Dissanayake (1995), expressive arts therapist Majken Jacoby (1999) also writes about the sensory and

aesthetic basis of human beings and the value-laden impressions of aesthetic experiences. While trivial everyday experiences often pass our senses by without our awareness or recognition of their impressions upon us, a non-trivial presence or experience connects us more intensively with the qualities of our sensing and affect its 'feeling-value', building aesthetic experiences (Jacoby, 1999).

In addition, both Dissanayake (2009) and Jacoby (1999) recognise humans' inescapable dependence upon their surroundings and the uncertainty and vulnerability of life, which they connect with either the motivation, or necessity, to make art. They state that the origins of art-making are connected with emotional investments and caring about something. Jacoby (1999) describes that when we aim to articulate our experiences by shaping and giving them aesthetic form, we can become aware of and connected to ourselves and the world and express our caring. She binds the aesthetic with the ethical by articulating the ethical necessity of aesthetic forming in our attempts to care. For her 'taking care of' means embodying and giving form to all the issues that are present in our lives – be they pleasurable or painful. She stresses that even if the ethical demand to take care of what is alive always surpasses our abilities – ignoring our potential to aesthetically shape our experiences and suppressing our urge to search for the ever-changing right form equals annihilation and neglect of life.

2.2. The evolving forms of art therapy

The actual profession of art therapy began to acquire form during the last century, when early pioneers began to develop the implicit practices of therapeutic art-making into an explicated awareness of therapeutic aspects that were actualised when art-making was combined with intersubjective interaction. These pioneers came from different professional backgrounds and contexts, which had its impact on the development of the theories and practices of art therapy. Thus, art therapy has multiple historical roots, each embedded in different professional disciplines and practices as well as cultural contexts. These varying perspectives are bound up with both the different approaches to practice and to paradigms of research (Carolan, 2001; Morrow, 2005). Art education, fine art, psychology and psychiatry – and anti-psychiatry – have all impacted on the development of the multidisciplinary profession of art therapy from its beginning and, on the other hand, art therapy has influenced their development (Edwards, 2004; Hogan, 2001; Rubin, 2005, pp. 6–8; Seeskari, 2011). Lately, art therapy and community art, socio-pedagogical, critical and cross-cultural approaches, as well as ideas of sociocultural animation, have also had reciprocal influences on each other, especially in community contexts (Allan, Barford, Horwood, Stevens, & Tanti, 2015; Kapitan et al., 2011; Nolan, 2013). This chapter provides a very brief overview of these historical developments.

2.2.1. The pedagogical roots of art therapy

The first pedagogical roots of art therapy were connected with the development of child-centred education and progressive schooling. One of its pioneers was American psychologist and educator Margaret Naumburg (1966), who founded Walden School in 1915. While guiding children's free art expression groups, and as a consequence of her personal psychoanalysis, she began to pay attention to the unconscious power of art as a means to facilitate their personal, emotional and social growth. As a method, she used the scribbling technique, which her sister – artist and art educator Florence Cane – had developed (Edwards, 2004, p. 124; Lusebrink et al., 2013; Rubin, 2005, pp. 311, 330). When scribbling, the body must first be relaxed in order to enable free movements on the paper and to help the person to enter into the spontaneous creative process, which Naumburg (1966) perceived as equivalent to the Freudian technique of free association. However, even if she based her approach on Freudian theory, she forbade therapists from making interpretations. Instead, she emphasised the importance of therapist's support for people making their own interpretations in order to achieve a successful therapeutic outcome (Naumburg, 1966). Reciprocally, many artists adopted ideas of making the unconscious visible in art, either by surrealistic imagery, by different kinds of spontaneous kinaesthetic-based expressive methods, or by aiming at automatic movements without cognitive control (Edwards, 2004, p. 23).

In addition to Naumburg and Cane's early work, later art educators such as Edith Kramer (1973) and Viktor Lowenfeld also developed art therapy, this time in the context of special education (Edwards, 2004, p. 125; Michael, 1982). Austrian art educator and therapist Lowenfeld immigrated to the United States in 1938 to escape the German annexation. He had a psychological interest in

children's art and creativity and developed 'art education therapy' to strengthen the identity of children who suffered from developmental delays or disorders by utilising his knowledge of the developmental aspects in visual expression (Michael, 1982; Rubin, 2005, p. 7). Even if he has been regarded as one of the most influential developers of the child-centred approach, he opposed the idea of teachers just watching and giving the child freedom to grow (Michael, 1982, p. 9). Instead, his interest lay in getting the children to move from inner chaos to a state with better organised feelings, thinking and perception with the simultaneous help of personal art experiences and the presence of an emotionally-sensitive therapist or teacher who is able to truly experience the child's position, instead of transferring her or his own feelings onto the child (Michael, 1982, pp. 3, 9). In this regard, he emphasised that it was not possible to separate art therapy from art education, because in both the aim was to understand the child's developmental needs and motivate growth into a well-organised, whole individual (Michael, 1982, pp. 3, 30). However, he emphasised that art educators should not use diagnostic or psychoanalytic language or interpretations if they did not have proper training in them or in clinical psychology (Michael, 1982, p. 13). He saw children's individual personalities as unique systems of intellectual, emotional, perceptual, social, aesthetic and creative growth components, in which each part affects other parts, and change in one component also transforms other components. These ideas also made a profound contribution to the development of the art-based ETC model of therapeutic levels of visual expression and imagery (Lusebrink et al., 2013).

Art educator Kramer (1973), also originally European, began her work at the end of the 1930s by teaching art to distressed and traumatised children who had escaped from Germany to Prague, and she noticed the value of creative expression. After her immigration to New York, she worked from the beginning of the 1950s in a blind school, in a boys' residential school, and in hospital settings with children who had various special needs such as blindness, socio-emotional problems and serious psychiatric problems. Like Florence Cane, she described her approach using the notion of 'art as therapy' and stressed the inherent therapeutic qualities that the art-making process and visual work had for children (Lusebrink et al., 2013). However, like Naumburg, she also used psychoanalytical concepts to describe the therapeutic significance of art-making and artworks, which she believed could be explained by the concept of sublimation, wherein the creative process supports the regulation of the ego and enables the integration of conflicting emotions and impulses into an aesthetically satisfying form (Edwards, 2004, p. 125; Kramer, 1973; Rubin, 2005, p. 7). Kramer (1973) considered that the aesthetic quality of the artwork was central for the therapeutic effect, because the more satisfying and rewarding the artistic outcome was, the more conclusive the therapeutic goal of sublimation could be (Edwards, 2004, p. 125). Following these ideas, Kramer stressed the importance of the therapist's artistic training for the ability to participate in visual dialogue and assistance without being intrusive, distorting the meanings or imposing content on the client (Franklin, 2010). She used the metaphors of the therapist being the third ear and third hand, someone who is visually empathic and attuned to respond to the client's needs, helping in their emotional regulation and the development of interpersonal skills in an emotionally accurate and developmentally appropriate way (Franklin, 2010). In her view, the roles of artist, therapist and teacher were all needed and should be integrated in art therapy with children. These principles are thus notably close to Lowenfeld's thinking and practice.

2.2.2. The psychotherapeutic roots of art therapy

Interestingly enough, the psychiatric or psychotherapeutic roots of art therapy can also be connected with Naumburg's (1966) pioneering work, for in the 1940s she was invited to work and conduct research at the New York Psychiatric Institute, which shifted her orientation even more clearly towards the psychoanalytic psychotherapeutic approach, and she developed dynamically-oriented art therapy. Her work influenced later American art therapists such as Judith Rubin (2005, pp. 8, 18), whose practice and writings have impressively bridged multiple contexts. Although analytically trained and guided by both Naumburg and Kramer, Rubin (2005, p. 18) curiously continues to develop multiple ways of understanding the theory and practice of art therapy. She is continually engaging in the evolving process of reviewing existing knowledge and experiences by writing and making documentary films that present a wide variety of approaches to art therapy ranging from person-centred to cognitive.

On the other hand, in Britain, instead of developing integrative perspectives, psychodynamic theories and practices such as object relations theory and Jungian analytic psychology have had a strong influence on the development of dynamic art psychotherapy approaches and analytic art psychotherapy (Case & Dalley, 2006; Schaverien, 2000). Currently, mentalisation-based art therapy approaches are also being increasingly developed, both theoretically and in practice (Fonagy, 2012; Franks & Whitaker, 2007; Springham et al., 2012). In addition to individual art psychotherapy, multiple art therapists have contributed by developing a variety of working methods for groups, such as group interactive art therapy, theme-based group art therapy using directive art exercises or group analytic art therapy, which instead stresses the group analytical principles combined with non-directive artwork (Liebman, 2004; Mc-Neilly, 2005; Skaife & Huet, 1998; Waller, 2003). Even if the psychoanalytic and psychodynamic theories have been the most influential for the development of art therapy, especially in British psychiatric contexts, other schools of psychotherapy as well as humanistic views and anti-psychiatry, which promoted living in therapeutic communities, have also shaped clinical practices (Hogan, 2001; Malchiodi, 2003). However, for a long time psychoanalytic and psychodynamic languages dominated the theoretical development of art therapy because they offered settled and cultivated concepts for articulating the therapeutic aspects of art making and art (Edwards, 2004, p. 69).

However, it is possible that psychodynamic language has also prevented a richer development of theories and research focusing on embodied, visible and material surface or aesthetic and sensory aspects of art-making processes in art therapy by focusing the main attention towards the unconscious meanings of art in a relational context (Maclagan 2001, p. 13). In addition, unlike fundamentally research-oriented behaviourist or cognitive approaches, psychodynamic practitioners were not as keen to conduct experimental research or develop systematic methods for measuring and researching the embodied, emotional and psychosocial effects of the art therapy process. A focus on the systematic documentation of how creativity, art making, art materials or observing artworks affect the psychophysical experience or therapy process was rare for a long time in art therapy research (Hintz, 2009; Lusebrink, 1990, p. 10; Michael, 1982; Pénzes, Hooren, Dokter, Smeijsters, & Hutschemaekers, 2014; Snir & Regev, 2013; 2014).

2.2.3. The art-based roots of art therapy

The third branch of historical roots that are connected with pioneering artists-therapists or artists in hospitals, parallels Cane's and Kramer's idea of art as therapy and stresses the importance of artistic creativity as a primary and essential base of therapeutic effects, thus indicating at the same time the importance of the therapist's artistic experience (Seeskari, 2011). After the Second World War, this art-based approach also evolved elsewhere from the practices of visual artists. British artists Adrian Hill and Edward Adamson set up art studios in hospitals to cure tuberculosis patients and soldiers suffering from combat fatigue, and Hill coined the term 'art therapy' to describe his practice in hospital (Case & Dalley, 2006; Edwards, 2004). Hogan (2001) describes how these early art therapists wanted to provide a safe space with a humane atmosphere for facilitating patients' opportunities to use art for self-expression and self-exploration in order to enable their empowerment and healing. As did Naumburg, they and other studio-based art therapists also opposed the interpretation of patients' images. In addition, they actively criticised the restrictive psychiatric practices and institutional norms that they considered oppressive towards the patients' humanity. However, their libertarian and rebellious attitudes conflicted with other professionals' views in the hospitals and thus mitigated and slowed down the professional development of art therapy within the field of psychiatry (Hogan, 2001). The attempts to establish a formal profession, increase its respect and improve practices, moved art therapists in many locations from art-based principles towards psychotherapeutic theory and practices.

However, alongside the art therapy approaches – which are based on theories of a certain psychotherapeutic school – other kinds of approach, which are more firmly based on the art-making process and aesthetic aspects of artworks, have continued to develop theoretically and methodologically (Betensky, 1995; Estrella, 2005; Hanevik et al., 2013; Hintz, 2009; Knill, Levine, & Levine, 2005; Levine & Levine, 1999; Lusebrink, 1990; Moon, 2010; Stubbe-Teglbjaerg, 2009). The ETC, which has been developed since the 1970s and is currently applied in multiple countries worldwide, is perhaps the most profound art-based model so far (Hintz, 2009; Lusebrink, 1990; 2004; 2010; Lusebrink et al., 2013; Pénzes et al., 2014; Rankanen, 2011b; Rankanen et al., 2007). The amount of research in which the focus is on the material qualities or aesthetic aspects of the art-making process and integrated with contemporary neuroscientific, psychiatric or psychotherapeutic knowledge is also constantly increasing (Belkofer, Van Hecke, & Konopka, 2014; Franklin, 2011; Haeyen et al., 2015; Kruk, Aravich, Deaver, & deBeus, 2014; Lusebrink, 2004; 2010; Pénzes et al., 2014; Schweizer, Knorth, & Spreen, 2014).

Following the discharge of long-term inpatient care during the last two decades, art therapists' practices and open studios have increasingly moved from hospitals to communities, changing and expanding the working environments (Allan et al., 2015; Kapitan et al., 2011; Nolan, 2013). In particular, the practitioners of expressive arts therapy have ever since its beginning in the 1970s also defined themselves not only as therapists but also as change agents who practice social change via the arts (Estrella, 2011, p. 49). They have stressed the contextual aspect of individuals and viewed art as not only a form of self-expression but as an expression of the surrounding world. Artistic expression does not only influence oneself but can touch people deeply and change a human's way of being in the world (Levine, 2011). Other

contemporary art-based art therapists have also explored critical and ethical issues related to art therapists' social activism (Kapitan, 2015; Nolan, 2013).

However, even if the therapist is not conducting critical research or personally participating in social activism, the personal changes that can take place in art therapy often generate experiences of agency and can empower clients/artists for more active participation in societal contexts. Correspondingly, some clients/artists consciously choose to participate in societal discussion or use their artwork in a political way to criticise abuse or inequality in sociocultural contexts, the abandonment of humane therapeutic care or painful experiences of social stigmatisations caused by illness, poverty, race or disability (Hogan, 2001, p. 24; Learmonth & Gibson, 2010; Melliar & Brühka, 2010). On the other hand, many contemporary artists employ the therapeutic perspective in their community art projects or develop projects that the participants experience as extremely therapeutic, such as the complaints choirs that originate from the artistic practice of contemporary artists Tellervo Kalleinen and Oliver Kochta-Kalleinen and are now found all around the world.

2.2.4. The current definitions of art therapy

During the last 40 years, art therapy has been vastly enriched in its theory, research and professional training. Simultaneously the most extreme polarisations have calmed down and the majority of art therapists view art therapy as an entirety where art and therapy are intertwined areas that equally affect and change one another (Edwards 2008, pp. 4–5; Karkou & Sanderson, 2006, pp. 44–46; Malchiodi, 2003; Schaverien, 2000). The innate healing potential of art, the respectful attitude towards the client's art and the therapeutic power of the relationship between client and therapist are addressed as common factors or shared therapeutic ingredients in all the approaches (Schaverien, 2000). The latest research views art therapy as closely connected with both art and psychotherapy, while simultaneously maintaining its status as an independent professional field and research field (Karkou & Sanderson, 2006, pp. 29–46). Together with these developments, the ethical issues – such as the confidentiality of images and discussions, the need for the therapist's art therapy to be a part of professional training and the continuing supervision of art therapy practices – have become part of professional principles internationally.

Both the American Art Therapy Association (AATA) and the British Association of Art Therapists (BAAT) stress that art therapists need a profound understanding of art and the creative process, as well as knowledge of psychological, counselling and psychotherapeutic theories. In addition, it is important to gain an understanding of therapeutic practices in a variety of settings acknowledging cultural and social diversity. The aims of art therapy are always formulated according to the clients' needs, capabilities and strengths, and it can have varying goals related to emotional, social, developmental, behavioural, somatic or psychiatric problems. It can reduce symptoms, aid in coping or in personal growth. Contrasting with international developments, in Finland art therapies are still divided into art psychotherapy and art therapy, which have been defined by a psychotherapy education working group under the Ministry of Education in the following way:

> Art psychotherapy is a form of psychotherapy conducted by a registered psychotherapist who is a heath care professional. It is based on psychological theories and evidence-based

psychotherapeutic practices. In art psychotherapy, art is used as a communicative tool for psychotherapeutic work and art making is viewed as an alternative form of expression that can substitute for or compliment verbal communication. It aims to help people suffering from psychological problems or mental disorders. (Psykoterapiakoulutustyöryhmän muistio, 2003, pp. 15, 21–22)

Art therapy is preventative, curing or rehabilitative work in the fields of education, social- or healthcare. The aims of art therapy depend upon clients' needs, varying from enhancing self-reflection to fostering personal growth and creativity or helping recovery from psychic crises. In art therapy, artistic interaction and art making are used in a relationship with an art therapist for creatively expressing one's emotions and thoughts. (Psykoterapiakoulutustyöryhmän muistio, 2003, pp. 15, 21–22)

In Finland, unfortunately, these two categories have formed restrictive policies by both excluding professionals who have a background in art or art education from traditionally multidisciplinary art psychotherapy education and by continuing to polarise the significance of psychotherapeutic theory and art-based knowledge. However, in art therapy the aesthetical and ethical are always inevitably bound together and it is simplistic to emphasise either the impacts of art or intersubjective interaction to the detriment of the other. Continuing this counteractive debate would only echo the different traditions and languages of art and healthcare and direct our attention away from the more fruitful concentration on developing a reflexive and efficient client-centred practice and research in which art and psychotherapy can intervene in countless ways (Junge, Alvarez, Kellogg, Volker, & Kapitan, 2009). Art therapy enables a continuum of different practices, from art-based to psychotherapy-based approaches. Instead of projecting negative assumptions onto either end of the continuum or making 'splits' between the right and wrong way of working, development into an independent profession can best continue by working through splits and developing the ability to integrate different aspects into one continuum (Dalley, 2000).

In this research, art therapy is understood as a special field of care, rehabilitative or preventative work, that also encompasses the emotional, embodied, cognitive and aesthetic dimensions of the human mind, social interaction, art making and creativity. Psychotherapeutic interplay is based as much upon the client's interactive relationship with an artwork as with the therapist. Instead of a dyadic transaction and relationship, at issue is a three-way relationship and interaction between client, art and therapist. With its inherently embodied, aesthetic and psychosocial nature, art therapy activates all aspects of personality. When the embodied creative process is stressed as the main affecting ingredient, the focus is directed onto therapeutic aspects in the aesthetic, sensory or psychophysical experiences resultant from artistic interaction with art materials and other people. On the other hand, when the base in psychotherapy is viewed as central, the focus of the practice often moves more onto the emotional, symbolic and cognitive aspects of the triangular relationship, as well as onto reflecting the intersubjective and socio-emotional aspects between the situation realising in art therapy and everyday life experiences. In every case, the focus of the work done in therapy can be on exploring the problematic experiences, on finding resources for coping or on building an accepting, reflective stance and mindful presence in the midst of the difficulties being experienced.

2.3. The triangular relationship

In the chapter at hand, the focus moves from picturing the historical landscape onto an attempt to construct an integrated view of the current conceptual ground of art therapy. First, different theoretical perspectives on the characteristics of the implicit and explicit interaction that takes place between client, art and therapist in art therapy are presented. Then this three-term relationship is paralleled with Winnicott's (1971/1999) ideas of the importance of 'potential space' for both children's healthy growth and for adults' cultural and art experiences. Furthermore, this interplay in the potential space between a child's internal world, external objects and their caregiver is also discussed in relation to the contemporary research on early interaction and interpersonal aspects contributing to the development of self-awareness and communication skills. A link to the main concepts of CAT is also briefly explicated and some parallel connections between intersubjective development and art therapy group interaction are drawn. Finally, connections between early attachment relationships and art are explored from the perspective of intersubjectivity.

2.3.1. Different perspectives on the interaction between client, art and therapist

The idea of a three-way relationship or triangular relationship has been developed and discussed by many different authors, especially within the context of British art therapy (Case & Dalley, 2006; Edwards, 1987; Karkou & Sanderson 2006, pp. 64–67; Schaverien, 2000; Skaife, 2000). There have been multiple attempts to distinguish the different qualities of the interaction between and within the three parties of this relationship (Picture 3). Both client and therapist have their personal intrasubjective experience and participate in the intersubjective interaction between each other, but in addition there is also an 'intermediate zone' of interaction that takes place in the potential space (Winnicott, 1971/1999, pp. 105–107) in the client's and therapist's creative interaction with art.

Edwards (1987) found eight interactive aspects in this triangle between art, client and therapist. In addition to the direct relationship between a therapist's and client's perceptions of each other, which is the first level of interaction, both of them have separate intermediary relationships to the art. The client's expression creates an image and the image gives a visual impression to the client. The therapist has expectations in relation to the image and the image is received perceptually by her or him. On the third level, the artwork is a mediator in communication between the therapist and client.

Jungian analytic art psychotherapist Joy Schaverien (2000) has chosen to focus especially on defining different aspects of the transference[4] relationship between the parties of the triangle and the prevalence of these in relation to different contexts of art therapy practices. She suggests there are at least four levels of relationship, of which two take place between the client and therapist: the real and the transference relationship. The third relationship takes place between the client and the picture, but it also involves the therapist. Schaverien (2000) calls this 'scapegoat transference', meaning that the client's transference feelings are embodied during making art and placed in the picture, instead of being transferred to the

therapist. The last relationship is the alliance that involves all three parties. However, she also talks about 'aesthetic countertransference', which both client and therapist can experience in relation to the finished artwork. For her, this is a central process in making the unconscious elements of the psyche visible for both therapist and client, and in enabling the psychic integration.

Art therapist Tessa Dalley (2000) describes a similar transference and countertransference relationship between client, art and therapist with slightly different concepts derived from Bion. She speaks of a containing function, where a therapist provides a safe container for a client's intolerable or unacceptable feelings to be processed into more manageable form. In the triangular relationship, art also works as a container, where unbearable feelings can be expressed and their meanings held until the client is ready to make sense of her or his experiences, understand them and give them a more acceptable and containable form. However, her view places the art therapist in a rather passive role, where she or he has no active relationship with art other than a containing and digesting function. Art seems also to be more of a passive receiver and carrier of the client's expression than a reciprocally influencing material partner of interaction.

Yet another attempt to define the manifold aspects of triangular interaction and also to describe more active ways of engagement by the art therapist is dance and movement therapist Vicky Karkou and art therapist Patricia Sanderson's (2006, pp. 64–67) view, according to which four different relationships are proposed: a triangular relationship, a client–therapist relationship, an artistic relationship and finally, a relationship in which either the client or the therapist is the artist and the other is observing. They also discuss how a psychotherapeutic working alliance – which Bordin (1979) originally defined as the relational bond and negotiation of tasks and goals between therapist and client – is realised in a triangular relationship.

British art therapist Sally Skaife (2000) continues the discussion of the three-term relationship from a slightly different perspective by presenting dialectical tensions as a means to understand the process of change in art therapy, which is always taking place in movement between opposing poles. She suggests that Winnicott's (1971/1999, pp. 106, 110) idea of a third space should be taken as a starting point for a playful way to explore dialectics between personal relationships and creative aesthetic process. Skaife (2000) presents multiple different aspects in which these opposing forces are present in art therapy, such as the tension of communicating to ourselves or others by making art, the tension between expressing in words or in art or the tension between the therapist focusing on the content of artwork or on the process of making art. Avoidance of the tensions and stagnation of the dialectic process at one end can be pathological. Instead, the movement and energy created when staying within the tension between the poles brings fourth spontaneity and aliveness that enrich experiences. The ability to move between creating meanings in aesthetic work and being in a therapeutic relationship should be not blurred by each other but simultaneously present in an art therapeutic alliance.

2.3.2. Parallels with developmental interaction

Another kind of interesting theoretical view of triangular relationships from the perspective of early childhood development that has been valuable for numerous art therapists' thinking and practice has been developed by Winnicott (1971/1999, pp. 104–110). He was one of the influential theorists in

developing object relations theory and he focused especially on the significance of the playful space created between a good enough caregiver, a baby and an object. He proposed that it is not enough to think of human experience only in terms of acting and being in contact with external reality or inner psychic reality. Instead, he introduced the idea of a third experiential human state, which is created by each individual in relation to their environment. Playing is not taking place inside or outside of self because it is an interplay of personal psychic reality and action, which employs doing and time (Winnicott, 1971/1999, pp. 41, 47).

Winnicott (1971/1999, p. 108) stressed the primary importance of external reality and good enough intersubjective care for the infant's development into an integrated unit of self and of a sense of internal trust, which then enables a relaxed state and self-realisation within which creative play can take place. He described this space between subjectivity and objectivity using the notions of the intermediate zone or potential space, where the transitional phenomena and play can also take place. Thus, by using transitional objects, which are between oneself and another, children learn to play and create as well as to distinguish imagination from reality (Winnicott, 1971/1999, p. 6). Later this potential space or playground can widen into cultural experiences and art (Winnicott, 1971/1999, p. 107). In addition, he emphasised playing as a crucial skill for a therapist as well as a skill that the patient also needs to learn before being able to begin psychotherapy. Actually, he saw playing itself as therapy and considered that psychotherapy involves playing together. He saw playing as facilitating both a human's growth and health, as well as enabling the formation of group relationships and communication (Winnicott, 1971/1999, p. 41, 48). He considered playing as the only activity in which the whole personality is used in being creative and the discovery of oneself is possible (Winnicott, 1971/1999, p. 63). However, he also recognised the frightening aspect of play and emphasised the presence and availability of a trusted and responsible person during the creative experience of playing (Winnicott, 1971/1999, pp. 50–51). His ideas have been paralleled with the space between therapist, client and art, in other words, with the notion of a triangular relationship of art therapy.
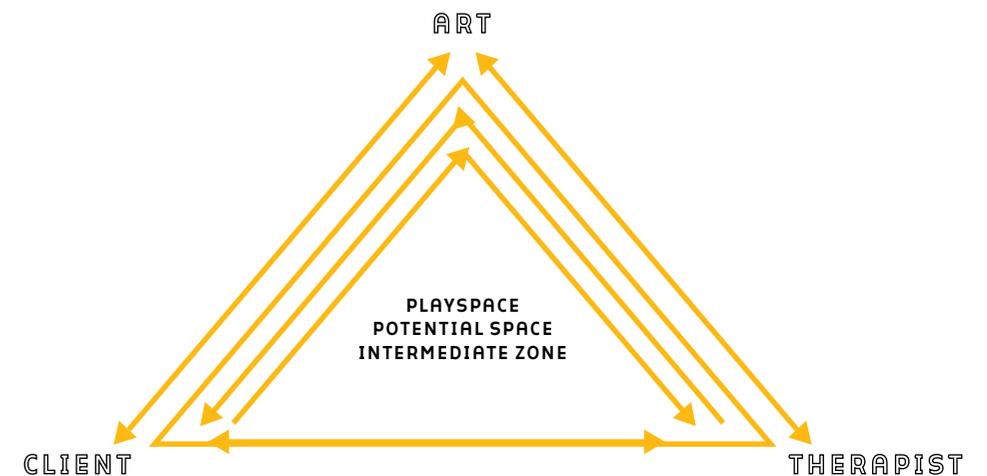
PICTURE 3. The working alliance in art therapy takes place within a triangular relationship. The arrows mark the multiple possibilities for both real and transference relationships and interaction between the three parties of the triangle, which have been previously discussed. The space between the three interactive parties creates an intermediate zone – a concept that Winnicott (1971/1999) developed and paralleled with a potential space or play space – that is utilised in art therapeutic interaction and interventions.

More recent research on the intersubjective and object-related development of communication and of self-awareness in early childhood has confirmed many of Winnicott's ideas (Aitken & Trevarthen, 1997). However, in contrast to many earlier theories proposing that infants have undifferentiated self, fused with their mother, contemporary research and theories support the idea of infants' innate primary intersubjectivity and ability to sense and distinguish their body from the environment and others (see Picture 4) from the very beginning (Butterworth, 2000; Trevarthen & Aitken, 2001; Zahavi & Rochat, 2015). Instead of fusion, infants are organised as psychological subjects who can actively engage in intersubjective exchange, experience some kind of social togetherness and who need empathic expressive and imitative reciprocity from their primary caregivers (Aitken & Trevarthen, 1997; Zahavi & Rochat, 2015). The development and importance of primary sensory and proto-aesthetic communication – which aims to build affective attunement and takes place in the rhythm of exchanging gazes and in mutual fine synchrony of vocalisations and movements between baby and caregiver – is already well established by researchers of early intersubjective development such as Daniel Stern (2007) and Colwyn Trevarthen (Trevarthen & Aitken, 2001). According to the theory of innate intersubjectivity, the infant is born with receptive awareness to subjective states of other people and is ready to participate in mutually regulated interchanges with caregivers by taking turns in displaying and attending embodied expressions (Trevarthen & Aitken, 2001).

Interestingly, the onset of secondary intersubjectivity and a baby's ability to engage in referential communication is connected with the emergence of triangular reciprocal interaction between baby, caregiver and object (Aitken & Trevarthen, 1997; Zahavi & Rochat, 2015). The baby's capacity to perceive the caregiver's gaze as referring to an object or event in the environment shows the ability to meet another's mind in joint attention to objects or events (Butterworth, 2000). Correspondingly, the baby's ability to point to objects and capture others' attention and recognition increasingly constructs their agentive role in relation to others (Zahavi & Rochat, 2015). The quality of social interaction and transactions becomes increasingly complex and with the help of the caregiver's affectively-tuned collaboration, they learn to co-ordinate their ways of co-operating and reversing roles with others, building the basis for understanding the perspective of others (Zahavi & Rochat, 2015).
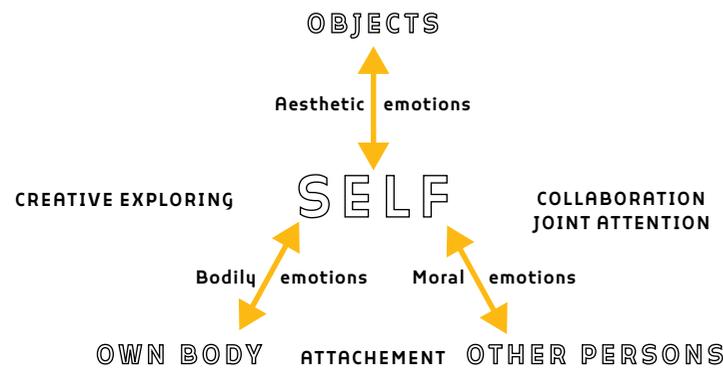
PICTURE 4. An image based on Trevarthen's and Aitken's (2001, 15) figure of the direction of infants intrinsic motivation with corresponding emotions and the three domains of subjective and intersubjective experiences that the combination of these motivations generate. The original figure is here simplified and modified to ease comparison with the triangular alliance of art therapy.

These ideas of intersubjective development are also embedded in the cognitive analytic view of the sign-mediated internalisation of early interactive reciprocal role patterns into mental dialogues (Leiman, 1992). In other words, the infant is internalising the attitudes, intentions and emotional qualities that are created during early reciprocal interaction with important others. These experiences then begin to build predictive patterns of one's interactive roles in relation to both self and to others' roles (Ryle, 1975). Namely, these internalised experiences of the interactive parties create a basis for the affective quality of those mental dialogues that begin to construct both our multivoiced self and our personal ways to react to and interpret our environment and other people.

This developmental understanding is covered in all of those theories which define the self as being, instead of a single unit, inherently intersubjective or social and constructed of multiple reciprocally-positioned voices. It is reflected in the notion of a dialogical self, which is used as a base in CAT as well as in a model of how problematic experiences are assimilated (Ryle & Kerr, 2002; Stiles et al., 2006). In addition to noting the importance of intersubjective communicative interaction for the development of self, understanding the idea of sign mediation also builds a basis for comprehending the significance of reciprocal dialogical quality in creating and transforming meanings in object-oriented activities, such as art-making (Rankanen, 2014b; 2015). Not only is our intrasubjective and intersubjective world constructed of multiple reciprocal voices, but also our relationship to objects contains varying dialogues that first become observable in play and later in art.

However, other researchers of early development further specify these definitions by using a distinct concept of 'triadic interaction' for object-oriented referential communication and instead reserve the notion of triangular interaction for three-person interaction that is important for establishing collective intersubjectivity, especially that related to humans' survival by promoting group cohesion and functioning (Fivaz-Depeursinge, Favez, & Frascarlo, 2004). They stress the more complex nature of triangular interactions, in which supportive and harmonious co-parenting encouraged infants to engage in these interactions and rewarded them with more emotionally-adjusted and sensitive feedback, simultaneously building a stronger base for the child's socialisation and understanding of multiperson relationships than conflicting parents, who make the child's interactive bids increasingly frequent (Fivaz-Depeursinge et al., 2004).

While growing, children extend their interaction from family to peers. They begin to identify with certain groups and apply psychosocial group attitudes such as in-group biases and group conformity (Zahavi & Rochat, 2015). The awareness of another's gaze grows, and children become sensitive to how they are perceived by others and they begin comparing how they are similar to or differ from others. They learn to conceal and manipulate their mental states in relation to others' approval or condemnation (Zahavi & Rochat, 2015). Experiences of group cohesion and inclusion build understanding of shared norms as well as enable deriving self-esteem from belonging to a group. On the other hand, contrasting capacities for social rejection and ostracism also develop with age, causing painful experiences of stigmatisation for those who become excluded. These positively or negatively affecting psychosocial group phenomena, biases in perceptions and attitudes between in-group and out-group can appear in any groups; thus, it is necessary to also be sensitive to them in art therapy groups (Rankanen, 2014a; 2016).

2.3.3. Intersubjectivity in attachment and art

Attachment theory – which was originally developed by developmental psychologist and psychiatrist John Bowlby in the 1950s and further clarified and researched by Mary Ainsworth over many decades – is currently a widely-accepted base for understanding the developmental internalisation of mental working models across different schools of psychotherapies and even in cognitive neurosciences (Schore & Schore, 2007). These internal working models, which are created during early embodied interaction between baby and caregiver, encode our implicit strategies of affect and stress regulation (Schore, 2000). The basis for understanding the importance of the security or insecurity of early relationships in developing attachment patterns between caregiver and baby was built by Bowlby, while Ainsworth developed the experimental research method of the 'strange situation' to identify and distinguish different types of attachment behaviours in children. The caregiver's sensitivity or insensitivity in emotional attunement or misattunement, as well as the responsiveness that matches the baby's needs and temperament, constructs the developing quality of emotional and stress regulation (Schore & Schore, 2007).

Allan Schore (2000) has noted the parallel between a productive therapeutic relationship, which is based on matching emotional attunement, and the affective synchrony occurring between infants and their caregivers. The base for therapeutic alliance is built of similar intersubjective actions that fluctuate from attunement to misattunement and re-attunement. The element most important for fruitful early development and the therapy process seems to be the caregiver's or therapist's ability to re-attune and recover an empathically-resonating emotional bond and communication rhythm after breaks or ruptures, because it builds the capacity to regulate arousal states (Ruiz-Cordell & Safran, 2007; Schore & Schore, 2007).

From the perspective of attachment, intersubjectivity can be defined as the sharing of subjective states with another person through emotional attunement, which is communicated by gaze, gestures, touch, voice tone and rhythm (Franklin, 2010; Schore, 2000). It seems that this intersubjective sensory interaction enables the development and construction of multisensory and proto-aesthetic forms of self-regulation and of a sense of self. Simultaneously, these sensory interactions may also contribute to emerging aesthetic sensibility and behaviours of making art (Dissanayake, 2009; Franklin, 2010). Thus, sensory, embodied and aesthetic art experiences that resonate affectively can repair self-regulation, especially when combined with emotionally attuned interaction (Rankanen, 2011b; 2014b).

Schore (2000) hypothesises that affectively-focused therapies can alter early attachment patterns because the neural plasticity of 'emotion-related learning' continues into later life. He proposes that the neural system, which regulates attachment dynamics, parallels networks that modulate emotional experiences by labelling emotional expressions. Many emotional disorders may impair these systems, and therapeutic effects may be explained by the process of constructing symbols or narratives for emotions in attuned, empathic and growth-facilitating therapeutic alliances (Schore, 2000).

[4] The definition of the notion of transference and its use as a psychotherapeutic tool has been widely debated. Since Freud's original idea of transference as the present emotions and behaviours that are related to an unresolved Oedipal conflict with either the mother or father, he and many others have modified the definition in multiple ways (Gelso & Bathia, 2012). However, most often it is described as the remains of early, unresolved conflicts with significant others that distort or colour the present relationship with therapist. The internal patterns from prior relationships are thus projected in the current relationship without awareness. This view parallels research results where transference has proved consistent with clients' attachment style, so that a preoccupied attachment was related to an anxious mood, and a dismissive attachment style instead to deactivation of expressing negative emotions (Marmarosh, 2012). Multiple previous researchers suggest that transference phenomena appear in all different psychotherapies and also non-dynamic therapists identify its dynamics correctly (Gelso & Bathia, 2012). Thus, there has also been the suggestion of replacing the psychodynamic term with a more contemporary and inclusive terms such as relational schemas or internal working models (Marmarosh, 2012). In CAT the transference phenomena are addressed with the main theoretical concepts of reciprocal roles or dialogical positions.

2.4. An integrative approach to the theory and practice of art therapy

Increasing knowledge of the large impact of common factors that are shared by all different psychotherapies, as well as therapists' need to develop less dogmatic and more flexible practices, has built ground for integrative approaches. However, integration itself is not a specific school of therapy; instead, it is an ongoing process that is built upon curiosity and respect towards varying approaches and perspectives. It can be based on at least three different kinds of ways of integrating knowledge, theories or practices: (a) integration through research of the common factors, (b) theoretical integration – when the best parts of different theories are integrated into coherent transtheoretical conceptions, or (c) integration through technical eclecticism or integration, in which therapeutic methods are individually tailored according each client's needs (Prochaska & Norcross, 2010, pp. 458–463).

The understanding of integrative processes has a special importance for art therapy, which is fundamentally integrative from the outset because it binds together two different disciplines: art and psychotherapy. Instead of aiming to describe the art therapy process from the perspective of certain psychotherapeutic school, this chapter aims to integrate the multiple theories that are used in the different articles of this research into a congruent view of art therapeutic change processes. As a result of the current study, a new kind of integrative approach into the process of art therapy is constructed and explicated. In what follows, the five theoretical models that are utilised in this research are presented. Three of the models approach art therapy process from an art-based perspective and the other two approach it from a psychotherapy-based perspective.

The first psychotherapy-based model is used as a metastructure in which the three art-based models are integrated. It is a transtheoretical meta-model that the cognitive analytic psychotherapist Mikael Leiman (2012) has proposed as a unifying theory for the core processes that are shared by all different psychotherapies. The three core methods that the therapist uses for enabling the process of change are: (a) techniques that aid expression, (b) techniques that aid observation and reflection, and (c) techniques that aid in practicing new or alternative action procedures and behaviour (Leiman, 2012). In addition, all of these processes need a holding therapeutic relationship for their realisation. In art therapy, this holding relationship is of course the triangular relationship between client, art and therapist. These three core methods are now explored from the perspective of art therapy and integrated at the same time with three art-based models in an attempt to build a transtheoretical integrative model that can describe the art therapy process in the context of the current research. The references to the author's articles aim to make the development process of these ideas more transparent and clear for the reader.

2.4.1. Assistance for expression

Because artistic expression is a central method in art therapy, it has also been important to model how therapists can support the client's creative process in its different phases. Many art therapists have defined the basic principles that are needed for enabling the creative process

to be utilised in therapy. The importance of creating a safe space before entering the creative process is crucial. For example, Rubin (2011; pp. 81, 87) clarifies the need for first 'setting the stage' before evoking expression, whilst Daniel Siegel (2007) has emphasised how crucial it is for reflective capacity that the therapist has both an intrapersonal mindful relation with herself or himself and an interpersonally attuned empathic resonance for clients. Similarly, art therapist Mala Betensky (1987) stressed the therapist's attuned observation both to her or his own emotional and visceral experiences and the client's expressions. Others have also found the capacities for moment-to-moment presence, non-judgmental awareness and accepting attention to be crucial (Franklin, 2010). These descriptions are closely reminiscent of the relational principles that Rogers (1957) specified as necessary for therapeutic change to take place.

Knill (2005) has modelled an art-based temporal structure for art therapy sessions that has been applied and further modified in current research, especially in relation to the context of experiential art therapy groups (Rankanen, 2014a). The six different phases and their aims are intended to aid clients in entering into the creative process, as well as helping the client to come out of it and reflect on the experiences. Thus, the first three phases aim to aid expression, while the three last phases consist of the methods and aims that aid observing and reflecting on the process.

Another, very similar art-based model was already proposed in 1987 by Betensky, who developed a phenomenological approach to art therapy. Her model consists of four main phases that were developed following a phenomenological process. It begins with informal experimentation and pre-art play with art materials that aims to evoke direct experiencing and is important in providing the opportunity to take small, safe risks (Betensky, 1987; 1995). Then comes the process of art-making, wherein a phenomenon is created and the client is engaged in active dynamic interaction with art materials. The third phase is phenomenological intuiting, wherein the artwork is observed in silence. The fourth and final phase is joint reflection on the artwork with the therapist utilising a 'what-do-you-see? procedure' and aiming to enable connections between the artwork and personal meanings, as well as to enable an integrative understanding of the whole process (Betensky, 1995). These two art-based models are now integrated in this research.

THE PHASES OF THE SESSION

1.   The beginning round. The therapist defines safe boundaries and aims to enable a mindful presence and contact with oneself and others.
2.   Attuning to art. The therapist frames activities and guides warm-ups. The therapist aims to create contact with art and ease the critical reflective position by creating space for spontaneous exploration.
3.   Art-making. The therapist is non-directive, allowing clients' individual processing. The therapist aims to respect the clients' agency and allow personal ways of creative processing.
4.   Individual reflection. The therapist can facilitate clients' individual reflection by giving instructions for observing or writing focusing either on the process or artwork. The therapist aims to widen possible perspectives and enrich reflection.

5.   Joint reflection, sharing, and relating. The voluntary sharing of art-making experiences. The opportunity to receive feedback, associate or explore the apparent connections between the art-making experience, artwork and personal life. The therapist aims to enable personal insights and self-reflection.
6.   Closing. The therapist aims to compile and close the experienced process.

By utilising this structure, the therapist aims to enable clients to enter into a spontaneous and experiential process, wherein art materials are partners in interaction and can cause surprises as well as insights. Overall, the aim is to prevent the reduction of art into visual methods or tools of illustration for therapeutic purposes. Instead, it aspires to foster the creative tensions, exploratory and unpredictable nature of art and its ability to touch us in a way that is not otherwise possible (Ihanus, 1998; 2015).

Naturally, it is also possible to use pictures as therapy tools without aiming to evoke the client's creative process. However, if the inherent and unique therapeutic characteristics of art-making are sought, becoming attuned to sensing is its first precondition. Knill (2005) describes this attuning as a bridge from the ordinary world into the world of art and proposes that particularly those people who are not trained to make art need a therapist's framings to become sensitive to aesthetic qualities in their surroundings and in their experiences. The therapist's guidance for attuning to sensory experiences or using unordinary ways or materials for art-making can help clients in entering the spontaneous process (Rankanen, 2014a).

Thus, in addition to building a holding interpersonal relationship, it seems useful that the art therapist aims to lower the client's self-criticism and overt relying on cognitive pre-planning in order to enable a curious and playful attitude and the courage to experiment without knowing how the process will turn out (Rankanen, 2011b). The need to control the process, as well as to focus on a favourable final product, can often work against a spontaneous exploratory process that enables space for coincidences, new ways of using materials or surprising perspectives (Rankanen, 2011b; 2014b). Instead of beginning directly with non-directive art making or by giving verbal themes, which evoke the cognitive approach to artwork, different embodied and material-based warm-up exercises have proved useful. For example, the therapist's guidance for sensing different qualities on the drawing movements can be a more fruitful way to begin art-making than being verbally given the subject matter or a symbolic association to illustrate (Rankanen, 2014a).

A unique quality of the art-making phase is the possibility to be absorbed in a constantly-changing dialogue with art materials, embodied movements, sensations, emotions, imagery, associations and thoughts (Rankanen, 2014b). Knill (2005) has described this phase as "de-centring", meaning that its aim is not in engaging conscious problem-solving. Instead, the aim is to turn away from conscious attempts to find solutions and sense the art materials and feel one's experiences in the current moment. This presence unfolds a free space for curious play with art materials and for encountering surprises. Thus, art materials are never only expressive material that bends to an artist's conscious wishes and will, they have independent natures and can also resist, slither or crack (Rankanen, 2014b). Intermediate interaction with art materials takes place on all levels of experience and can enable both rewarding flow experiences and touching aesthetic sensations (Rankanen, 2011b; 2014a).

In addition, Betensky (1987) has stressed how, during a client's dynamic interplay with art materials, simultaneous functions appear at multiple levels that challenge touch and sight, generate emotions, stimulate consciousness and contribute to providing a graspable relationship with the real world.

2.4.2. Assistance for observation and reflection

When we aim to reflect artistic experiences and processes or artworks, it is not crucial to find one correct meaning or interpretation for them; on the contrary, our goal is to understand their rich qualities and bottomless nature (Leiman, 1992). Each of us always takes a unique position in relation to artistic expressions and art materials. Artists and their materials are reciprocal partners in a constantly-transforming interaction and dialogue (Rankanen, 2014b). Thus, art-making is not only an expression but also a way to observe and reflect upon varying aspects of experiences and one's environment by giving them form and structure.

If psychotherapeutic discussions aim to affect the quality of self-reflection and increase the ability for reflective awareness, the same can also take place within the client's internal and embodied discussion in relation to art both during art-making and when observing the finished artwork (Rankanen, 2014b; 2015). While making three-dimensional art, it is possible to organise objects or shapes in relation to each other, for example, by lifting something into the foreground or moving another thing aside to make it less dominant. In a two-dimensional work, one can transform shapes and colours, cover them or connect them with each other. Each transformation inevitably also changes one's perception and, at the same time, it can transform the meanings that are bound to the different components of the artwork. In addition, artists can change their perspective or distance from the artwork while observing the piece and see it in a different light. These concrete and embodied changes can also transform the client's internal observing position and increase the capacity for flexible mental reflection (Rankanen, 2014b; 2015).

However, even if artists constantly observe their work during the making process and while making varying aesthetic choices, the actual phase explicitly dedicated for reflection often follows the independent art-making phase. Because others' opinions and views can so easily distort or change personal significances, it is crucial to first find a silent space for autonomous reflection on an artwork. Betensky (1995) has already especially focused on developing three distinct sub sequences or steps for observing the artwork in silence, each carrying some therapeutic value. First, the client needs to create a visual display, then create some physical distance to it and finally intentionally look at the work in order to really see it. She saw the client's activity of placing the artwork for display as paralleling their process of taking responsibility for their personal problems. She suggested that they place themselves at a physical distance from the artwork in order to really see it and to simultaneously enable decreasing implicit identification with it and increasing emotional distance from it. In the last phase, her aim was to foster the process of silent intuiting and discovering what about the work catches one's attention. In the context of the experiential art therapy groups of this research, different kinds of writing instructions or free associative writing were used to widen the reflections made during observation of the artwork and to document the experiences of the art-making process (Rankanen, 2011b; 2014a; 2016).

The phase of joint reflection and of sharing experiences then normally follows independent reflection. It is important to reflect on both the experiences that occurred during making the art and

during observing the finished artwork with an explorative attitude. Instead of hastening to define meanings or make interpretations, the aim is to enrich observations. According to multiple clients' experiences, some of the most frequently described problems are the therapist's interpretations or fear of the therapist's intrusively interpretative attitude towards artworks (Brooks et al., 2006; Springham et al., 2012; Woods & Springham, 2011). On the other hand, a silent art therapist is easily felt to be unresponsive or judgmental (Brooks et al., 2006; Springham et al., 2012; Woods & Springham, 2011). Instead, clients hope that the art therapist is interested in their personal experiences, views and interpretations of the artworks, and will respect them (Brooker et al., 2006). It is thus crucial that instead of making interpretations, the therapist focuses on inquiring about the client's experiences of the art-making process and visual elements of the artwork that aid in seeing and observing alternative meanings. Betensky's (1987; 1995) 'what-do-you-see? procedure' focuses especially on the joint observation of the visual components (such as shapes, composition and colours) and the therapist's task is to aid the client in verbalising her or his individual perceptions and the subjective meanings that are connected with them. It is thus an excellent tool for joint reflection of finished artworks.

The third useful art-based tool is Lusebrink's (1990; 2004; 2010) ETC model, which has proved valuable for apprehending unique clients' experiences of the art therapy process and the different experiential levels of the art-making process and imagery (Picture 7). In other words, it is an invaluable aid for guiding observation of both the art process and product as well as for verbalising and sharing these reflections. It pictures six psychophysical components that construct continuums of embodied and mental experiences which can be activated during the process of creating or observing art. It is a systemic model that is based on structuring sensory and kinaesthetic experiences, affective and perceptual experiences as well as symbolic and cognitive experiences into continuums, which are embedded in the creative process, visual art-making and artworks. Lusebrink (1990; 2004; 2010) has developed the model based upon her experiential knowledge of art materials and art-making integrated with research-based knowledge of psychophysical and neural information processing to aid understanding of the multiple levels and functions of imagery and visual expression in therapy.

Therapists can use ETC as a clinical tool for constructing an individual client's case formulation which applies in the context of art therapy or for developing tailored tasks and goals that match the preferences and needs of different clients and groups. It aids art therapists' practice of guiding warm-up exercises towards activation of different levels of experience in the attuning phase or choosing questions that help clients to verbalise and reflect upon different aspects of their art-making experiences. It can be utilised both in observing the creative art-making process and finished artworks. The therapist can use the model for recognising the kind of expression and use of art materials that are most natural to each client or for discovering how the art therapy process proceeded between different levels of embodied and mental experiences. In addition, it can aid in noticing if certain experiential levels are dissociated or if there are blocks in the continuity of experiences between different levels. This model also makes visible the embodied and sensory levels of experience, which are often left implicit, and aids their reflection, verbalisation and integration. In all the levels of the continuum, experiences can be both implicit and explicit. In this research, it was used as an explicit process research tool for analysing individual client's experiences during the art-making process in the first part of the study (Rankanen, 2011b).

2.4.3. Assistance for practising new or alternative action procedures and behaviour

The descriptions of artwork's visual elements and experiences of the art-making process are aimed to integrate with personal life experiences or situations mainly during the last phase of a session. However, this integration needs to take place in the reflective space that is in the client's current 'zone of proximal development'⁵, otherwise, it is not useful for the client (Leiman, 1992). Winnicott (1971/1999, p. 51) describes similar requirements for useful interpretations by stating that they need to take place in the overlapping area of the patient's and therapist's mutual and spontaneous play. Outside the area of joint play or the client's capacity to play, the interpretations only produce compliance and confusion or generate resistance and, as a result, are not useful for the client.

It is unique to art therapy that the artworks maintain their material form and remain as concrete documents of the past situation. It is always possible to return and observe them later to see if any change in sensations, perceptions, emotions, cognitions or meanings in relation to the artwork have taken place (Rankanen, 2014b). This offers special opportunities for the processes of 'reformulation – recognition – revision' that Ryle (2005) used for describing the working process taking place in cognitive-analytic psychotherapy. In art, these processes of: (a) picturing problematic experiences in a new way, (b) finding emotional contact and personal insight in relation to problematic issues, and (c) finding, practising and consolidating alternative perspectives and ways to act in relation to problematic experiences can be handled materially and visually in addition to verbal processing. The process of therapeutic change and practising of alternative or new ways to approach situations becomes concrete.

Transformation from being in an object position in relation to problems into an experiencing and choice-making subject is specified as an important goal in CAT (Leiman, 2012). During art-making in art therapy, art makers inevitably move from an object position into a subject position in relation to sensing art materials and their embodied self. Art makers are never only passive objects of treatment but are always active subjects who need to touch and move art materials and can make their own choices. They have power over their own decisions and can affect experiences; in other words, they can practise independent agency. Art offers them the free space to practise new procedures and decision-making and to create alternative solutions. They can try out different kinds of possibilities and material solutions and see how they affect the outcome. When they handle art materials, they can become active and autonomous agents who are in constant contact with the embodied sensations of the material world and they create new meanings during their work. This contact with the embodied and experiential self may be implicit but the art therapist can utilise, for example, the ETC model to aid in making it more explicit and accessible for conscious reflection and decisions. In other words, the art-making process strengthens both the agency and subject position of the art maker in a very concrete way within the therapeutic relationship.

2.4.4. Assistance for change in clients' relationship with problematic experiences

Previous models approached the therapy process by looking at how change can be assisted within the triangular relationship with the help of art and the therapist. They did not focus on the clients' experience of the problems that had brought them to therapy. Now, the perspective is shifted onto the clients' experience and the changes that are needed in their relationship with the problematic issues that cause suffering in their lives. Instead of focusing on reducing the symptoms from which the client suffers, the main aim in psychotherapies and art therapy can be conceptualised as changing the client's relationship with her or his internal experiences, which then also begins to affect her or his relationship with other people and the societal environment. The experience of being helpless and powerless in relation to one's problems can transform into an understanding that one can still have the agency to influence oneself and the world.

William Stiles (2002) has developed a general model of how the assimilation of problematic experiences takes place and what kinds of client experiences are connected with different phases of the change. In it he utilises the cognitive-analytic idea of a dialogical self or multivoiced personality, which is a combination of the voices that have been born in reciprocal relation to early caregivers and in relation to other influential social (and intersubjective) experiences later in life (Stiles et al., 2006). While many of these voices are unproblematic or supportive, the voices related to problematic experiences can cause such intense negative feelings that they need to be dissociated. These dissociated experiences can be triggered and re-experienced, when some embodied or sensed sign reminds the person of the earlier experiences and reactivates them.

However, the problem is not with the voices themselves but with the position that they shift the person to in relation to herself or himself and to other people. These shifts from one state to another can be extremely abrupt and uncontrollable, and cause ruptures in social relationships and overwhelming anxiety in the person herself. Attempts to control these uncomfortable situations then begin to restrict or distort the person's life and possibilities. Again, when the problematic voices are assimilated – and no longer dissociated – they become more adaptive and flexible so that there is no longer any need to control or escape them.

Stiles and colleagues (2006) describe how the process of assimilating dissociated voices becomes possible by building new signifying bridges – by binding new, more flexible meanings to the problematic voices. These moments of insight are affectively charged, for they concern emotionally painful or problematic experiences, which then become integrated with new cognitions (Stiles et al., 1992). This can make new response patterns possible and reduce problematic or extreme responses. These new meaning bridges are first created within the therapeutic relationship and interaction, when the client aims to picture, describe or name the problematic patterns or positions. In successful therapy, the client proceeds from recognising the problematic experiences into understanding and transforming them into new patterns. In art therapy, this process of picturing, becoming aware and transforming takes place within triangular interaction, and new meanings are created both in relation to art and in relation to the therapist (Rankanen, 2011b; 2016).

The assimilation model has eight levels, numbered from zero to seven, and the starting point for the change process depends on each client's unique situation (Stiles et al., 2002). Also, the level of outcome is dependent on both the starting point and on the experiences that are accessible at each moment and possible to reach in the zone of proximal development. At the zero level, the client is unaware of the problem, which is dissociated from conscious awareness. At level number one, the client is actively avoiding thinking about the problem but experiences intense negative effects, disturbing thoughts and images that might not seem to have a clear connection with any cause. At level number two, the client becomes aware of the problematic experience and can feel intense psychological pain or panic but is without the ability to avoid it, give it form or understand it. At the level number three, the problem gains form, becomes pictured and the client can recognise it. The client's feelings are negative but not overwhelmingly panicked or extremely unbearable. In the phase number four, the client gains an insight or builds a new meaning bridge to the problematic experience, which can now be looked at from different perspectives. In this phase, emotions can be mixed or shift between negative and positive feelings. Working through the problem takes place in phase number five, and it consists of exploring the experience from alternative viewpoints and in relation to different situations. Emotions change to take on more optimistic and positive tones. Rewarding experiences of resourcefulness, empowerment and finding flexible solutions are connected with phase number six. In the last phase, the relationship to the problematic experience has been transformed and it is integrated into the client's self-regulative processes.

The triangular relationship has special advantages for this process of assimilating problematic experiences, which also become evident in the results of this study. While people often come to therapy feeling that they are helpless and paralysed with their problems or are facing a dead end which narrows their perspective, art makes it possible to widen their current qualities of experience and direct their perceptive awareness outside themselves. This can aid self-regulation and coping during those moments when their emotions would be otherwise unbearable.

In addition, art is not a mere technique and the works created are not only the tools of therapy – art has its own independent and concrete form of existence (Grainger, 1999, p. 11). Even though the artworks reminded us of something and have a particular meaning for us or make us aware of specific issues, they also always exist as concrete, singular objects. We have of course made them, but after or while making them, they turn into objects of an outside reality, separate from ourselves. We can observe them, get to know them or greet them as individual objects – not only as parts severed from us – and therefore they make it possible to create a connection and dialogue between oneself and others (Jacoby, 1999). The otherness of a work of art is important because it makes it possible to create a connection with the world outside oneself as well as to transform the quality of this relationship. Furthermore, art is a communication tool that both includes expression and bears meanings in itself, which means that material does not only transmit expressions or thoughts but constitutes an important interactive partner that shapes new significances (McNiff, 1998, p. 70). Concrete and workable art materials thus have a major impact on transforming the significance of experiences.

[5] This concept was first introduced by cultural psychologist Lev Vygotsky for describing the area that children could reach with adult help. It describes the area of learning and development that children cannot yet reach on their own but wherein they can learn to function together with another, more experienced person and a little later, independently. Mikael Leiman (1992) began utilising this notion in the context of CAT to make a distinction between when the therapist's interventions are useful and the client is capable of utilising them and when they are not useful – thus, they target goals located beyond the current zone of proximal development.

3.
research
design

3.1. Research data and methods

This chapter begins by giving a brief overview of the data and methods used in the four different articles (Rankanen, 2011b; 2014a; 2014b; 2016). It then describes the research methods that are used in each separate study in a more detailed way (Picture 5). Following Elliot's (1991) suggestion for qualitative process research, the five dimensions of the chosen framings are explicated for each study. Who is the observer, who is being observed, the unit and aspect that are being observed, and the phase of therapy are clarified. This transparency regarding the research settings and analysis of the data aims to increase trustworthiness and to enable critical reading (Kapitan, 2010, pp. 16–19). Simultaneously, ethical issues are considered. As a whole, this research triangulates multiple different sets of data consisting of:

1. participants' written narratives describing their experiences;
2. pictures that were made during the art therapy process and that they have found significant;
3. descriptive and rating answers to the open and structured questions in a web-based follow-up survey;
4. the therapist's notes and;
5. transcriptions of two tape-recorded discussions between therapist and client.
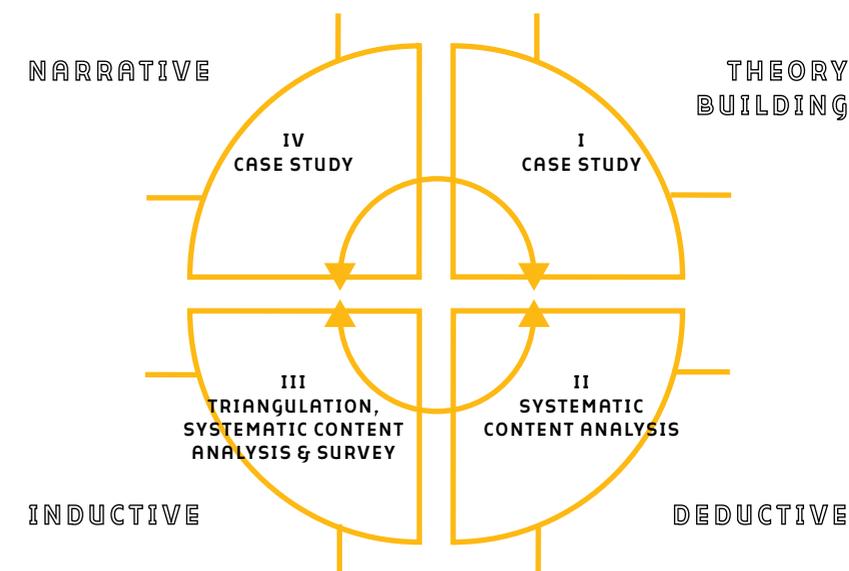
PICTURE 5. Multiple research approaches and methods are triangulated in the research. This picture clarifies the approaches and methods that are applied in each of the four parts of the study.

The first and the fourth articles are case studies that each focus on one client's experiences of art therapy (Rankanen, 2011b; 2014b). They both use pictures that the clients' have found important or memorable and the clients' narrative descriptions of their experiences. In addition, the fourth article utilises notes that the therapist has written immediately after the actual therapy sessions and transcriptions of tape-recorded discussions between the therapist and client from two different times. In both case studies, the research approach

is descriptive but the theoretical approaches through which the therapist views the client's experiences are different and focus on different aspects of the experienced therapy process and outcome. The first focuses on analysing the psychophysical aspects within the client's art-making process and within her experiences of observing the artwork (Rankanen, 2011b). The second focuses instead on analysing the dialogical aspects of the client's internal experience through the intermediate experiences between the client and her art and on the intersubjective experiences between the client and the therapist (Rankanen, 2014b).

The clients on whose experiences these case studies are based both gave their permission to use the obtained research materials by signing an informed consent. The clients also participated in the research process by reading, commenting on and accepting the drafts of the articles. By sending the drafts by e-mail and giving time for reading, commenting and for pondering if they wanted to continue to give their informed consent – in the first case, after the work was finished and in the other case, on four different occasions during the two-year long analysing and writing process – the practitioner-researcher aimed to respect the clients' authentic voices and ensure ethical handling of their narratives as well as double check the trustworthiness of the analysis in relation to the clients' personal experiences (Elliot et al., 1999; Johnson & Onwuegbuzie, 2004). Both clients recognised their experiences, wished to continue giving informed consent and did not feel they had been interpreted falsely.

The second and third articles utilise parts of the same shared narrative data written by experiential art therapy groups' participants (Rankanen, 2014a; 2016). However, in the third article the amount of data is larger and 68 narratives from 12 different groups' participants are analysed compared with 36 narratives from eight groups in the second article. In addition, the third article also triangulates the narrative data with responses to an anonymous self-report questionnaire (N = 51) obtained using a web-based survey (Rankanen, 2016). For qualitative analysis of the participants' narratives, both articles utilised computer-aided systematic qualitative content analysis using the Atlas.ti RT program. However, the methods of coding and the aims of the analysis differed from each other. In the second article, the data was approached deductively with the help of a 'categorisation matrix' (Elo & Kyngäs, 2008). The aim was to code the positive, contradictory and negative descriptions of participants' experiences during the different phases of the art therapy group process and to eventually structure the descriptions identified into data-driven themes (Rankanen, 2014a). In contrast, the qualitative content analysis in the third article was conducted in an inductive style, and it aimed to code the varying outcomes that participants described following the experiential art therapy group (Rankanen, 2016). The confirmability and credibility (Guba, 1981) of the themes identified were then further tested by developing a questionnaire and by conducting a follow-up survey that enabled triangulation of the research data and methods.

The data for the first three articles were gathered retrospectively from the self-referred participants of one-year long experiential art therapy groups, which were conducted in an adult educational context (Picture 6). These groups were organised around Finland by the Open University of the University of Art and Design in co-operation with multiple local summer universities. In its entirety, 12 groups were conducted between 2003 and 2009 and 12 participants were enrolled in each group in the order in which they applied. The groups were biased in gender and

ethnicity; most of the participants were female and originated from Finland. However, the socio-economical background of the participants varied because the groups were reasonably priced and that enabled participation for most people regardless of their income. This made it possible for students, unemployed and retired people to participate in addition to the working population.

The group participants were heterogeneous concerning their personal reasons and aims for their participation in the groups. Some had different somatic, social or psychic problems or varying personal or life crises, which they wished to reflect or handle. Others had a professional background in education, social care or healthcare and wished to develop professionally, grow personally and develop their abilities for self-reflection and self-understanding. During each enrolment, the groups quickly became full of participants and not all of the people interested could participate. The participants who were fast and got into the groups were probably highly interested and motivated to engage in the experiential art therapy process. This was also reflected in the low number of drop-outs, only 11 of a total of 124 participants discontinued before the end of the year. Of the 113 people who finished the groups between 2003 and 2009, 90 participants signed and returned the informed consent by post, giving permission to use their narratives for the research retrospectively in autumn 2009. Each of the first three articles used a different selection of this qualitative data (Rankanen, 2011b; 2014a; 2016).

III A FOCUS OUTCOME
- Data: Clients' narratives (N = 68)
- Qualitative content analyis
- Data: Self-report questionnaire (N = 51)
- Follow-up survey
- Triangulation
- The experienced impacts of art therapy
- The qualities of influencing processes

II A FOCUS ON PROCESS QUALITIES IN DIFFERENT PHASES
- Qualitative content analyis
- The positive, contradictory or negative quality of the process
- The phase of the process (architecture)

I A FOCUS ON PSYCHOPHYSICAL PROCESS QUALITIES
- Data: Client's narratives (N = 1)
- Data: Client's pictures
- A theory-building case study
- Art therapy process experiences
- The quality of psychophysical experiences during therapeutic art-making and reflecting image (ETC)

PICTURE 6. The data of the first three articles were gathered from the same context of practice, but each of the articles used a different selection of data and different methods of analysis. Each of the articles focused on analysing clients' experiences from a different perspective. This picture presents how these three articles frame their focus, how many participants' experiences are analysed and which research methods are used.

3.1.1. The first article: A focus on the psychophysical experiences of the process

The first article utilises a 'theory-building case study' (Ribeiro et al., 2011), in which a unique participant's pictures and narratives of her working process taken from two consecutive therapy sessions are analysed (Rankanen, 2011b). The client wrote her narratives in a personal diary immediately after the 17TH and 18TH session, where the explored process occurred. She was recovering from being seriously depressed and on leave for her illness, and she had already gone through multiple years of individual psychotherapy, which was in the ending phase. Thus, she had already worked hard with her issues for a long time and was recovering well at the time. As a whole, the experiential art therapy group lasted for one year and consisted of 28 four-hour long sessions and at the time the therapist had no intention of researching the client's experiences but was only conducting her normal practice. Instead, the client wrote the narratives as a routine part of her private art therapy process diary and independently chose to share these writings with the therapist for the first time at the end of the year, when they were closing the art therapy process. Only more than two years after the therapy had ended was the decision to conduct retrospective research made and an informed consent form sent by post to the former client, who decided to sign and return it.

Even if the data in this article is framed to consist of only a single person's experiences, the context in which her process took place was in one of the experiential art therapy groups that are more thoroughly described in the previous chapter. The focus of the analysis is specifically in observing her descriptions of intermediate experiences during the art-making process and in defining what kind of kinaesthetic, sensory, perceptual, emotional, cognitive and symbolic levels can be found in her creative art therapy process. In the analysis of the client's description of her art-making process experiences, Lusebrink's (1990; 2004) systemic ETC model is utilised (Picture 7). Following the specific attachment-related traumatic nature of the described issues that are worked through in this unique client's process, connections between the ETC and attachment theory, embodied cognitions and sensorimotor trauma therapy are also drawn. The client's personal experiential perspective on her therapeutic art-making process and her own story thus parallels the therapist-researcher's conceptual viewpoint with which she aims to describe and understand something of the specific therapeutic aspects of the embodied and mental process that took place during the client's art process. At the same time, there was a methodological aim to tailor the model of the ETC into an even more flexible method for describing and studying individual art therapy processes and clients' experiences.
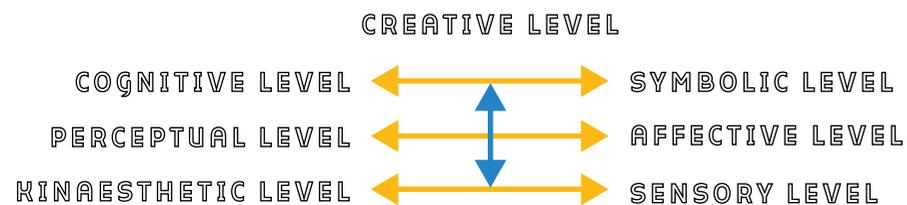
PICTURE 7. Lusebrink's (1990) original model of the ETC, which was used as a method of process analysis in the first part of this study. It pictures the levels of information processing and experiences that can be present in visual expression and imagery. This systemic model is built of three horizontal continuums, which are structured above each other according to the sequence of childhood development, and a fourth vertical level, which pictures how the creative process can be present in any of the previous levels or become experienced in a synthesis between one or more levels.

3.1.2. The second article: A focus on experienced processes in different phases

The data in the second article consisted of 36 participants' writings about their experiential art therapy group process experiences (Rankanen, 2014a). These narratives were written retrospectively at the end of the year while reviewing personal diaries and artworks from all the sessions. To aid the process, the therapist had given written instructions on how to conduct the process of reviewing, reflecting upon and writing about the process but it was emphasised that each participant could still freely adopt any kind of way that suited them best. The aim was to enable reflecting upon and closing of the process experienced. Each participant wrote their texts independently at home and posted it to the therapist. Again, the therapist only decided to research these narratives afterwards and only sent the informed consent form to the participants after a period of time that ranged from half a year to five years since the end of each group. Of the 53 signed informed consent forms that were received, those 36 participants' narratives that were written on a computer were included in the analysis. All these narratives were loaded into the Atlas.ti RT program, which was used for systematic coding and searching for meaning units from the large mass of text.

To enable the systematic coding of the data, a categorisation matrix for coding was created (Table 8). The previously-described methodological tool (Chapter 2.4.) for structuring an art therapy session, originally developed by Knill (2005), was utilised as a theoretical base from which the model of different phases of experiential group art therapy was further developed. Each of the phases is connected with a different kind of working method and aims related either to contact and presence, creative process, art-making, group interaction, verbal expression or reflection, or the closing of experiences (Rankanen, 2014a). At the same time as the participants' writings were coded according to the phase of the session that each coding unit described, the quality of each description was coded as positive, contradictory or negative. Initially, the intention was to code only the positive and negative experiences, but it soon became very clear that the data contained a large number of contradictory descriptions in which positive and negative aspects were intertwined and the contradictory code was added to the coding table.

PHASE OF THE ART THERAPY SESSION	POSITIVE	CONTRADICTORY	NEGATIVE
1. BEGINNING			
2. ATTUNING			
3. ART-MAKING			
4. REFLECTION			
5. SHARING			
6. ENDING			

TABLE 8. The categorisation matrix that was developed and used for systematically coding and analysing the quality of each text segment. Each quoted meaning unit from the participants' writings was coded both according to the phase of art therapy that it described and according to the positive, contradictory or negative quality of the experience described.

After coding, several searches were made by combining each of the six coded phases of the session with each of the three qualities described. The text segments identified were then reread and further organised in data-driven subgroups using inductive reasoning (Egberg Thyme, Wiberg, Lundman, & Graneheim, 2013; Elo & Kyngäs, 2008; Graneheim & Lundman, 2004). The analysis of the data proceeded in three phases. In the first phase, it aimed to give an overview of the frequency with which positive, contradictory or negative qualities were described in connection with the different experiential phases of the process. In the second phase of analysis, the quality of these experiences was observed more closely. The content was condensed into meaning units and grouped into categories. In the last phase of analysis, more general positive, contradictory and negative themes were built from these categories.

3.1.3. The third article: A focus on experienced impacts

Two different sets of data were triangulated in the third part of the study (Rankanen, 2016). The first qualitative set of data consisted of a wider sample of narratives from participants (N = 68) in the experiential art therapy groups, which were at this time coded inductively without a categorisation matrix and analysed from a different perspective to the second study (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). However, the method of computer-aided systematic content analysis was again used for handling the narrative research material (Lieblich, Tuval-Mashiach, & Zilber, 1998).

In the first phase, all the quotes that described experienced outcomes from 36 participants' texts were coded with the aid of the Atlas.ti computer program. In other words, only those text segments that described experienced outcomes following from participating in an experiential art therapy group were coded (Elo & Kyngäs, 2008). Next, these quotes were inductively grouped into data-driven descriptive categories (Graneheim & Lundman, 2004). In the second phase of the qualitative analysis, the same procedure was used for coding and grouping the remaining 32 narratives. Thus, these codes were searched and their content was systematically analysed in two separate sets aiming to increase the internal credibility of the coding and analysis (Pénzes et al., 2014). Finally the results of these two sets of analysis were compared and similar themes were grouped together (Hsieh & Shannon, 2005).

After the qualitative analysis, a second set of both qualitative and nominal quantitative data was gathered by developing and using a Webropol RT web survey platform. For conducting the survey, a self-report questionnaire – which consisted of both open and structured questions inquiring into the influences that art therapy had had on the participants as well as the anticipated reasons for these impacts – was developed on the basis of the descriptive categories that had been identified in the qualitative content analysis. The questionnaire was first piloted by two people who had participated in art therapy groups and it modified according their suggestions. Subsequently, three professionals were consulted to gain feedback and comments on the questionnaire, which was then modified into its final form. These strategies of member checking and collaboration with colleagues were used to overcome the restricted perspective of a single researcher and to increase trustworthiness (Guba, 1981; Johnson & Onwuegbuzie, 2004; Pénzes et al., 2014). The informative letter and anonymous link

for the survey was then sent by e-mail to 80 participants of the groups, of whom 51 answered the questionnaire, raising the response rate to 63.75%. The survey could not be send to all of the participants because some of the addresses were lacking. However, considering that the time span between participating in the group and receiving the link for the self-report survey varied between five to ten years the number of responses received was very good.

The analysis of the answers to the structured questions was conducted with the tools that are embedded in the Webropol RT survey and which enable calculation of the percentages of each response category as well as the mean and median of each item. Further statistical analyses were not conducted. Instead, a descriptive analysis was conducted. Answers to the open questions were analysed inductively and organised in categories according their content. In the final phase, the results from the qualitative content analysis were compared and combined with both the qualitative and quantitative results from the survey (Hsieh & Shannon, 2005).

3.1.4. The fourth article: A focus on the dialogical qualities of the process

The qualitative data in the fourth article differs from the three previous parts of the study because it is gathered from an individual art psychotherapy context and places the therapist's narratives and voice in dialogue with the client's experiences (Rankanen, 2014b). The data consists of five pictures (which the client has chosen), the therapist's notes (which are written immediately after the therapy sessions in which the pictures were made) and of two voice-recorded and transcribed discussions from two separate sessions between the therapist-researcher and client (Picture 8). These discussions differed from each other. In the first, the therapist-researcher asked the client to describe the pictures she remembered from the course of the therapy. Due to her serious depression and psychic suffering, she had problems with her memory and only remembered five of the numerous pictures she had made during her past two years in art therapy. Interestingly enough, all of the five pictures were from a time at the beginning of the therapy about which she could not otherwise recall her life. In their later discussion, the therapist-researcher and client returned to concretely view these pictures and the client could compare her memories with the experience of observing the actual images.

In the chosen methodological approach to data gathering there are similarities to reflecting on interviews using audio-image recording (AIR), developed for the purposes of both practice and research (Springham & Brooker, 2013). In AIR the service user picks two important images and the therapist video-records the interview with a still picture of the artworks. The aim is to recognise which experiences the service user valued and connected with the therapeutic changes experienced. The method has been used to evaluate clients' experiences of the impacts of art therapy in practice and to gather data for analysing the mechanisms of change and qualitative outcomes in art therapy research (Springham & Brooker, 2013).

The client, whose experiences this article explores, suffered from major depression, overwhelming anxiety and uncontrollable changes in her experiences causing, for example, distorted perceptions, inability to move and extreme restlessness. In addition to art therapy – which took place in private practice and was self-referred – she was continually supported by psychiatric care and

supported housing. At the time of the research process, the client was also participating in other research projects at a psychiatric hospital. Because of the client's fragile psychic state, constant ethical monitoring and consideration during the research process was of primary importance. It was made very explicit for the client that she was free to withdraw from the research at any point, and her informed consent was asked anew every time the research proceed to the next phase. The research process began almost two years after the therapy had begun and the first interview was conducted after 96 sessions had taken place. The second interview took place four months later and a year before the therapy ended after 128 sessions and more than three years. She gave her final consent two months after her therapy had ended and the article was finished for its final submission, meaning that the collaboration for the research project lasted 18 months altogether. This kind of prolonged engagement and consistent member checking is one of the important strategies for increasing the credibility of the analysis as well as confirming the ethical approach (Guba, 1981; Pénzes et al., 2014).

As a method, the fourth part of the study uses a multi-method narrative case study, which enables exploring the rich qualitative data from the perspectives of both therapist and client at different times (McLeod, 2010; McLeod & Balamoutsou, 1996). By placing the therapist's notes and client's images from the original sessions in relation to their later discussions during recalling or observing the images, it becomes possible to compare continuities and changes in the process. In the focus of observation are both the process and impacts of individual art therapy, which are explored by applying theoretical concepts derived from CAT (Leiman, 1992; Hughes, 2007; Ryle & Kerr, 2002). The multiple levels of art therapy-specific embodied and material dialogues are described and analysed using the notions of dialogical positions and reciprocal roles (Leiman, 1997; Ryle, 1985). In addition, the therapist-researcher aims to understand something of the nature of the client's uncontrollable and fragmented experiences by applying the notion of self-state in the context of art therapy (Ryle, 1985). The analysis of the transcribed narrative material was also once peer debriefed by an experienced cognitive analytic psychotherapist to avoid the single researcher's biased perspective (Johnson & Onwuegbuzie, 2004; Morrow, 2005; Pénzes et al., 2014).

92   93
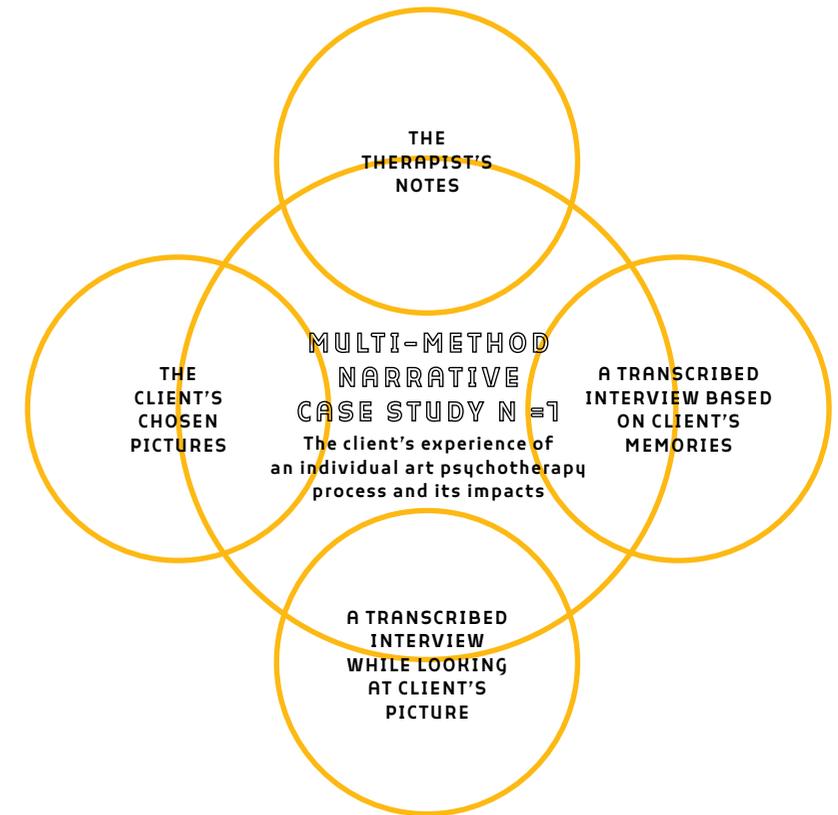
PICTURE 8. The data for the fourth part of the study is gathered from an individual art psychotherapy context. It is a multi-method narrative case study that utilises and triangulates rich data derived from both the therapist and the client and from their interaction. It aims to describe multiple perspectives on the process and impacts of the individual art psychotherapy process by focusing on intersubjective, material and internal dialogues. It applies cognitive analytic notions as a tool for analysing the varying dialogues that are experienced by the client during the art psychotherapy process.

4.

the
results

4.1. A brief summary of the results

Firstly, some of the main results of this research in relation to the central objective of exploring the quality of clients' experiences of art therapy are briefly elucidated. The central results of each article concerning clients' experiences of the art therapy process and its impacts are summarised and briefly presented. In what follows, those chosen findings that are related to the more framed research objectives and sub-questions posed are introduced (Table 7).

The second chapter, which is based on the findings of the first article, argues that changes both in the controlling and spontaneous way of art-making and in the embodied and material aspects of the creative process enabled a transformative mental process that the individual client felt was significant in art therapy (Rankanen, 2011b). The third chapter is based on the fourth article and continues with an individual focus but this time framing the client's art therapy experiences from a dialogical perspective instead of looking at them through the creative process (Rankanen, 2014b). Art-therapy-specific layers of material and embodied intrasubjective, intermediary and intersubjective dialogues are presented in order to understand the unique features of the integrative process that can take place in the triangular relationship. The client's fragmented and dissociated experiences become pictured and observable. Instead of focusing solely on individual art therapy experiences, in the following three chapters the perspective changes from individual processes to a group context.

The results presented in both the fourth and fifth chapters are based on the findings of the second article (Rankanen, 2014a). The fourth chapter focuses on illustrating the multileveled ingredients in group art therapy that the participants described as positively or therapeutically influential in the different phases of the process. A novel kind of display – which places these processes in a triangular pyramid of client, art, group and therapist – is developed in order to clarify the many sources that impact upon the client's experiences in an art therapy group. Simultaneously, the unique qualities of art-therapy-specific processes become perceivable. The fifth chapter focuses instead on the therapeutic change processes. As a result of clients' descriptions of contradictory and negative experiences in the different phases of the process, it is possible to define categories for both hindering and aiding art therapeutic processes.

The sixth chapter summarises the main findings of the third article (Rankanen, 2016). It continues to focus on art therapy group participants' experiences and makes explicit what kinds of impacts they describe after participating in art therapy. It argues that art therapy has both shared and unique influences on clients' experiences of therapeutic outcomes compared to verbal psychotherapies. The seventh chapter reviews the research unity and discusses its limitations and strengths. Issues of trustworthiness are also considered. In the last chapter, the possibilities for practical applications and research implications are reflected upon.

4.1.1. Clients' experiences of the art therapy process

As a whole, this research aims to clarify how clients experience the art therapy process and its impacts, and which ingredients affect the quality of those experiences. The single client's descriptions of their experiences that are introduced in the two case study articles are here

reviewed by the therapist-researcher with the help of an assimilation scale (Stiles, 2002; Stiles et al., 1992) that aids in understanding how their relationship to problematic experiences changed during the art therapy intervention (Rankanen, 2011b; 2014b).

The results of the first case demonstrate how attempts to handle difficult experiences by making art can either strengthen the emotional experience of being in a helpless position in relation to traumatic memories or change it into an empowering experience of being in an agentic position, in which the relation to traumatic memories can change with the help of personal creativity and resourcefulness (Rankanen, 2011b). It argues that the embodied and mental qualities of aesthetic experiences, which become activated during the creative art-making process, can either have specific therapeutic influences or block the process. When a playful and spontaneous approach to art-making is found, the client's mental relationship to the traumatic memory also becomes more flexible and change in perspective possible.

Furthermore, a novel link between the experiential psychophysiological aspects of the creative process and therapy process is made in this summary part by claiming that both experiences of internal change and of developing self-agency are based on a perceptual feedback loop that is activated during making art and observing artworks (see section 4.2.3.). Thus, the triangular working alliance of art therapy requires that not only interpersonal ruptures but also blocks in the creative process need to be resolved to enable the process of change.

Based on the findings of the second article (Rankanen, 2014a) that focused on the art therapy group participants' experiences, it is argued that if participants are confronted by challenging experiences during the process and if these experiences are explicitly reflected upon, they become central helping experiences (see section 4.5.1.). In contrast, if they are left in a negative emotional state without the time or ability for self-reflection and without intersubjective acknowledgement or individually matching support for reflection on the experienced frustration, vulnerability or incapability, these experiences become hindering processes that prevent successful outcomes (see section 4.5.2.). Similar conclusions can be drawn from the data and results of previous art therapy studies, in which clients' experiences of the therapists inability to recognise and make contact with the client's unbearable emotions or anxiety, clients' experiences of unsupportive or unresponsive groups and clients' fears concerning imperfection or emotional vulnerability have been related to experienced negative outcomes (Haeyen et al., 2015; Melliar & Brühka, 2010; Uttley et al., 2015; Wood et al., 2013; Woods & Springham, 2011; Zubala, 2013).

The findings of the other single case study enable demonstration of the importance of the embodied and material handling and observing of art for the process of psychological integration or assimilation of problematic voices (Rankanen, 2014b). The process of concretely observing and finding new perspectives on the reciprocal dialogues that are embedded in art also began to gradually develop the skills and flexibility of mental reflection. Gaining flexibility in a reflective position is especially demanding for those clients whose experiential world is fragmented and who suffer from amnesia. Instead of relying solely on abstract and disappearing words, art expression, which sustains its material form, is an important partner for reflection. The main focus in this article is on understanding the specific dialogical qualities that the client could experience during the art therapy process. In addition to listening to the reciprocal qualities of intrasubjective and

intersubjective dialogues, art materials and artworks also had multiple voices that could be heard. These art therapy-specific dialogues that embodied and material interaction in a triangular relationship enable can be summarised on three levels: dialogues during art-making, dialogues within artworks and dialogues between the observer and the artwork (see section 4.3.1.).

The findings of current research reinforce previous results from qualitative process studies that claim that the psychotherapy process and its impacts are entwined and unique in their quality (Nilsson et al., 2007). Different individuals can have dissimilar experiences of the same phases of art therapy, of uniform working methods or of similar interaction, which conveys that while some experience them as rewarding, others find them indifferent, challenging or even overwhelming (Rankanen, 2014a). On the other hand, on the basis of findings from the second and third article, a large number of experiences about the qualities and influences of art therapy process are also shared by multiple art therapy group participants (Rankanen, 2014a; 2016). To enable a more abstracted description and understanding of these complicated processes and their influences, a novel model for a working alliance in group art therapy is developed in this summary part (see chapters 4.4. and 4.5.). Application of this new conceptual model of a triangular pyramid allows a more general definition of the ingredients that affect clients' experiences during the group art therapy process. In sum, the present research specifies previous descriptions of the processes that clients find particular to art therapy and signifies the importance of creativity and art as central aspects of interactive relationships in art therapy.

4.1.2. Experienced impacts of art therapy

After participation in experiential art therapy its impacts were largely experienced as positive or highly positive (Rankanen, 2016). In the long time follow-up self-report survey – which was part of the third part of the study and conducted five to ten years after participation in the experiential art therapy groups – 98% of the respondents had experienced a positive impact on their psychological health, 82% had experienced a positive impact on their social relationships, and 67% had experienced a positive impact on their physical health (Table 9). Only one person of 51 participants had experienced a negative impact on their social relationships. However, the results from the educational context are by no means representative of art therapy in clinical settings or inpatient care because all the participants were self-referred and represented the general population. Still, they do give some idea of the preventive capacities and resources that art therapy groups can foster on the psychological, social and even physical levels. Furthermore, 55% of the participants who filled out the self-report follow-up questionnaire had had some previous experience of participating in psychotherapy, counselling or arts therapies (Rankanen, 2016). Also, the participant of the clinical case study felt that art psychotherapy was a very suitable form of therapy, one which enabled her to become aware of, express and reflect a wider spectrum of emotional experiences than solely handling her issues verbally (Rankanen, 2014b).

ART THERAPY AFFECTED MY:	1 HIGHLY NEGATIVELY	2 NEGATIVELY	3 NO CHANGES	4 POSITIVELY	5 HIGHLY POSITIVELY	ANSWERS	MEAN	MEDIAN
PHYSICAL HEALTH	0%	0%	33%	57%	10%	51	3.8	4
MENTAL HEALTH	0%	0%	2%	57%	41%	51	4.4	4
SOCIAL RELATIONSHIPS	0%	2%	16%	63%	19%	51	4	4

TABLE 9.
Art therapy group participants' (N = 51) ratings in a follow-up self-report questionnaire conducted 5–10 years after their participation in a year-long experiential art therapy group (Rankanen, 2016).

In addition to the descriptive statistic results, the qualitative impacts that participants experienced after art therapy, can be represented as six descriptive themes that are summarised from the triangulated analysis and findings of the third article (Rankanen, 2016). The main impacts following participation in an experiential art therapy group were new skills for playful self-exploration, an increased capacity for self-reflection and gained insights (see section 4.6.1.). These are connected with the aims of an integrative approach to affect the quality of self-reflection and increase the ability for reflective awareness (see chapter 2.4.). Another core aim – to assist clients' expression – is connected with those findings that are related to art experiences: the positive impacts of self-expression, flow, inspiration and resources (see section 4.6.2.). In addition, the aim of assisting clients' expression is also connected to those findings that are related to emotional experiences: increased emotional awareness, expression and the handling of difficult emotions (see section 4.6.4.). There were also important impacts on abilities that are related to changes in the assimilation of problematic experiences, namely in the developed capability to face, reflect on and handle past experiences that evoke difficult emotions as well as increasing flexibility in reflecting on future possibilities (see section 4.6.6.). Additional themes were connected with positive changes in relation to oneself and in social relationships. Experiences of social acceptance and intersubjective mirroring, as well as increased awareness and acceptance of oneself and others, were significant for the participants (see sections 4.6.3. and 4.6.5.).

4.2. The transformation from embodied material into perceived meaning

The first article explores how art experiences affect the client's therapeutic process and change by applying the method of a theory-building case study (Rankanen, 2011b; Ribeiro et al., 2011). It argues that the embodied creative art-making process has central importance for the therapeutic influences experienced because it enables activation and therapeutic changes at multiple experiential levels, from movement and touch to visual perception and emotions as well as in thoughts and meanings. The case describes both visually and verbally how the different experiential levels of a particular client's unique art process influenced her therapeutic process and working through traumatic experiences connected with childhood attachment. In what follows, the main findings are summarised and integrated with the theoretical premises of the thesis as a whole.

4.2.1. Experienced changes and blocks in the art therapy process

The first article describes how transformations in client's embodied, material, emotional and perceptual experiences during the creative process effected a therapeutically significant change in her personal meanings (Rankanen, 2011b). As a result, both the changes in her experiences and the ingredients that hindered the experiential process from proceeding are structured with the help of a systemic ETC model (Lusebrink, 1990; 2004; Hintz, 2009). In addition, links between the qualities of the art-making process and theories of embodied cognition and trauma are made explicit (Gibbs, 2007; Johnson, 2009; Litz & Salters-Pedneault, 2007; Siegel, 2007).

It becomes evident that in art therapy, not only intersubjective ruptures but also blocks to entering creative art making or immersing oneself in a spontaneous process can hinder getting in touch with emotionally charged, problematic issues and proceeding with therapeutic changes. The experienced blocks to the client's creative process and her ways of overcoming or managing these hindrances are described and their connection with the course of her personal therapeutic process are explored and clarified.

This case study builds a picture of the special impacts of art therapy, where art making has significance as an integrating process between functions of mind and body regarding the client's intrasubjective relation to her experiences (Rankanen, 2011b). The process can thus be contextualised as taking place in the intermediate zone of her experiencing, which is a specific area of creativity and playfulness where the connecting of internal and external experiences becomes possible (Winnicott, 1971/1999). The change in her way of making art and use of art materials also creates changes in her internal relations to mental 'objects' or internal reciprocal roles (Ryle, 2005). However, important links between the implicit enabling qualities of an intersubjective therapeutic relationship and the capacity to create a trusting, relaxed, spontaneous and playful space in art therapy can be drawn on the basis of previous research (Franklin, 2010; Schore, 2000; Schore & Schore, 2007; Winnicott, 1971/1999), even if this article did not explicitly focus on the interpersonal aspects of the process.

4.2.2. Parallels between art processes and assimilation processes

When reviewing this case retrospectively, an interesting parallel with the stages of the assimilation process can also be found (Stiles, 2002; Stiles et al., 1992; 2006). At the beginning of the process, the client describes her avoidance of her early traumatic experiences or her overwhelmingly emotional and anxious relationship with them. It makes her feel helpless and uncontrolled, and these emotions are repeated in her experiences of art making and observing the artwork. The resemblance of the client's description to both the second and the third level of the assimilation scale – where the avoided experience first awakes intensive psychological pain before it gains form and becomes pictured and recognised – is evident (Stiles, 2002).

In the next session, when she continues facing and handling her painful experiences by changing her cognitively controlling approach to art making into spontaneous dialogue with art materials, she simultaneously creates a new kind of experience in relation to the emotionally challenging memory. She gains a new kind of experience of coping with the memory and with the emotions it awakens in the present moment. She gains a sense of agency in relation to her traumatic experiences. Instead of experiencing being in a powerless position in relation to the overwhelming emotions awakened by the traumatic memories, she gains a new kind of subject's position in relation to them. By having the courage to use sensory art materials in a spontaneous way she creates new possibilities and resources for managing with the painful emotions.

Spontaneous art-making enabled simultaneous work with the personal creative resources and with the traumatic memories, which turned into a 'significant moment of change' (Levitt & Piazza-Bonin, 2011) for the client. It seems that the client carried on processing her emotional relationship with the traumatic experience between the two sessions, which aided her rapid movement through the fourth and fifth phases and into the sixth phase of the assimilation scale during a single session (Stiles et al., 2006). During her art-making, she created a new meaning bridge between her current capacity to be present and caring for the previously emotionally abandoned and lonely child – an insight which changed her internal perspective on the traumatic experiences. This experience of agency in relation to a previously helpless position became possible in the intermediate zone in the process of spontaneous art-making and in the creative solutions she could make. It provided her with rewarding experiences of resourcefulness and empowerment. In addition to the assimilation model, this process can also be linked to the second phase in the three-phased model of trauma therapy, according to which traumatic experiences are processed simultaneously with focusing on personal coping resources after the initial stabilising work (Ogden et al., 2006).

4.2.3. Contextualising art therapy process experiences in an intermediate area

As a result of this theory-building case study, Lusebrink's (1990; 2004; 2010) systemic model was further modified into a process research tool that enables observation and description of experiential qualities at different embodied and mental levels within unique clients' art experiences (Rankanen, 2011b). Some specific aspects of the embodied and mental processes

that can be experienced at each level are made more explicit. Instead of placing all sensory experiences on the bottom level of the model, the 'close senses' and 'distance senses' are separated at different levels with the current modification (Picture 9). Furthermore, the focus on the sensory end of the kinaesthetic-sensory bottom level is here restricted to exploring different experiential aspects concerning tactile sensations and touch because touching is one of primary senses that is always activated by the use of different materials in art-making. On the perceptual-affective middle level, a similar kind of framing is applied for the perceptual end of the continuum, which now focuses specially on perception of visual elements instead of including all different perceptive modalities in the model. This actually follows Lusebrink's (1990) original formulation and clarifies the model conceptually for the purpose of examining clients' art therapy process experiences because it is otherwise extremely difficult – if not impossible – to experientially separate sensation and perception from each other in sensory experiences.

The idea that intermediate art-making binds together expressive and internal experiences resonates with current ideas of a perceptual feedback loop, wherein perceptual systems are understood to enable co-perception and the distinction of environment and self by simultaneously sensing exteroceptive and proprioceptive perception (Butterworth, 2000). Proprioception can be defined as a mechanism of self-sensitivity that occurs in all perceptual systems and aids in differentiating self from the external environment and is thus important for conceptualising how a sense of self persists or changes (Butterworth, 2000). Art-making and aesthetic experiences are always sensory functions that activate both exteroceptive perception when expressing experiences and proprioceptive perception when internalising experiences. It can thus be argued that both changes in internal experience and possibilities for developing experiences of self-agency in art therapy are at least partly built upon proprioceptive sensory feedback as it enables a sense of authorship by perceiving and anticipating the results that one's actions have on the artwork.

CREATIVE PROCESS

COGNITIVE PROCESSES Conceptual thinking, planning, control	**SYMBOLIC PROCESSES** Stories, imagery, metaphors, meanings
VISUAL PERCEPTION Shape, colour, size, distance	**EMOTIONAL PROCESSES** Pleasant, unpleasant, calming, arousing
MOVEMENTS Rhythm, speed, direction, intensity, weight	**SENSATIONS OF TOUCH** Outer (tactile), inner (visceral), mental

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PICTURE 9.
As a result of the first part of the study, the systemic ETC model of the art therapy processes that take place in the intermediate zone was further modified for the purpose of exploring and analysing client's experiences of the art therapy process. The modification framed the embodied and mental functions connected with different levels in a slightly different way and linked them with ideas derived from research on embodied cognitions and from attachment theory, as well as from the practices of sensorimotor trauma therapy. Under each component is listed some more detailed aspects to give an idea of the quality of experiences that are connected with it.

This conceptual model of experiential continuums between embodied experiences and mental experiences enables a better understanding of the client-experienced change processes or blocks to change that can take place in the intermediate creative zone of art therapy. It illuminates the specific experiential ingredients of creativity and art that influence the client's experiences of therapeutic change. It is a suitable tool for identifying multileveled aspects of different client's unique experiences, both within qualitative process research and in practice. Interestingly enough, it also matches perfectly with Dissanayake's (1995, p. 29) understanding of the therapeutic core meaning of an art experience that enables the integration of behavioural shaping or transforming, arresting sensory qualities, perceptual captivity, emotional significance and intellectual uncommonness, and offers a unique aesthetic gratification that is special compared to all the other human activities. However, this model does not provide tools for understanding those intersubjective or social processes, which are another crucial part of the art therapy process and triangular working alliance.

4.3. Integrating dialogues within multileveled interaction

The findings of the fourth article supplement the previously-presented results by bringing the therapist into dialogue with the client and focusing more on also understanding the intersubjective aspects of the art therapeutic change process (Rankanen, 2014b). The question of how to understand the art therapy process and its impacts from a dialogical perspective is explored by applying cognitive analytic notions of the dialogical self and reciprocal role positions (Ryle, 1985; 2005; Ryle & Kerr, 2002) in the triangular relationship. The findings further clarify and bring an intersubjective perspective to the qualities of the embodied and material dialogues that are unique to art therapeutic interaction and take place in the intermediate zone. Because the subjects of the case study – the therapist and client – are endeavouring to understand the nature of the client's fragmented, extremely varying, emotionally overwhelming and at times forgotten experiences, the process sheds light onto opportunities to observe and integrate dissociated experiences with the help of the special qualities of making and observing art. Furthermore, in a similar manner to the previous case, in this case it is possible to conceptualise the client's experienced change in relation to her problematic experiences and make it explicit with the assimilation scale (Stiles, 2002; Stiles et al., 1992; 2006).

4.3.1. Embodied and material dialogues

The results are based on the idea that art, client and therapist are in a reciprocal dialogical relationship with each other (Rankanen, 2014b). However, by utilising dialogical notions the intention is not to reduce the experience of art-making or images to certain fixed interpretations but instead to widen the possibilities for observing them from varying perspectives, of which no one perspective is more important than others. Rather, it is argued that the significant aspect in taking a dialogical stance involves the endless opportunities to view art-making and artworks from different perspectives that simultaneously change the meanings that are tied to them. In art therapy, the interpersonal and intrasubjective verbal dialogues are supplemented by embodied, material and aesthetic dialogues, which widen and concretise the opportunities for self-reflection.

Because verbal interaction is more abstract than graspable and because words disappear after being spoken, it means that therapeutic work, which bases itself on verbal expression, is extremely demanding for persons who suffer from amnesia. Material artworks, however, remain as they were and both document the expression and enable its observation. When the therapeutic change is seen to be primarily influenced by the developing ability and flexibility for self-reflection and self-regulation that the therapeutic relationship supports and when the goal of psychotherapy is defined as extending the scope of explicit self-reflection (Ryle, 2005; Ryle & Kerr, 2002), the findings of this case study strengthen the claim that art has special advantages in aiding this process (Rankanen, 2014b). As a result of the fourth part of the study, the specific possibilities that the client's embodied artistic work with concrete materials and the observation of material pieces bring to the therapeutic process and relationship are conceptualised in the following table from a dialogical viewpoint (Table 10).

DIALOGUES DURING ART-MAKING	Reciprocal positioning between the art maker and expressive quality of movement or touch. Reciprocal positioning between the art maker and art materials or tools.
DIALOGUES WITHIN ARTWORKS	Reciprocal positions within a single artwork, for example, between different characters in the image or between shapes, lines or colours. Reciprocal positions between two artworks, for example, an earlier work shifts its position in relation to new piece.
DIALOGUES BETWEEN OBSERVER AND ARTWORK	Reciprocal positions between the observer and the artwork: Observing the work from a different perspective or distance can change position. Identifying one's perspective on different characters of the image can change the position. Observing the image at different times and in different self-states can change the position.

TABLE 10. The dialogical aspects in making and observing art that are based on the results of the fourth article (Rankanen, 2014b). These art therapy specific reciprocal dialogues enable more concrete and less abstract therapeutic work than verbal interaction enables by itself. The expression remains documented exactly as it was and enables the mirroring of changing internal positions or self-states. Playing with different perspectives in relation to an artwork also enables playing with varying meanings and increases flexibility in the observing position. Simultaneous observation of multiple imaginable positions becomes possible and aids the process of integration, instead of dissociating some parts of the experience outside one's awareness.

4.3.2. A dialogical view on the processes of integration and assimilation

Lysaker and colleagues (2005) have conducted a narrative case study focusing on the changes in personal narrative and in dialogues in the long-term individual psychotherapy of a client recovering from a schizophrenic spectrum disorder. They argue for the importance of enhancing both the internal and external dialogue as a base for developing the capacity to reflect upon the content of personal narratives. In addition, they stress the significance of developing themes of self-agency to overcome the stigmatising experiences of helplessness connected with serious illnesses.

Ribeiro and colleagues (2011) present a similar model of narrative change in their theory-building case study exploring a depressed client's recovery. They argue that integrating contrasting issues between past and present, and a reflective understanding of change – in other words, the client's capacity to observe the quality of her experiences – enable the client's agentic positioning in relation to her problematic experiences. They propose that the increasing integration of initially conflicting parts of the self, the construction of new meaning bridges and flexibility facilitate change.

These previous findings from narrative case studies that focus on clients' change processes in verbal psychotherapies support the results of this research. However, on the basis of the findings of the fourth article, it becomes clear that making art and artworks offer yet another way to observe unowned reciprocal role positions or dissociated parts of self-states safely outside of oneself (Rankanen, 2014b). By beginning with the concrete observation of artworks, the development of the client's internal observing position as well as self-reflective skills become graspable. The emotional and cognitive changes that the client experiences during the process can be mirrored in relation to the unchanging artwork. In addition to verbal description and reflection, art therapy has unique possibilities for the visual, tactile and spatial observation of experiences and for organising and assimilating them. Material and embodied action create new meaning bridges and change meanings. They enable a new kind of self-understanding and understanding of others. In what follows, the change process that took place in this case is also reflected upon from the perspective of the assimilation scale.

In problems that are dominated by abrupt changes of self-states – not only the uncontrollable changes of experience but also the often judgmental, cruel or rigid quality, or even threatening absence of an internal voice at certain states – causes intensive emotional pain and restricts capacities for self-regulation and self-reflection (Beard, Marlowe, & Ryle, 1990; Ryle, 1985). The skills to soothe emotional overload and create more space for observation are central to the capacity to regulate and reflect upon internal processes and social interaction. The goal is thus both to build more reflective or flexible distance to these damaging self-states and to enable the integration of dissociated parts of oneself.

If those changes that took place in the client's relation to her problematic experiences during this case study are viewed with the help of the assimilation scale, we can define the process as beginning from the first level and proceeding to the third level (Rankanen, 2014b; Stiles, 2002). In addition, externalising her experiences into art, created concrete opportunities for reflecting different dissociated self-states.

At the time of making the first images, she experienced intense negative emotions but could not find any reason for her problems and she was trying to avoid disturbing thoughts or feelings. She explained that the girl in her picture was followed everywhere by a governing cloud that surrounded her with a fog and made her helpless and unable to see. In another drawing, a girl was trying to avoid uncontrollable nightmares by staying awake. Correspondingly, the first level of the assimilation scale is dominated by attempts to avoid unwanted thoughts or negative emotions and the client's preference to not think of the problematic experience (Stiles, 2002).

However, between the sessions she often felt intensive psychological pain and was in a panicked state, without any ability to affect her experience except by taking medication. This kind of experience is described on the second level of the assimilation scale, wherein the problem is experienced as unavoidable, formless and incomprehensible (Stiles, 2002). During the art therapy sessions, however, she was able to picture these frightening and disturbing experiences that she tried to avoid expressing elsewhere. For example, in the fifth session, she gave form to an experience of rejection that had caused long-lasting and extreme

anxiety in her. At a later interview, when she observed the same picture, she recognised that all the negative emotions where packed in a black lump in the drawing. Her negative feelings remained but they took some form. In the assimilation scale, the recognition and forming of problematic experiences are placed in the third phase (Stiles, 2002). At the same time, the differentiation of opposing voices or reciprocal positions also became visible. Similarly, again in the later interview situation, while observing another image (The map), the opposing positions – that of that hated girl who spoiled her life, and that of the little, innocent, accepted girl who still has hope – became verbalised and recognised.

As an end result of the whole case study research process, the client felt that participating in the research interviews and re-reading the article multiple times was both interesting and therapeutically useful for her because it increased her self-understanding. This corresponds with previous positive experiences of research co-operation of therapist and client in describing problematic procedures with 'dyadic repertory grids', from which the idea of an explicit way of working in CAT originates (Ryle, 1975). In addition, in a previous study, clients experienced that AIR interviews conducted by their art therapists in order to evaluate and compile their art therapy processes were also aiding their explicit self-reflection (Springham & Brooker, 2013).

4.4. The working alliance and influencing processes in art therapy groups

While the two previous chapters presented the results of the case studies, which focused on different aspects of individual art therapy process, in what follows, the context changes to observing the varying processes that clients experience in art therapy groups. Instead of approaching the question from an individual point of view, the shared positive experiences identified from the content of multiple clients' retrospective narratives in the second part of the study are presented (Rankanen, 2014a). Overall, the second article answered the following question: What kind of positive or negative experiences are participants confronted with during the different phases of the experiential art therapy group process? This was done by building an overview of clients' experiences in different phases of art therapy and by constructing data-driven themes from clients' positive, contradictory and negative descriptions (Rankanen, 2014a).

This chapter focuses on reviewing the positive themes identified from the different phases from a slightly different perspective to the original article. It creates and applies a new kind of conceptual model, the triangular pyramid, for presenting the findings of participants' process experiences from the art therapy group context at a more abstracted level. Simultaneously, while answering the first part of the sub-question and describing the participants' positive experiences during the different phases of the experiential art therapy group process with the help of the triangular pyramid, the main research question focusing on how clients experience the art therapy process can be approached by utilising the same model. This creates opportunities for a more abstracted definition of what is unique to a working alliance in group art therapy and which general processes can affect group participants' experiences. The distinctions between intrasubjective, intersubjective and intermediate processes can be pictured.

First, this chapter builds the conceptual model of a triangular pyramid. Subsequently, the findings of the second part of the study, which describes the clients' experiences of positively-influencing processes in the different phases of art therapy, are reviewed from this new conceptual perspective.

4.4.1. Interaction and working alliance in art therapy groups

The conceptual framing of an art therapy alliance with the notion of the triangular relationship is not sufficient to picture art therapy in a group context because there is no area for contextualising group-related processes. Utilising Bordin's (1979) classic definition of an alliance as a relational bond, the mutual negotiation of tasks and goals between the therapist and client, it is argued that the working alliance of an art therapy group takes place in a relationship between client, art, group and therapist in which each of the parties has a relationship with all the other parties (Picture 10). Thus, the therapist needs to negotiate the tasks and goals of the therapy in relation to both individual participants and to the whole group as well as in relation to the tasks and goals of making art. If these four parties of the art therapy group's working alliance are pictured in a triangle, it becomes a three-dimensional triangular pyramid, in which each party can be pictured with their own facet that is in a relationship with all the other three facets of the pyramid. This makes it easier to conceptualise how the art therapy group process works and which aspects of the process build clients' positive experiences.
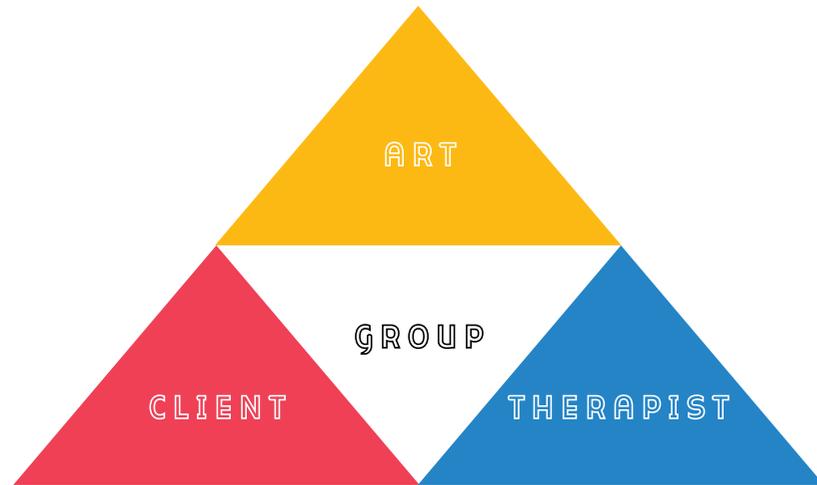
PICTURE 10. The triangular pyramid of group art therapy. The multiple aspects of a group art therapy working alliance can be depicted with a triangular pyramid. Each party of the relationship has its own facet, which is in interaction with all the other facets of the pyramid. In the mutual negotiation of the goals and tasks, all the facets need to be taken into account. The multiplicity of ingredients, which affect the qualities of the art therapy group's participants' experiences, can be contextualised within this pyramid.

4.4.2. Positively-experienced processes

The following table (Table 11) presents those results from the second article which focus on participants' positive experiences during the different phases of art therapy group process and defines which aspects of the triangular pyramid influence them (Rankanen, 2014a). The most commonly described themes are presented first. The numbers in the middle column refer to the phase of the experiential art therapy session where these themes were recognised. In addition, the last row of the table is reserved for contextualising on a more abstracted level where in the triangular pyramid and between which facets the therapeutically influential interaction is taking place. It makes explicit suggestions regarding the specific aspects of clients' experiences on which the interaction influences.

These qualitative findings elucidate the art therapy process and the intertwined nature of its different aspects. It is not possible to entirely separate artistic action or observation of images from other relational transactions between the client, group and therapist. On the other hand, individual and shared art experiences have their influence on intersubjective relationships. The concrete, embodied interaction with art and sensory materials in conjunction with mental impressions and perceptions of one's own and others' artworks construct the possibility that the client will be impressed and touched by art. In those phases wherein the focus is on the participant's art-making, one can explore personal experiences within the private relationship with one's art at the same time as being in the company of others. Each participant's private relationship with her art fosters the possibility of developing and maintaining experiences of personal agency within a therapeutic situation and relationship.

POSITIVE THEMES	PHASE	INTERACTION BETWEEN (SPECIFIC ASPECTS)
Making and observing art provided a new perspective, novel attitude or clarity to personal experiences.	3, 4, 6	ART—CLIENT (self-reflection)
Experienced embodied, multisensory or multimodal art-making enjoyable.	2, 3, 5	THERAPIST (task)—ART—CLIENT (embodied experience)
Experienced atmosphere of trust and acceptance.	5, 6	THERAPIST (framing)—GROUP (atmosphere)—CLIENT (emotional experience)
Listening to others sharing created trust, aided understanding of diverse experiences and increased self-reflection.	1, 5	THERAPIST (framing)—GROUP (verbalising)—CLIENT (self-reflection)
Inter-subjective warm-ups, art-making and sharing artworks fostered community, diversity and self-reflection.	2, 3, 5	THERAPIST (task)—GROUP (co-operation)—ART—CLIENT (self-reflection)
Art-making fostered satisfying experiences.	3	ART—CLIENT (aesthetic experience)
Feedback unfolded new meanings and sharing increased meaningfulness.	5, 6	THERAPIST/GROUP (verbalising)—ART—CLIENT (experiences of significance)
Writing changed meanings and deepened reflections.	4, 6	THERAPIST (task)—ART (writing)—CLIENT (self-reflection)

TABLE 11. The participants' positive experiences during the different phases (1–6) of the experiential art therapy group. When this table is compared to the model of the triangular pyramid it is important to keep in mind that during the different phases of the process varying facets are in interaction. Intersubjective verbal interaction and listening dominate phases 1 and 5. Either intersubjective or intrasubjective artistic interaction dominates phases 2 and 3. Phases 4 and 6 are dominated by the intrasubjective reflective observation of artworks and reflective writing though, in the last phase, the intersubjective sharing of experiences also takes place.

This table is a further developed version of the themes that were found in the second article (Rankanen, 2014b). The idea of interaction between different facets of a triangular pyramid is also represented in the table. It attempts to distinctly and explicitly define which aspects of the triangular pyramid affect each theme identified within the experiential art therapy participants' descriptions of positively-experienced processes. In the synthesis of the qualitative results from previous art therapy studies of clients' experiences, the process of gaining a new perspective or a connection to one's inner self was the most frequently mentioned finding, which applied across different diagnoses (Brooker et al., 2006; Haeyen et al., 2015; Hanevik et al., 2013; Melliar & Brühka, 2010; Morgan et al., 2012; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Van Lith, 2015; Wood et al., 2013; Zubala, 2013). The findings

of the current study are uniform with previous results and, furthermore, they strengthen the idea that these positive processes are really felt to take place in the intermediate zone between client and art during the phases of art-making and individual reflection. However, it is interesting to note that this finding does not apply to any of the studies that researched chronically ill persons' art-making outside the art therapy context (Reynolds, 2000; Reynolds, 2010; Reynolds & Lim, 2007).

Other positive processes appeared in the intermediate zone between client and art. These were either aesthetically or sensory and bodily pleasant experiences. Many participants of the current study described embodied and multisensory art-making as enjoyable. This reflects well the art therapy groups' practice in the research at hand because it was not restricted to visual art but the therapist also utilised embodied and multimodal methods in aiding attuning to the creative process, in the art-making phase and in the sharing phase. The relaxation, sensory and aesthetic pleasures connected with art-making were also important experiences in other studies (Hanevik et al., 2013; Morgan et al., 2012; Reynolds, 2000; Reynolds, 2010; Reynolds & Lim, 2007; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Van Lith, 2015; Wood et al., 2013). These experiences apply generally to all art-making processes, but they might have an important additional function in the context of art therapy by motivating clients to continue the therapeutic process and also to face more problematic issues that awaken unpleasant experiences. Another specific finding connected to the multimodal approach in the current research was the importance of writing about the process and the artworks during the reflection and ending phases. Many participants experienced that writing changed the meanings that were bound to different artworks and enabled deeper reflections.

Two of the positive themes identified occurred instead in the intersubjective area between client, group and therapist in the beginning, sharing and ending phases, which are primarily based on verbal interaction and sharing. The participants described the group's accepting and safe atmosphere as important, and it enabled them to experience emotional trust. The therapist framed the time and gave tasks that structured the sharing, protected the art makers' ownership of the meanings of their artwork and created safety. Still, it was the group that was felt to be the primary source of these positive processes. Similarly, in previous studies participants have stressed the significance of the support and social connectedness that groups can offer (Haeyen et al., 2015; Hanevik et al., 2013; Melliar & Brühka, 2010; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015). The group also had an important function in enhancing understanding of diversity and in developing self-reflection, which was enabled by listening to others' verbal sharing. The same finding has been described in other studies, wherein the chance to hear of others' difficult experiences has been noted to create a wider perspective and shared experiences of universality (Hanevik et al., 2013; Melliar & Brühka, 2010; Springham et al., 2012; Stubbe Teglbjaerg, 2009).

There are also processes wherein all four facets of the triangular pyramid are present and it is their interaction that creates the positive experience. Intersubjective co-operation during the phases of attuning, art-making and the sharing of artworks was described as both fostering the community and the facing of diversity, which gave opportunities for self-reflection. In addition, the responses that others had to personal artworks during the sharing and

ending phases unfolded new meanings and increased feelings of significance. Multiple paralleling findings have been described in previous studies concerning how art enabled being with others without experiencing the contact as too intense or threatening, how witnessing the diversity of others' artworks has been felt to be important and how a group's responses aided in gaining various perspectives (Haeyen et al., 2015; Hanevik et al., 2013; Melliar & Brühka, 2010; Morgan et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Van Lith, 2015).

4.5. The contradictions of artistic transformations and therapeutic change

This chapter provides additional answers to the following question: What kind of positive or negative experiences are participants confronted with during the different phases of the experiential art therapy group process? It demonstrates how contradictions or challenges in participants' experiences within the therapeutic group environment or within artistic transformations affect their experiences of therapeutic change. In clients' descriptions, these experiences had mixed positive and negative qualities (Rankanen, 2014a). Interestingly, these experiences can either become significant aiding processes and lead to good outcomes or become stagnated and hinder the therapeutic process (Tables 12 and 13). The current chapter continues to utilise the triangular pyramid model (Picture 10) but this time for clarifying the influences of the contradictory and negative processes in experiential art therapy groups.

Interestingly enough, Bordin (1979) proposed some time ago that the tearing and repairing occurring within a working alliance is an essential part of the process of therapy and actually both strengthens alliance and leads to client's change. In what follows, the art-therapy-specific processes of tearing and repairing – or leaving issues unrepaired – is clarified and the influencing processes are contextualised with the help of the triangular pyramid model of the working alliance in art therapy groups.

In addition to clients' positive experiences, the second article focused on those negative experiences that experiential art therapy groups' participants described in the different phases of the process (Rankanen, 2014a). A significant result of exploring these negative experiences is the increased clarity of the contradictory processes and challenges that clients experience during different phases and the influence that these challenges have on the change processes and outcomes of the therapy. The qualities of the processes that arise from conflicting experiences are experienced as either hindering a good therapeutic outcome or aiding it. Thus, the combination of positive and negative experiences indicates either the possibility for change or a block to change. Of seven contradictory themes that were found in the content analysis, three were felt to help the therapeutic process and two to hinder it. In addition, the solely negative themes are here summarised with the hindering processes and grouped in the same table in order to assemble an overview of the processes that in the clients' experience can prevent change in group art therapy (Table 13).

PROCESSES THAT AID CHANGE	PHASE	INTERACTION BETWEEN ACTORS
The capability for self-reflection increased when the client worked with difficult emotions during art-making or while observing artworks.	3, 4, 6	CLIENT (emotional experience)—ART—CLIENT (self-reflection)
The capability for self-awareness increased when negative or challenging experiences of group interaction were consciously reflected upon.	1, 5, 6	GROUP (emotional challenge)—CLIENT (self-awareness)
Unpleasant inter-subjective warm-ups aided reflection.	2	THERAPIST (framing)—GROUP (interaction)—CLIENT (embodied and emotional experience, self-reflection)

TABLE 12. Contradictory themes that aid therapeutic change were identified from within participants' narratives of their processes as a result of second article (Rankanen, 2014a). In the contradictory descriptions, both positive and negative aspects were bound together in the same process. In all of them, the process of overcoming the negative experience increased self-awareness or self-reflection. In this table, the findings are summarised and viewed also with the aid of the triangular pyramid, which enables definition of the interactive processes and its influencing aspects on a more abstract level.

The first theme is interesting because it clearly demonstrates how the process of encountering and working through difficult emotions in the context of an experiential art therapy group takes place during the phases of art/making, individual reflection and compiling reflections at the end. The process of first expressing and externalising emotions during the art-making and then reflecting on the artwork in relation to oneself is unique to art therapy compared to verbal therapies. However, even if this process seems to occur solely in the intermediate space between client and art, previous studies of clients' experiences have suggested that the therapist's ability to build a clear, consistent and holding therapeutic framework that is also overt to clients enables them freedom of expression and the management of intensive emotions (Hanevik et al., 2013; Melliar & Brühka, 2010; Morgan et al., 2012).

Being in the group, making art together and interacting with others posed different emotional challenges for many participants. They explained that their capacity for self-awareness increased when the negative or challenging interpersonal experiences encountered during group interaction were consciously reflected upon. This process occurred during the phases that included verbal interaction with the therapist and the group in the beginning, sharing and ending phases. The participants' of previous studies have proposed that therapists have the possibility to affect these processes if they have the ability to attend in detail to ruptures and emotional difficulties in interpersonal relationships and address the difficulties of ending the therapy (Morgan et al., 2012).

In experiential art therapy groups, the therapist challenges participants by suggesting various warm-up exercises in the attuning phase. Particularly those tasks that included

interaction with other group members could awake uncertainty and unpleasant emotions. However, if there was space, capability and support to reflect upon these experiences, they could increase understanding. These findings are related to former outcomes that imply that overcoming challenges and practising alternative behaviour are important processes in art therapy (Brooker et al., 2006; Hanevik et al., 2013; Melliar & Brühka, 2010; Van Lith, 2015).

4.5.2. Processes that hinder change

PROCESSES THAT HINDER CHANGE	PHASE	INTERACTION BETWEEN ACTORS
Overwhelming challenges in verbal expression or self-disclosure in a group.	1, 5	THERAPIST/GROUP (unaccepting)—CLIENT (difficulties in verbal self-expression)
Unsuitable tasks or goals — the client's wishes conflict with boundaries and aims set by the therapist.	1, 2, 3	THERAPIST (structuring)—CLIENT (lacking agency)
Failure to achieve artistic or personal aims and significance.	3, 4	ART (demanding results)—CLIENT (unable to express themselves)
Sensory or interactive art-making evokes unsolved emotions.	2	GROUP (interaction)—ART (sensory)—CLIENT (emotional vulnerability)
The experience or fear of inter-subjective misinterpretation.	3, 5	GROUP (defining)—ART—CLIENT (unable to protect themselves)

TABLE 13. The themes of the processes that clients experience as negative or contradictory that can hinder therapeutic change or a good outcome. This table summarises findings from the second article and presents them again with the aid of triangular pyramid, which enables definition of the interactive processes and its influencing aspects on a more abstract level.

Sometimes, participants also encountered difficulties that they were not able to express in the group. They could feel uncertain in verbal expression or totally unable to vocalise their experiences in a group context. On the other hand, some were also afraid that the group would reject their experiences or emotions. The feelings of inability were connected to the beginning and sharing phases, wherein verbal expression dominates interaction. Hints of similar findings can only be found in a couple of previous studies in which participants had negative experiences concerning a silent or unresponsive group and the therapist's inability to acknowledge and work with their unbearable emotions or anxiety (Uttley et al., 2015; Woods & Springham, 2011; Zubala, 2013).

A couple of participants experienced unsolved conflict between their wishes for warm-up or art-making tasks and the framings that the therapist had chosen. In addition, in the beginning a few were uncertain of their artistic skills and the aims of art therapy. The tasks and goals that the therapist had chosen did not match these clients' needs or were not explicitly clear for them, thus the mutual negotiation between therapist and client did not take place or succeed (Brooker et al., 2006). These experiences occurred regardless of the fact that

therapist had tried to confirm the clients' free choice in their ways of participating. Thus, it seems to be crucial to provide even more support for each client's agency in the attuning and art-making phases and to stress the importance of expressing one's needs for enabling mutual negotiation.

Sometimes, clients' could not achieve their artistic or personal aims and generate therapeutically or emotionally meaningful experiences for reasons that were unconcerned with, or carefully hidden from, the therapist and group. Often these experiences of dissatisfaction were connected with their internal demands or experiences of being unable to express themselves. According to clients' descriptions in other studies, the fear of being bad at art or of a lack of productivity can lead to negative emotions and judgments of self or others (Melliar & Brühka, 2010; Wood et al., 2013; Zubala, 2013). However, it is clear that during the art-making process, this kind of experience is unavoidable at times. It is more important to pay attention to the fact that there is the opportunity and support for expressing and reflecting upon these experiences, too.

Even if embodied and multisensory art-making was one of the most frequently experienced positive processes, sensory or interactive art-making could also evoke unsolved emotions in some participants. These experiences seemed to occur if there were previous untreated traumatic experiences. Similar fears of encountering uncontrollable emotions during making art have also been expressed in other studies, although they have not been explicitly connected to previous traumatic experiences (Haeyen et al., 2015; Van Lith, 2015; Wood et al., 2013; Zubala, 2013).

Some clients also felt that they were misunderstood by the other group participants during the sharing phase or that they were afraid of how others would interpret their artwork. As previous findings have indicated, clients call for respect for their understanding and feel that the therapist's as well as other group members' tendency to over-interpret art or intrusively look for deeper symbolic meanings can block their art therapy process (Brooker et al., 2006; Morgan et al., 2012; Woods & Springham, 2011). In the context of group art therapy, it is thus important that not only the therapist refrains from over intrusive interpretations but also protects the client's artwork from group members' interpretations by making explicit rules for the discussion in the sharing phase. This protects those clients who are very vulnerable and fear becoming too exposed (Melliar & Brühka, 2010; Woods & Springham, 2011; Zubala, 2013).

4.5.3. Facing challenges during the art therapy group process

These findings shed light on the experiential qualities of the transferring processes between the different levels of the triangular relationship. Most frequently, the identified negative experiences were connected with the phases of the process that required verbal expression and interaction, but attuning and art-making also had challenging aspects that could be difficult to overcome. Particularly, the beginning and sharing phases were more often experienced negatively than the art-making and reflecting phases in which individual art-making or observing is the central focus. However, the number of descriptions of negative experiences was clearly lower than the number of positive experiences in all the other phases than the beginning phase (Rankanen, 2014a).

In addition to the very positively-experienced art-making phase, the sharing and ending phase evoked the largest spectrum of positive experiences. These experiences seemed to be especially influenced by group-related processes such as the difference-accepting atmosphere of groups and the genuine interaction between individuals. Both interactive art-making and the joint reflection on artworks, in which the group and art have an entwined interactive relationship where both aspects reinforce each other, were often described as highly positive experiences. However, for some individuals, these same phases evoke negative experiences connected with their experiences or fear of being misinterpreted.

Based on these findings, it can be argued that the way in which challenging experiences are faced is central for their becoming either helping or hindering processes. If clients are able to reflect on the difficult or challenging experiences and negative emotions that they encounter during the process, these experiences become central for the therapeutic influences and successful outcome. However, if they are left to experience the negative emotions that follow from encountering challenges without the ability or support for reflection, these experiences can stagnate the process and prevent good outcomes. The therapist's ability to recognise, acknowledge and pay attention to clients' negative experiences and emotions – which occur both in relation to art and in interpersonal relationships – as well as her skills in aiding them to observe and reflect on difficult issues, seems to be crucial for therapeutic change.

4.6. Impacts experienced after participation in an art therapy group

The third article described experiential art therapy groups' participants' experiences of the influences that art therapy had had on them (Rankanen, 2016). Instead of using ready-made validated self-report questionnaires, it aimed to build an understanding of the impacts that were significant for clients by first analysing the clients' narratives and then testing the trustworthiness of the results identified with an anonymous self-report questionnaire. (Rankanen, 2016) The chapter at hand demonstrates how clients describe the impacts after participating in an experiential art therapy group (Table 14). It presents further abstracted themes of the findings of the third article, which triangulated the qualitative and quantitative results obtained from the systematic content analysis of the participants' retrospective narratives and from the follow-up self-report survey (Table 14). The focus is on the outcomes that clients' experienced as personally meaningful and important. A display of six themes of art-therapy-specific outcomes experienced by clients is presented and compared to previous research findings. In addition to the previously recognised important qualitative aspects of psychotherapy outcomes, such as increased capability and skills for self-reflection, art-therapy-specific experienced impacts were identified. Clients described being influenced by multiple art-therapy-specific processes, wherein art was integral and a significant part of the impact experienced. Based on the summarised findings of the third article, it can be claimed that clients also experience impacts that are grounded on processes unique to art therapy, in addition to impacts shared with verbal psychotherapies (Rankanen, 2016).

4.6.1. Playful self-exploration, self-reflection and insights

One of the main goals shared by all psychotherapies is that of engaging clients in the process of self-reflection and in taking a reflective stance. Across approaches, the quality of clients' inner exploration and reflection on experience are consistently related with good outcomes (Angus et al., 2014). In addition, personal insights, self-discovery and clients' increased self-understanding, as well as a broadening of perspective, are important outcomes, especially in psychodynamic and humanistic approaches (Levitt et al., 2006; Nilsson et al., 2014). In participants' experiences, art seems to have special functions that aid these processes. The most important impacts after participation in art therapy were personally significant insights and new perspectives on one's personal life which were enabled by new ways to use art for playful self-exploration by all the participants (Rankanen, 2016). Nearly all the participants recognised that their skills in self-reflection developed and self-knowledge increased (Table 14). In previous research on art therapy clients' experiences, as well as in the results of the second article (see also section 4.4.2.), finding a connection to one's inner self or sense of self and a new perspective on oneself has been the most frequent finding (Brooker et al., 2006; Haeyen et al., 2015; Hanevik et al., 2013; Melliar & Brühka, 2010; Morgan et al., 2012; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Van Lith, 2015; Wood et al., 2013; Zubala, 2013). As a threat to these positive outcomes, 58% of the participants felt that their process was at least slightly superficial (Rankanen, 2016). This finding is confirmed in Uttley and colleagues' (2015) qualitative review wherein the same aspect was also found.

STRUCTURED ITEMS IN THE SELF-REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
1. GOT NEW PERSPECTIVES AND INSIGHTS INTO PERSONAL LIFE							
I got new perspectives on issues	0%	4%	18%	53%	25%	51	4
I experienced personally significant insights	0%	2%	18%	31%	49%	51	4.3
Art-making created space to explore and reflect my life	2%	2%	12%	39%	45%	51	4.2
I learned new ways to use art for self-exploration	0%	4% ?	20%	37%	39%	51	4.1
Art-making enabled playful self-exploration	0%	4%	16%	50%	30%	50	4.1
3. SENSE OF SELF, SELF-REFLECTION AND IDENTITY ?							
My self-knowledge increased	2%	0%	22%	53%	23%	51	4.0
My self-image was clarified	2%	12%	22%	43%	21%	51	3.7
I learned to reflect myself	0%	10%	18%	49%	23%	51	3.9
I became aware of new aspects in me	2%	4%	20%	47%	27%	51	3.9
My therapeutic process was left superficial	42%	42%	12%	4%	0%	50	1.8

TABLE 14. Summarising table of the descriptive statistics that constructed the nominal findings of the follow-up self-report questionnaire (Rankanen, 2016).

According to Elliot (2008), clients' self-expression is one of the most frequently perceived helpful aspects in verbal psychotherapies, and clients often report improvement in self-expression as an outcome. In addition, in clients' experiences their productive engagement and agency in constructing the therapy process is important (Levitt et al., 2006; Levitt et al., 2016). However, the nature and scope of self-expression in art therapy clearly differs from verbal expression. Art therapy clients have recognised creativity, spontaneity and play, as well as freedom of expression, as some of the core impacting processes in previous studies (Melliar & Brühka, 2010; Shechtman & Perl-dekel, 2000; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Wood et al., 2013; Zubala, 2013).

In the current study, art therapy was felt to impact on everyday life and work by offering new resources and experiences of meaningfulness for nearly all of the participants (Table 15). These findings were bound up with experiences of creative flow and a broadening repertoire of self-expression. In addition, 86% of the participants were moderately or more motivated to continue art-making independently after therapy and were actively using the novel ways of art expression that they had learned during art therapy for their self-exploration and self-reflection. Thus, the connection between art therapy and everyday life could be created and maintained by the participants themselves with the help of the 'art tools' they had learned.

On the other hand, difficulties connected with self-expression in the group were experienced by 59% of the participants and could have a hindering effect. In addition, 43% of clients rated they were comparing their artworks with others', which made them feel inferior. These quite common — although mostly slightly or moderately experienced — impacts shed light on important aspects of art therapy, especially as previous studies have mostly not identified them. Only in one earlier study do participants discuss the fact that art could be used for comparing oneself to others (Morgan et al., 2012). Furthermore, the difficulties of self-expression that are connected with being in the group are rarely mentioned. In some studies the fears of becoming emotionally exposed and vulnerable — as well as the fear of being bad at art, which can lead to negative emotions and judgments of oneself or others — have been recognised (Melliar & Brühka, 2010; Wood et al., 2013; Woods & Springham, 2011; Zubala, 2013).

STRUCTURED ITEMS IN THE SELF-REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
2. SELF-EXPRESSION, CREATIVE FLOW, RESOURCES AND MEANINGFULNESS							
I obtained resources for my everyday life	2%	6%	27%	39%	26%	51	3.8
I had flow experiences	0%	2%	22%	35%	41%	51	4.2
Self-expression in the group was difficult	41%	33%	20%	6%	0%	51	1.9
I experienced inferiority when comparing my artwork with others'	57%	31%	6%	4%	2%	51	1.6
5. GOT INSPIRATION AND TOOLS FOR EVERYDAY WORK							
I learned new procedures and got tools for my everyday work	0%	10%	31%	31%	28%	51	3.8 ?
I want to apply what I learned to my work	0%	6%	26%	25%	43%	51	4,1
9. MOTIVATED TO DO INDEPENDENT ART MAKING							
I was motivated to continue independent art-making	2%	12%	25%	37%	24%	51	3.7

TABLE 15. Summarising table of the nominal results from the follow-up self-report questionnaire (Rankanen, 2016).

4.6.3. Social acceptance and intersubjective mirroring

In group psychotherapies, the quality of group cohesion experienced is one of the most important predictors of outcome (Yalom, 1995). The importance of group-related intersubjective processes for the outcomes experienced has also been mentioned in many previous art therapy studies. Social connectedness and support, experiences of universality, the opportunity to share difficulties and emotional pain and the group's responses to one's expressions, which enable gaining multiple perspectives, have been significant for clients (Hanevik et al., 2013; Haeyen et al., 2015; Melliar & Brühka, 2010; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Uttley et al., 2015; Zubala, 2013). Similarly, in this research all the participants who answered the follow-up questionnaire felt that they had become accepted and understood in the group (Table 16). In addition, the group had enabled them to mirror their personal experiences.

Even if these positive impacts were recognised by everyone participating in the follow-up survey, being in the group was not always easy. Seventy-eight per cent of the participants felt that participating in the group was also challenging, and for 53% of the participants it also provoked at least slight anxiety. Interestingly enough, most earlier research has paid no attention to these impacts. In Zubala's (2013) dissertation, the anxiety experienced by depressed group participants, which could even be the final impact they experienced after participating in art therapy, was recognised. However, in this research nearly all of the participants rated the art therapy as having positively affected their psychological health, so the effects of the anxiety that the group caused did not have negative impacts that lasted after the art therapy ended, except for one participant who experienced a negative effect on her social relationships. It is crucial to note that encountering difficult issues and emotions is at the centre of the art therapy process and increasing the skills to handle and cope with challenging emotions is an important outcome of psychotherapies. Thus, participating in art therapy without feeling it to be challenging implies superficiality in the process.

STRUCTURED ITEMS IN THE SELF-REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
4. BECAME MIRRORED, ACCEPTED AND UNDERSTOOD							
I experienced myself as being accepted by the group	0%	4%	12%	45%	39%	51	4.2
I became undersood in the group	0%	2%	35%	45%	18%	51	3.8
I could trust the group	0%	2%	30%	38%	30%	50	4.0
The group enabled the mirroring of my experiences	0%	8%	24%	39%	29%	51	3.9
Being in the group was challenging	22%	39%	21%	16%	2%	51	2.4
The group provoked anxiety in me	47%	41%	6%	6%	0%	51	1.7
I was left with a negative experience of the group or one of its members	53%	39%	4%	4%	0%	51	1.6

TABLE 16. Descriptive statistics that present nominal findings from the follow-up self-report questionnaire (Rankanen, 2016).

4.6.4. Emotional awareness and help for handling difficult emotions

The depth of emotional processing during the working period mid-treatment has been noted to indicate the outcome of the psychotherapy, and it has been proposed that the processing of emotions may be one of the best predictors of outcome (Angus et al., 2014). Psychotherapy clients have described how increased awareness, acceptance and coping with difficult emotions were vital for them and on the other hand how the avoidance of threatening emotions restricted and limited their progress (Levitt et al., 2006; Levitt et al., 2016). In the current study, art therapy made all the participants more aware of their emotions and helped them to handle them (Table 17). This finding is also supported by multiple previous art therapy studies, wherein as a result of participation in art therapy, increased emotional awareness, skills concerning expression and improved coping with emotions have been mentioned (Haeyen et al., 2015; Melliar & Brühka, 2010; Morgan et al., 2012; Shechtman & Perldekel, 2000; Springham et al., 2012; Uttley et al., 2015; Wood et al., 2013).

On the other hand, previous studies have also indicated that art therapy can evoke fears of encountering uncontrollable emotions (Haeyen et al., 2015; Van Lith, 2015; Wood et al., 2013; Zubala, 2013). In their qualitative review, Uttley and colleagues (2015) found that clients experienced the activation of emotions as harmful in those cases where they were not resolved. These experiences could be connected with the therapist's inability to apprehend and work with the client's unbearable emotions or anxiety (Uttley et al., 2015; Woods & Springham, 2011; Zubala, 2013). Seventy-five per cent of the people participating in the follow-up survey felt that it was at least slightly difficult to work with their emotions within the group context, but only 14% rated that they experienced slightly unbearable emotions after the group ended and 4% rated experiencing moderately unbearable emotions.

STRUCTURED ITEMS IN THE SELF–REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
6. AWARENESS OF EMOTIONS, SUPPORT FOR HANDLING THEM							
I became aware of my feelings	0%	8%	27%	41%	24%	51	3.8
Art therapy helped me to handle difficult emotions	0%	10%	25%	45%	20%	51	3.7
It was difficult for me to handle my emotions in the group	25%	51%	16%	8%	0%	51	2.1
I was left with unbearable emotions after the group ended	82%	14%	4%	0%	0%	51	1.2

TABLE 17. The nominal results from the follow-up self-report questionnaire (Rankanen, 2016).

4.6.5. Increased awareness and acceptance of oneself and others

It is interesting to note that after participation in the art therapy group most participants both recognised their own imperfections and increasingly began to accept themselves in a different way to before (Table 18). Ninety-eight per cent of the participants rated that their self-acceptance had increased and 86% of them recognised this experience at a moderate, considerable or a highly significant level. Growing awareness of one's behaviour also seemed to increase one's understanding of it as 92% rated they began to better understand their own action-procedures to a moderate degree or greater.

In addition to developing self-awareness, the participants also became more aware of differences between the ways in which others perceive and relate to their experiences. All of them rated that art therapy impacted at least slightly on their better understanding of other people and 88% of the participants recognised this claim by rating experiencing it moderately, considerably or highly significantly. These findings point to the development of empathy and mentalisation capacities, and similarly experienced outcomes have also been found significant for psychotherapy clients (Levitt et al., 2006; Nilsson et al., 2007). In Nilsson and colleagues' (2007) study, 82% of patients who had participated in a psychodynamic therapy experienced that they understood themselves better and for 45% self-acceptance had increased.

STRUCTURED ITEMS IN THE SELF-REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
7. INCREASED SELF-ACCEPTANCE							
I began to encreasingly accept myself	2%	14%	16%	49%	19%	51	3.7
8. RECOGNISED OWN PROCEDURES AND WAS MOTIVATED TO CHANGE							
I came aware of my imperfections	0%	8%	26%	40%	26%	50	3.8
Art therapy helped me to understand my own action procedures	0%	8%	32%	42%	18%	50	3.7
11. INCREASED UNDERSTANDING OF OTHERS							
I understand other people better	0%	12%	31%	49%	8%	51	3.5
I became aware of the differences and variety of others experiences	4%	6%	35%	33%	22%	51	3.6
I became more aware of the possibility to offend others	8%	28%	24%	30%	10%	50	3,1

TABLE 18. Summarising table of the nominal results from the follow-up self-report questionnaire (Rankanen, 2016).

All the participants felt that they were able to handle negative emotions that were connected with their past (Table 19). In handling past incidents and negative memories there is a risk of being left ruminating on past incidents and 2% of the participants rated experiencing this highly significantly. However, 70% rated that they did not at all experience rumination of this nature and 24% experienced it only slightly. All of the participants also experienced that art therapy aided them in pondering their future and in handling alternative possibilities. Art therapy offers a unique possibility for the visible documentation of experiences and it is also in previous studies noted to be a significant experience for clients and can enable them to concretely handle past experiences and memories (Brooker et al., 2006; Hanevik et al., 2013; Haeyen et al., 2015; Johns & Karterud, 2004; Melliar & Brühka, 2010; Shechtman & Perl-dekel, 2000; Springham et al., 2012; Stubbe Teglbjaerg, 2009; Van Lith, 2015; Wood et al., 2013).

STRUCTURED ITEMS IN THE SELF–REPORT QUESTIONNARY:	RATINGS:						
	1 Not at all	2 Slightly	3 Moderately	4 Considerably	5 Highly significantly	Answers	Mean
10. ENABLED REFLECTING ON AND HANDLING PAST LIFE EXPERIENCES							
Art therapy helped me to handle my past	2%	16%	22%	37%	23%	51	3.6
I could handle negative emotions connected with past issues	0%	12%	35%	35%	18%	51	3.6
I was left to ruminate on past incidents	70%	24%	4%	0%	2%	50	1.4
12. REFLECTED ON FUTURE POSSIBILITIES							
Art therapy enabled me to reflect on and handle my future	0%	14%	33%	35%	18%	51	3.6

TABLE 19. Summarising table of the nominal results from the follow-up self-report questionnaire (Rankanen, 2016).

4.7. Discussion

The strengths of the current study are the multifaceted approach of the research questions, data and methods to the art therapy process experienced. Both individual client's processes and processes occurring in group contexts are observed and analysed. The psychophysical, dialogical, integrative and assimilative processes that take place within the triangular working alliance of individual art therapy are explored and described. In addition, the more complicated interactive processes of group art-therapy are also thoroughly explored, and the new model of the triangular pyramid that is used to picture the interplaying perspectives to the working alliance of an art therapy group is introduced. Positively experienced processes – as well as processes that aid or hinder change in the different phases of an art therapy group's work – are analysed and presented by applying this model. Finally, the impacts of an experiential art therapy group on its participants are introduced by utilising both descriptive statistics and qualitative themes.

However, the beginning of the research process was challenging because the research area of clients' art therapy experiences was largely unmapped. On the other hand, this enabled creative exploration and the construction of novel approaches but nonetheless there were also large areas to cover. In addition, the lack of previous art therapy research in the Finnish cultural context demanded considerable time and ground-building work, and the lack of colleagues specialising in research on art therapy slowed down the development of suitable research methods and made sharing of the evolving ideas challenging. Initially, there was also sparse previous research on the subject internationally, but towards the end of the study other researchers began to focus on similar subjects in exciting ways which made it possible to make some comparisons between the findings. In general, during the research process huge developments also took place in computer-aided possibilities to search for previous research and handle and analyse qualitative data. These made it easier to search for and combine knowledge, while making it even more challenging to build a coherent and integrated picture of such a large area. Simultaneously, as it is inevitable that a single researcher has restricted capacities, there was inspiration to learn new methods and techniques and invent how to apply them in art therapy research.

In any sole researcher's work, the restricted perspective and limited resources for gathering data and managing methods of analysis, as well as limited time to deepen the theoretical perspectives, are inevitable. In the current study, the sample consisted of self-selected adult participants, which needs to be taken into account as a limiting aspect in comparisons of the results with art therapy in other contexts or client groups. The dominant reliance on narrative and textual data can possibly be considered as a restriction. The research would look different if it had relied more profoundly on systematic visual documentation and analysis, either in the form of photography or videos. On the other hand, clients' internal experiences and personal meanings cannot be identified and analysed solely by observing from the outside. Relying on visual material can easily turn the analysis into making interpretations of the observations from outside rather than attempting to understand how the clients themselves describe their internal experiences, emotions, associations and creation of new meanings during art-making and the creative process in art therapy. Because it is

not possible to record another person's internal experiences and experienced significances, neither therapist nor researcher can rely on assumptions or interpretations that are based solely on external observations. There is always the need to obtain the clients' own descriptions of their embodied sensations, feelings, thoughts and their personal meanings. Further visual documentation would also have dramatically increased the volume of data beyond the scope of a single researcher's capacity.

In research focusing on human experiences, social bias needs to be taken into account. Especially when the researcher has a double role as a therapist-researcher, it can cause possible bias in the results because we all wish to be seen as socially acceptable, learning and developing persons. In this research, the informed consents concerning the narrative data were gathered retrospectively by post aiming to enable the making of considered choice and to decrease the social pressure to provide the research permission. In both case studies, the informed consent was repeatedly confirmed from the participants. Special attention was also paid to ensuring the anonymous conduct of the survey through a web-link and without inquiring into any kind of personal identifiers such as age or sex. In the survey, an attempt was made to reduce the bias towards positive answers by also asking the participants to rate difficult or negative experiences and by finishing the questionnaire with an open question asking the participants to describe those negative and positive impacts of art therapy they had experienced.

It is good to note that the external reliability of all routinely used and valid outcome measures, which are based on self-reporting questionnaires, are in a similar way dependent upon clients' honesty in their expressions and ratings (Hill et al., 2013). The researcher, as much as therapist, is always dependent upon clients' courage and willingness to express their experiences as authentically as possible. A single therapist-researcher who explores her practice naturally has a limited perspective. Careful ethical consideration and transparent description of context and personal viewpoint in relation to the research subject are necessary. However, previous case studies have shown it is still possible to research one's therapeutic practice and there are also strengths in this (Lysaker et al., 2006; McLeod & Balamoutsou, 1996; Stubbe Teglbjaerg, 2009). In AIR interviews, clients' especially expressed their wish to be interviewed by their therapist because they had already built a trusting relationship (Springham & Brooker, 2013). A therapeutic bond is crucial for a trusting relationship and the client needs to rely on the therapist's capability to tolerate and understand all kinds of experiences. In a good working relationship, the therapist is not protected from the clients' genuine thoughts and authentic emotions by covering them in false expressions. In an unsatisfactory therapeutic relationship, the expression of problematic issues is often avoided or left unsolved (Hill & Knox, 2009; Nilsson et al., 2007). The careful description of the clients' positive, negative and contradictory experiences in this study aims to also enable the reader's own critical considerations and reflections upon these aspects concerning the findings of the research at hand.

A significant strength in the case studies of this research is the clients' participation in reading and commenting on the analysis and writings of the therapist-researcher. Similarly, the member checking of the results of the therapist-researcher's qualitative content analysis

with a survey increases the trustworthiness of the research. On the other hand, engaging the participants in the research process possibly also enabled their further insights and reflections. The general wishes which clients have expressed in previous studies – of gaining more explicit information of the process and goals of art therapy – could possibly have been fulfilled (Brooker et al., 2006). Another important aspect is the reasonable length of the interventions and the long-time coverage of the data-gathering process that increases the credibility of the research (Guba, 1981). Often, the data for art therapy studies can be gathered only from a single session or the length of interventions can vary, for example from just a single session to 12 sessions (Uttley et al., 2015). In this research, the therapist-researcher witnessed each session and was also able to conduct long-term follow-ups in order to compare her findings with clients' ratings and later descriptions of the significant aspects of the process.

Other methods were also used to increase the trustworthiness and overcome the single researcher's restricted perspective. Data, research methods and results were triangulated and compared with each other. Data was gathered both from an individual and group context. In the two articles that focused on multiple groups' participants' experiences, the data was large and considerable time was invested in analysing its contents in a systematic and thorough way, which enabled 'deep immersion' in the data (Elo & Kyngäs, 2008). An additional strength was that both deductive and inductive approaches were used to systematically analyse the data. Furthermore, the results of inductive content analysis were member checked from the participants utilising an anonymous web-based self-report survey.

The research methods were chosen so that they complimented each other. The two case studies focused on analysing an individual client's unique experiences and narratives. The data remained in its narrative format, which illustrates the continuities in time and change. Individual change processes and their nuances can be pictured and analysed. In contrast, in systematic content analysis the narratives need to be fragmented to enable the identifying of shared themes from multiple participants' descriptions. Coherent and unique stories, as well as those descriptions of change that occur during longer time sequences, disappear because the focus is on comparing multiple participants' experiences in order to find shared and diverse aspects in them. On the other hand, its strength is the ability to analyse and compare varying experiences from numerous participants. The meanings that multiple persons provide for their experiences can be found and described on a more general level than the findings from single case studies, so a more general picture can be created. In addition, both shared and polarising experiences can be made explicit.

Maybe the most important strength of the present research is the courage to explore previously unmapped areas and develop contextual maps for future adventurers. In addition to the qualitative description of varying clients' experiences of art therapy process and its impacts, several attempts to create more abstract theoretical illustrations and descriptions of these phenomena from different viewpoints are made. In addition to gaining a better understanding of participants' experiences of art therapy, the development of a new kind of integrative approach for the use of both practice and research was at first an implicit and ultimately also explicit result of the process. Instead of ending in an uncritical eclectic mix, the aim has been to create consistent and coherent theoretical integration.

4.8. Unfolding implications and grounding applications

As Elliot (2008) has stated, researching clients' experiences is of special importance for increasing understanding of how the therapeutic process changes into the experienced outcome after therapy. This can develop therapists' practice by enabling a better understanding of clients and the use of better matching interventions (Levitt et al., 2016). Elliot (2008) stresses that special attention should be given to the difficulties that clients experience during the therapy process and to the experiences that they are trying to avoid or hide. Encouraging clients to express the ruptures that they encounter during the therapeutic interaction is crucial for proceeding in the therapeutic process, as well as for the possibility of gaining corrective experiences by engaging in the joint work of repairing the ruptures (Hill & Knox, 2009). A notable amount of patients' dissatisfaction after therapy concerns unsolved problems in the therapeutic relationship and an inability to trust the therapist (Nilsson et al., 2007). Re-attunement and the development of a trusting working alliance in which ruptures can be handled create space for therapeutic change and a successful outcome (Hill & Knox, 2009). Previous psychotherapy research has increased therapists' understanding of the confronting or withdrawing quality of interpersonal ruptures and the principles of joint co-operation that are needed to resolve them in dyadic work (Hill & Knox, 2009).

However, there has been no previous art therapy research focusing especially on clients' experiences of the challenging qualities of the working alliance of individual or group art therapy. This research constructs a basis for understanding these aspects, especially in the context of art therapy. The understanding of ruptures in relation to artistic processes in an intersubjective context that this research offers is thus greatly needed and applicable for developing successful ways to resolve these problems in the practice of art therapy. The present study focuses on both the clients' experiences of therapeutic processes and the challenges and negative experiences they faced during the process. It especially clarifies the influences and hindrances that are unique to the art therapy process. It sheds light on the specific challenges that clients can experience in art-making in individual and group therapy contexts and aids the art therapist in giving explicit information about both the different difficulties that clients can encounter during the process and what their significance is for the therapeutic change and good outcomes.

Thus, in future research it would be interesting to continue with further exploration of contradictory issues and challenging experiences in the context of art therapy. There are multiple possibilities in framing the subject and methods of this kind of study. One option would be comparing client's' and therapist's experiences from the same sessions. Another kind of framing could include clients from multiple different art therapists and analyse the similarity or differences in their experiences. Comparison of the qualitative content of the challenges and helpful aspects that different clients experience in relation to different art therapy methods or interventions would also be extremely interesting. Study of the variety of challenges that clients from different age groups or cultural backgrounds can experience could also be informative. Methodologically, it would be exiting to compare video recordings of the art therapy process with clients' and therapists' descriptions of their experiences, focusing especially on the aspects that they felt to be challenging or significantly influencing during sessions. A larger

research group would enable comparison of the process experiences and outcomes from multiple therapists' practices and the combining of video material from therapy sessions with participants' interviews of their art therapy process and its impacts. Another possible line for future research would be moving in the direction of quantitative methods and statistical analysis. Utilising the current descriptive and statistical findings, the questions of the survey could be further developed and the questionnaire validated as a tool for practice.

The findings concerning clients' experiences of art therapy process and its impacts are valuable for practicing art therapists and application of art therapy in different contexts. This research clarifies the unique processes and ingredients that are special for the practice of art therapy compared with verbal therapies. It demonstrates how client's interaction, reflection and agency are influenced by art materials, visual expression and embodied experiences during art-making. It clarifies how art can enable the handling of the many emotions that clients otherwise feel too threatening to express or impossible to verbalise. Clients experienced that a wider spectrum of emotions towards oneself, towards other people or towards the therapist could become accessible and concretised. The experiences of security and agency in relation to the regulation of interpersonal distance or closeness as well as regarding the interpretations of the personal meanings of the artworks were crucial for the clients. At its best, the triangular space could become a safe area that included both conflicts and disconnections without losing the ability for joint reflection and learning.

For many participants, art enabled playful experiences and widened the area of their expression. The experiential self was activated in art-making and interaction with the art materials and artworks. This could foster experiences of agency and a sense of self. Art-making in a therapeutic context could enable a move from seeing oneself as an object into experiencing oneself as a subject. Simultaneously, by getting in contact with personal sensations and emotions from the subject's position during art-making, the social support could in many cases increase the capacity to reflect on all kinds of experiences and emotions from new perspectives or novel observing positions. This could create a more alive relationship with different aspects of self and increase self-acceptance. For example, dissociated experiences that were previously too painful or overwhelming could then become seen and recognised. Many psychiatric clients have expressed the fear of being excluded from the social community and becoming stigmatised as crazy: art therapy can offer special opportunities to overcome these feelings of exclusion and stigmatisation (Hanevik et al., 2013; Woods & Springham, 2011). Both unthreatening social interaction and art-making can promote active agency and experiences of being accepted and understood by others.

The need to develop a framework for understanding the shared processes and ingredients in psychotherapies from the perspective of the client has been expressed before (Levitt et al., 2006; Levitt et al., 2016). This study has contributed to responding to this need in the context of art therapy by testing and further developing multiple theoretical models for increasing the understanding of art's role and influence on these processes. On the basis of the summarising review of the findings of the two case studies it can be concluded that the assimilation model seems highly applicable to monitoring and evaluating a client's experiences of the process of change in relation to problematic issues in individual art therapy. It

seems to be flexible enough to identify change processes at varying levels – regardless of the seriousness of the problem. The applicability of the other models that were developed as a result of the current study – the slight modification of the ETC for exploring individual art therapy processes, the model of art therapy-specific dialogical aspects and the model of the triangular pyramid for exploring the influencing aspects in the art therapy groups' working alliance – remains to be tested in practice and in future studies. As a result of the research at hand, a coherent transtheoretical approach that integrates many previous psychotherapeutic and art therapeutic models has been developed. It is hoped that this will prove to be widely useful and flexible also for other art therapists' applications in varying contexts of practice from education to psychiatry.

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I

THE SPACE BETWEEN ART EXPERIENCES AND REFLECTIVE UNDERSTANDING IN THERAPY

Mimmu Rankanen

Abstract

This paper will touch upon questions unique for arts therapies concerning the functions and implications that are manifested in the space between moving and touching, looking and feeling, thinking and symbolising, both in doing the physical artwork and reflecting the images in therapy. The aim is to conceptualize the multi-layered experience of making and viewing art in therapy by applying and further developing Vija Bergs Lusebrink's (1990; 2004) systemic theory of the Expressive Therapies Continuum (ETC).

I view and analyse the art therapy process also in the light of recent discussion and research of embodied cognitions (Damasio, 2001; Folensbee, 2007; Gibbs, 2007; Iacobini, 2008; Siegel, 1999; 2007), attachment theory (Bowlby, 1988) and sensory motor trauma theory (Ogden et al., 2006/2009). The aim is to build a new perspective and coherent view of the psychophysical process, taking place in the art therapeutic relationship.

I illustrate these theoretical constructions with my client's images and written narratives of her experiences in experiential art therapy. My aim is to describe the psychophysical art therapy process in a dialogue where both the therapist's contextual view and the client's own story is heard. With this I aim to emphasise the client's role as an equal and active partner in the therapeutic working alliance, and in building theoretical understanding of the factors meaningful and effecting change in art therapy (Weinberger & Rasco, 2007). These different views create space in between the experiences and conceptual understanding where new reflections can become visible.

Building bridges between creative experience and understanding

Ogden and colleagues (2006/2009) claim that traditional verbal therapies have largely been based on the idea that the change becomes evident because of building the narration and new story from 'the top down'. The hypothesis is that the change in the client's emotions and cognitions brings forth change also in other embodied levels of self. The therapeutic interventions are directed at the language of the client. Defining meanings and building reflective narratives are effective interventions - but it can be equally curative to start interventions from physical embodied experiences and move from there on towards change in understanding (Ogden et al., 2006/2009).

In art therapy literature the emphasis has equally been placed in developing understanding of symbolic meanings in clients' art. The varying psychophysical effects of visual and tactile art materials, creative process and imagery have often been left in a secondary position. For example McNiff (1998, p. 96) has paid attention to the absence of writings focusing on the physical experiences and health-promoting effects of art-making process and perception of art. The Expressive Therapies Continuum (ETC) is a developmentally structured theory, which takes into account the material and embodied levels of art therapy. It is a useful tool for perceiving how creative therapy process can connect the spaces between art experience and reflective understanding.

CREATIVE LEVEL

COGNITIVE LEVEL   SYMBOLIC LEVEL

PERCEPTUAL LEVEL   AFFECTIVE LEVEL

KINESTHETIC LEVEL   SENSORY LEVEL
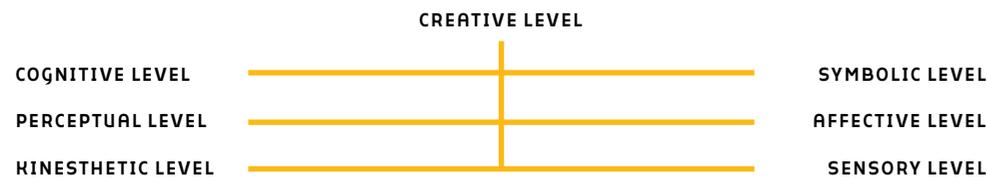
The structure of ETC follows individual development starting from the bottom level (Lusebrink, 1990, p. 92). It is a contextual model of visual expression and imagery which combines knowledge of physical, sensory, emotional, cognitive, symbolic and developmental aspects to a coherent theory of art in therapy, which can be used in all psychotherapeutic paradigms (Lusebrink, 1990, p. viii).

In what follows I look more thoroughly at each component and their role in the psycho-physical space of the creative process. I focus on the therapist's point of view with respect to those implications evident in treating difficulties related to attachment and trauma, and my conceptualizations are further illuminated with my client's own story and images. The quotes throughout the paper are from the same client. She is a mother of one child, in her thirties, who at the time of participating in an experiential expressive arts therapy group was recovering from serious depression. The group I conducted was meeting for one four hour session every week and the entire process lasted 28 sessions during one year. The images and writings are chosen from my qualitative doctoral research material. All the quotations are taken from client's own written reflections after the whole therapy.

The space between moving and touching

Doing visual art there is always present the level of sensing the outside world by moving and touching. You move in the space or on the paper with your hands, brush or pencil. When you move fast, the information received is mostly kinaesthetic, sensing directions, intensity and rhythm of the movement. The art tool influences the quality of the movement as well as does the size, and horizontal or vertical direction of the paper, and if it is on the floor, table or wall. The therapist can activate, stimulate or frame the client's kinaesthetic expression and help her to achieve therapeutic goals by framing or inviting the client to choose certain art materials or working positions (Rankanen, 2007a). The experience of rhythm and movement can in itself be therapeutic by giving pleasure, integrating unconscious memories, repairing and activating motor memories, for example, in conditions such as Alzheimer's, strokes etc. (Lusebrink, 2004).

When you slow down the movement you start to sense pressure, surface and shape by touch

(Lusebrink, 1990, p. 92). Tactile experience can be included either to touching materials outside or visceral sensation. By using tangible art materials it is possible to bridge the outer and inner experiences and become more conscious of embodied sensations. Touching different art materials stimulates the sensory level and evokes easily sensory embodied memories. Art tools limit the received sensory stimulation and can make it more bearable if the memories or emotions connected to sensory experiences are too overwhelming (Rankanen, 2007b). As with exposure to anxiety provoking or traumatic stimulus it is important that the experiences stay within the manageable level and are approached gradually step by step (Litz & Salters-Pedneault, 2007).

Movement and touch can evoke early implicit experiences in the present

The kinaesthetic and haptic experiences are amongst the first information that is sensed by the baby while in the womb. These early childhood experiences as well as early attachment relationships are embodied and not possible to remember with declarative verbal memory. Attachment style is built before verbal and explicit memory is developed, so it is not possible to remember it cognitively. Instead, our attachment style can show in our body movements and reactions in social situations (Ogden et al., 2006/2009, pp. 48–60). The way in which the first caregiver answers the baby's needs builds the attachment style between them (Bowlby, 1988). The way she physically acts, uses her voice, touches and looks at the baby builds the baby's brain networks and hormonal ways to react in stressful situations (Schore, 2003; Gerhard, 2007). These physical reactions become automatic when the child grows.

The outer relationship between caregiver and baby becomes the person's own implicit inner ways to see herself in relation to different situations and act towards herself. The child introjects the relationships she has and they become her own inner voices. It is possible to introject both safe attachment within some relationship as insecure within another (Kanninen, 2007).

Many members of the group carried the memory of my mother and felt familiar both in good and bad. In almost every session it was relieving to recognize those gestures and facial expressions I found jeering, neglecting and sarcastic towards me proved to be my false interpretations. After autumn I learnt to question my negative perceptions.

In art therapy these inner dialogues can manifest themselves, in addition to the therapeutic relationship, in moving and touching visible and tangible art materials.

All early childhood memories are implicit and triggered by sensory influences as are traumatic memories (Folensbee, 2007, pp. 93–96). That is why the art therapist should be prepared and able to contain the client, and help the client to establish distance or to work thorough the varying and sometimes surprising or scaring emotions and memories that sensory information can awake. Often the fundamental work needed is to find and start to understand the connection between inner visceral and outer sensory and kinaesthetic experiences.

Inner sensations and embodied experience

Focusing on sensory experiences within the art therapy process gives important information for both the therapist and client. Siegel (2007, pp.122, 168) claims that the so-called sixth sense has to do with recognizing and understanding your own body's state and the changes in it. It has not to do with sensing the outside world, but sensing the pressures and movements inside your own body, what happens in your muscles, joints and inner organs. It is essential in recognizing emotional states, as feeling angry, depressed or anxious (Siegel, 2007, pp.122, 168).

Insensitivity makes it difficult to regulate emotions. Affects and emotions are embedded in the body and we learn to express and handle them only by recognizing and understanding their individual bodily forms of existence (Gibbs, 2005, pp. 239–262). Both healthy clients suffering from life crisis and those suffering from various psychic problems are often distanced from their body. They have not learned to recognize the embodied messages or needs (Gibbs, 2005, pp. 25–27; Rankanen, 2007a, pp. 42–43).

Kinaesthetic and sensory qualities in the work with traumatic memories

Sensitising to embodied experiences is often particularly difficult for those clients who are traumatised, and it is common that they avoid painful memories by dissociating and thus escaping from too intense and overwhelming bodily sensations (Van der Kolk, 2006/2009; Ogden et al., 2006/2009). When they are asked to concentrate on inner sensations, they either deny feeling anything or are preoccupied with overriding sensations, when traumatic sensory experience and emotions are activated in the present (Van der Kolk, 2006/2009). This makes embodied experiences unpleasant and scary and it seems better to try avoiding them all together. For effective care it is essential to confront and be exposed to avoided experiences (Johnson, 2009; Litz & Salters-Pedneault, 2007). Only then it is possible to learn that all varieties of sensations and emotions are safe to experience. In this process identifying the flow of sensations is essential. The embodied experience changes every moment: you do not have to remain frozen within a frightening experience (Van der Kolk, 2006/2009).

Van der Kolk (2006/2009) claims that in traditional psychotherapy the explicit describing of traumatic events presumably activates implicit memories, and it shows up as unintentional physical sensations, involuntary automatic movements and negative emotions as helplessness, fear, shame and rage. Explicitly verbal therapies cannot offer restorative tools to integrate nonverbal, implicit and embodied traumatic fragments (Van der Kolk, 2006/2009).

The therapist should be aware of the risk of retraumatizing the client if the activated traumatic sensory experience is not worked through gradually and carefully enough with the client and connected to declarative explicit memory (Folensbee, 2007, pp. 117–127). It is also essential to work first with client's capability to stay or return in her safe reflective position at the present moment before starting to work with the traumatic memories.

It is often useful to explore and strengthen the experiences and memories of safety, pleasure

and competence. Working with trauma is as much remembering your own strengths, as rebuilding what was broken (Van der Kolk, 2006/2009). This all can be done in a very concrete way using those art materials, visual expressions and imageries that the client feels are enjoyable and pleasant, and that increase feelings of safety.

> *In almost every session the work itself has brought me great happiness. While working with the most pleasant images I have also written down notes of how my hand moves and feels the materials, noticing the tactile layers of materials, how I change materials or techniques during the artwork and how I take risks or jump into the unknown.*

The space between looking and feeling

Lusebrink (1990) has contextualized the relation of visual perception and affective experience in the next level of ETC. She has paid attention to the fact that the reflective distance to the experience is small when the affective side is active - we are 'in the feeling' - but when we concentrate on visual perception the reflective distance to the art experience is growing. In artwork there is normally constant flow between these two ends of the continuum (Lusebrink, 1990, p. 93). Most visual information is processed unconsciously and simultaneously - only a small part of the processing is conscious. Our affects have a strong impact on which of the perceptions are considered as important information and become conscious (Damasio, 2001).

The more complicated feelings grow when the affects are connected with personal memories and experiences. In art therapy, colours, fluid materials, sensory and kinaesthetic experiences often evoke feelings. The client describes the sources of emotional experiences: 'Varying sources have been affecting the evoking of feeling; the theme, warm up, happenings of the day, my relationship to the group and therapist or working with the art materials itself.' On the other hand feelings impact upon the way we work on and make choices: I noticed many works have started repeating the old patterns. Repetition of routines has guaranteed me safe entry to the artwork but the choices and decisions I have made later have been meaningful and important. The irritation of repeating myself has forced me towards change.

Diving into the emotions and taking distance from them

The art therapist has a possibility to guide the client towards experiencing emotions by using the previous level of movement and touch as a bridge towards feeling. When the client is in close contact with the artwork and focusing in embodied sensations it is easier to get in touch with emotions. Working with art materials directly with the hands also increases emotional experiences.

If the emotions are instead experienced too intensely, it is possible to give more space for perceptual reflections using tools, materials or working methods, which increase structure. Consideration of aesthetic order and forms increases visual perception (Rankanen, 2007b;

2007c). When the client takes distance from the image, turns it around or looks at it from different angles, it enables at the same time the possibility to take reflective distance from too overwhelming emotions: '*The feelings that were evoked during the artwork or connected with the image prevented me from looking at the finished picture. When I systematically concentrated on one visual element at a time the looking became easier.*'

Empathy as a bridge between visual perception and emotion

The research of embodied cognitions has studied the complex relations between seeing the world outside and feeling emotions inside. There are already some studies speculating that the neural base for our capacity to empathise is dependent on a mirroring system. That gives us one explanation of how what we see is connected to our feelings. Empathy can bridge the space between eye and emotion, and this process is presumably taking place in mirror neurons, which connect the visual information with embodied experiences, postures and movements. That is why our capacity to imitate movements, body positions and facial expressions we see in others can be essential for our ability to empathise (Iacobini, 2008). When we see other people's bodily expressions we feel the same in our own body and often unconsciously imitate and mirror the other person's expression to understand it in an embodied and implicit way. Siegel (2007, pp. 122–123, 168–169) names this process as the seventh sense which enables us to recognize and understand other people's emotions.

Cultivating empathy in the practice of art therapy

In group art therapy, imitating or following other people's ways of drawing or painting can thus be an effective method improving the group cohesiveness or creating empathy and building understanding towards others' emotions. Hintz (2009, p. 234) is claiming copying as stereotyped and resistant activity. However, taking into account the research of the functions of the mirroring system we can see its implications from a wider perspective. Empathy can be cultivated with somatic mirroring but more abstract forms of empathy can also be based in affective mirroring. Iacobini (2008, pp. 94–97) claims that only by simulating the other person's experience in our brains is it possible to deeply understand what she feels.

We can use this knowledge also as therapists and improve our ability to empathise and understand client's bodily experiences and emotions by imitating or copying her artwork in supervision. With this method it is possible to gain both implicit knowledge and at the same time reflect explicitly the ongoing art therapy process.

Copying artworks as a method of confronting and restructuring problems

Copying artworks from earlier sessions in therapy can give the client both the experience of the emotional changes that have happened and make it possible to gain a wider conscious perspective and reflective understanding. It is an especially useful method when returning to and working thorough a negatively charged image later in therapy. The exposure to objects of emotional

and behavioural avoidance and gaining mastery experiences is a very important factor influencing the effectiveness of all psychotherapies (Clinton et al., 2007; Weinberger & Rasco, 2007).

> *Now later on I see as most important those images where I have caught a feeling and let myself experience it while working. The most rewarding feelings have come when I have faced painful thoughts, worked with problems and tried to solve conflicts during the artwork.*

When working with images connected to strong negative emotions it is essential not to dive into the emotions evoked but to copy the artwork staying consciously in a reflective state of mind. The therapeutic change is greatest when the emotional stress is moderate (Clinton et al., 2007). Paying careful attention to the visual elements of the artwork and writing down all explicit thoughts, sensations and feelings while copying alleviates it. At a suitable point the client can work on freely as she wishes. Often it is possible to gain remarkable insights through this process. It can give a strong feeling of controlling one's own experiences and reactions which is again an important common factor (Clinton et al., 2007; Weinberger & Rasco, 2007).

The space between thinking and symbolising

Thinking as well as symbolising includes previous levels of movement, touch, seeing and feeling. They develop latest in childhood and are partly dependent on abilities developed earlier. Thinking and symbolising are not only verbal processes but include visual thinking, visual problem-solving and an implicit understanding of embodied meanings. Even if the embodied part of the construction is not conscious the whole body is actively working in constructing meanings and understanding (Gibbs, 2007, p. 40). From recent studies it is possible to make conclusions that thinking is not happening in our brains separated from body, but our movements and gestures precede and help us to create new verbal and constructive thinking (Iacobini, 2008; Gibbs, 2007). Our affects and emotions effect the perceptions that become conscious and guide our reasoning and thinking (Damasio, 2001). This can be evident in art therapy when noticing that images can change their meanings depending of the emotional state in which one perceives them.

Symbolising and creating meanings is enhanced by feelings evoked during the art-making process. Meanings can also be connected to touch and other body sensations long before verbalising (Gibbs, 2007, pp. 86–90). The physical art-making process can contain personal meanings or memories different from or even conflicting with the ones evoked when looking at the art object (Rankanen, 2007b). By using art in thinking and solving problems we can connect symbolic meanings and construct a coherent view of complicated and many sided life experiences and social relationships.

The client's story

This art process happened during two four-hour experiential expressive arts therapy group sessions that followed each other (17th and 18th of a total of 28 sessions). The client was asked to take with her some photos she wanted to work with in therapy. The first session gives an example of 'top to down' art therapy process where the client attempts to control difficult feelings with cognitive thinking, planning and visual structuring. The emotions are connected with the traumatic moments of separation from mother, which have been recurring throughout the client's childhood.


1. 'I was full of expectations when we started to work with the photos. I had chosen photos from those recurring moments when my mother went away and left me. I felt the images to be extremely painful in an uncontrollable way. Beforehand I explained to myself that I would overcome the fear and grief of my childhood at once.'

2. 'Cutting the copies of the photos and organizing them on paper felt both slow and burdensome work. I tried to make the work easier with ornaments. I tried to replace the feeling of pain by working hard. But the work was never finished. My notebook was left empty without a word.'
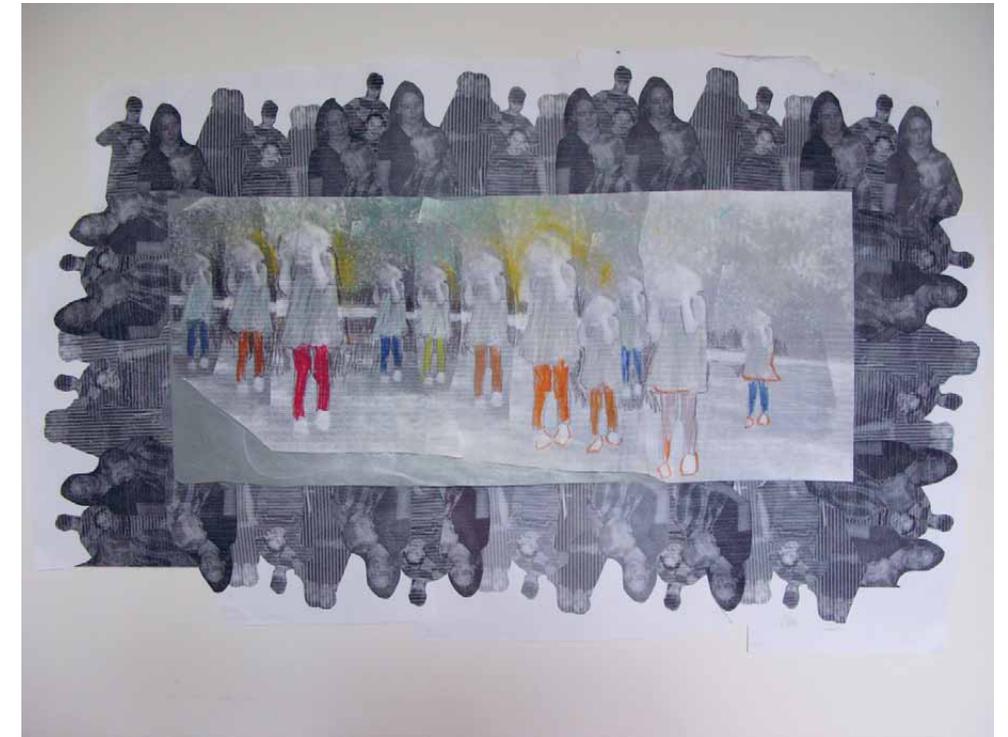
3. 'When we looked at the image M said it looks like a repeating experience of horror and those words remained echoing in my mind. Later when I looked at the image I saw its deceitful beauty and decorations but at the same time felt its heavy feeling. Melancholy filled my mind.'

The process continues in the next four-hour session. The client decides to work on with the same photo that contains painful and traumatic memories. This time she engages in creative restructuring by building safe and soothing experience for herself instead of repeating the traumatic memories. She is able to let go of too restrictive cognitive planning and control, and engages in an intuitive creative process. She restructures the traumatic emotional experience with spontaneous artwork. Building embodied sensory - not explicitly cognitive - experience of trust and care opens up the possibility to reframe earlier experiences and makes it possible to challenge the repeating of the traumatic experience.

4. 'Luckily I could continue working in the next session. I wanted to stay with the same theme and I had with me the same photo as on the previous week. I had again been planning a manuscript for what I wanted to do. But this time it was so caring and soothing that following it was not violent to my feelings. I would place the painful image of myself as a child to the garden with another image of me as an adult.'

6. 'I didn't have time to copy the photo of the adult me. It made the working more free and relaxed. In the end I spontaneously added a sunhat, an open book and a chair to the otherwise finished garden. I had a strong and encouraging sense of Mother's presence through the whole working. When I added the symbols to the image she became real.'

5. 'I didn't have any plans how to make the image or what it could look like. I started to work very fast, as if I was afraid that the threads I followed would disappear. And still, at the same time, I was very confident and joyful. As a base for the image I used orange and yellow cardboard, which I tapped full of white dots with my fingers.'

7. 'The little me from the photo stands in the middle of the white, yellow and orange light sparkling everywhere. On top of the white fingerprints I drew black lines, which gives direction to the landscape and curves around the girl. The colours are weirdly bright. The lines of the drawing are strong and fast. I named the painting "Under the same tree". It turned out to be a treasure for me.'
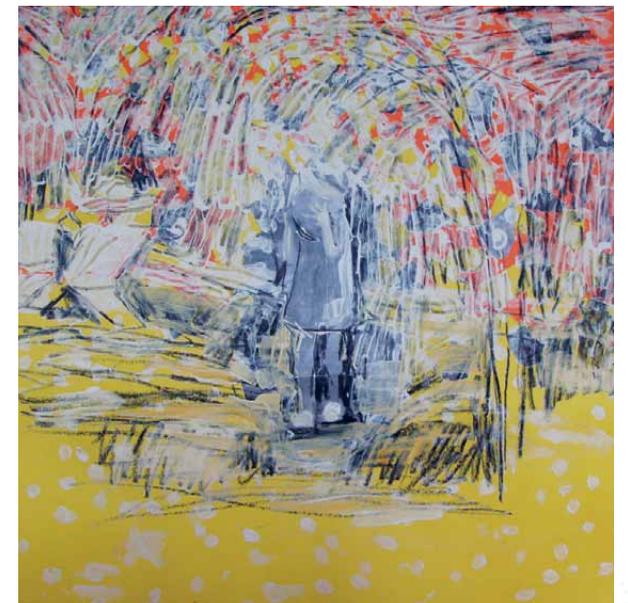
Understanding the individual creative process

The creative process can connect all the previous spaces and it can be experienced as a flow or as a synthesis between different levels (Lusebrink, 1990; 2004). It is fundamentally not controllable but surprising. However, it is possible to influence it with art materials and methods chosen. A therapist can set realistic goals for each unique client by taking into account where the blocks of the creative therapy process are situated and which are spaces where the connections should be repaired. Therefore I argue ETC model can be further developed in the following way:

CREATIVE PROCESS
CREATIVE LEVEL

COGNITIVE PROCESSES PROBLEM SOLVING, CONCEPTUAL THINKING, PLANNING	**SYMBOLIC PROCESSES** MEANINGS, METAPHORS
VISUAL PERCEPTION SHAPE, COLOUR, SIZE, DISTANCE	**EMOTIONS** POSITIVE, NEGATIVE
MOVEMENT RHYTHM, SPEED, DIRECTION	**TACTILE EXPERIENCES** OUTER, INNER

By opening the space between these different levels, it is possible for a therapist to draw a map, and use it as a tool for structuring and understanding the proceeding of an individual art therapy process.

When looking at my client's story and images (1. – 2.), we can see she began the process from the cognitive level trying to avoid the painful emotion by thinking and planning carefully the picture's visual structure, shapes, sizes and distances where she placed the photocopy images. When she perceived the picture (3.), she created a connection between looking and feeling and experienced the avoided emotion. In the following session (phase 4.), there has happened a change in her inner dialogue, and the child's pain and sorrow in her that has been avoided and not accepted, is now looked after and caressed. She is in contact with her emotional experiences and both inner and outer sensations (5.), which enables the spontaneous creative flow and movement (Phase 6.). She feels safe and trusting and can express the emotions with relaxed movements and creates meaningful symbols. The process ends (7.) with coherent experience of integration and synthesis between all the levels.

Blocks of the creative therapy process

In all the psychotherapies blocks and ruptures in the process and therapists' ability to repair them are central for successful treatments (Ruiz-Cordell & Safran, 2007). The blocks manifest in different ways depending on client and her stage of change. In the art therapy process the ruptures or resistances are not only experienced in the therapeutic relationship but also

in these different levels of the creative process itself. It is possible that the blocks are not manifested at a single level but in the undeveloped or blocked connection between two or more levels.

My client was at times blocked off from emotional experiences. When there was not enough energy, courage or trust to focus on present emotions, the process could be directed in perceptual experiences:

> *Sometimes I fidgeted from routines towards presence by observing the environment. I wrote or sketched and observations worked as a life buoy, but were not enough for creating a meaningful work. I did not face the crisis and that is why there has been no (possibility for) solution either. I am embarrassed by those works that have not reached the poignancy of the present moment. In part I had worked with painful or emotional issues and I respect that. Still the emotions were not faced sensing the present experience.*

At other times she could avoid feelings by staying in cognitive space. Her attempt to avoid emotions was at the same time blocking the creative process: '*The artwork was heavy, laborious and fruitless when I have either worked against my emotions or neglecting them.*' When the client was not feeling safe or did not have trust enough it was difficult to enter the spontaneous creative process and let go of too restrictive cognitive controlling or planning.

In enabling the creative therapeutic process for my client, it seemed crucial to find both a safe space and suitable art methods for building bridges between the spaces of explicit cognitive planning and implicit bottom level experiences:

> *When I stared at the artwork from thinking and writing about my problem, the perfectionist in me awoke and froze me. I was afraid my incapability would be revealed to others and that was why I started doing spontaneous mono prints. I worked fast and without a plan. I felt my pulse rate speeding up and felt great. The images did not look good, but the free and spontaneous technique was very different from my normal habits. I felt very courageous. I managed to change the pressure of conscious thinking into a satisfactory creative work and continue working in spite of panic and fright.*

Conclusions

In psychotherapy, as well as art therapy, too intense concentration in verbal thinking and the client's stories can leave the therapy superficial. It can make us underestimate the therapeutic power of embodied sensory, motoric or visual experiences, which can have a direct effect upon our self-regulation of stress and immune functions (Siegel, 2006/2009). In art therapy, it is an important element of cure to integrate these different flows of information and knowledge systems and thus enable the building of coherent - not chaotic - and controllable enough experience of self in the world. It becomes possible when we integrate our implicit embodied experiences and memories with our explicit reflective knowledge. I claim that the embodied creative work with varying art materials, and the movements, sensations,

perceptions, emotions and cognitions they activate or evokebare important and effective herapeutic factors if the art therapist has a coherent theory with which to contextualize the process and on which to base the methods used in art therapy. Understanding the theoretical construction and relationships of these spaces gives us clarity and provides tools for using the art process effectively in therapy.

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THE THREE-HEADED GIRL:

THE EXPERIENCE OF DIALOGICAL ART THERAPY

VIEWED FROM DIFFERENT PERSPECTIVES

Mimmu Rankanen

Abstract

This chapter aims to give an overview into psychotic experiences in the context of art therapy by applying the notion of dialogical self. The theory and practice of art therapy is reflected using varying dialogical perspectives derived from the theoretical thinking of cognitive-analytic therapy. First, the subject is approached from a theoretical point of view by reflecting the ideas of un-integrated dialogical voices and dissociated experiences of separate self-states with material aspects in art-making and artworks. Next, a narrative case-study enlightens the theoretical underpinnings from the perspective of art therapy practice. The case is explored from both the therapist's and the client's views using therapist's notes from the sessions, recorded and transcribed client interviews and artworks. In the last part, the dialogical notion is integrated with the case narratives and a dialogical view into the material aspects of triangular art therapeutic interaction is constructed. The importance of concrete embodied and material actions in enabling the integration and reflection of dissociated voices is clarified. In the theoretical reflection on case narratives three layers of art oriented dialogical experiences are identified in addition to those interpersonal and intrapersonal dialogues inherent in verbal psychotherapy. These embodied, material and sensory dialogues are unique to art therapy experiences. This chapter has been read, commented on and accepted by the client during the writing process.

Introduction

> Every act of signification will always involve a three-term relation between two persons and the "object"... All meaning is generated within this developing, intercommunicative space, which unites that what is seen with what is not yet seen, which transforms practical, material transactions into signs, and which materializes symbolic and invisible forms of activity into practical acts and tangible objects. Everything that exists in the human mind... is created within this living concrete and material space. (Leiman 1992: 216)

The chapter at hand explores how client and therapist experience an art therapy process by using a multi-method narrative case study (McLeod 2010). The story begins from my view as a therapist. First I aim to build a theoretical framework for dialogical art therapy by integrating the social notion of self derived from cognitive-analytic therapy with art-based art therapy. My specific focus is on the theoretical concept of multiple self-states, which is particularly useful for understanding experiences and problems classified as psychotic, traumatic and/or borderline. In the clinical case that follows, the client's and my experiences are explored and reflected on using the dialogical theoretical construct. Our stories are structured around four images which the client remembers from the course of the therapy. Each artwork is first recalled by the client, then viewed through my notes from the actual session, and finally observed together. These varying interpersonal and temporal perspectives aim to give a rich and manifold picture of the art therapy process, where layers of experiences cannot be reduced into one truth. Instead, at the core is my attempt to capture the differences between our lived experiences and to respect the client's view of the world as being as relevant and valuable for her as mine is for me.

The characters who explore their experiences in this article, are a young woman, 'Kuura' (pseudonym), who has a history of multiple diagnoses including major depression with psychotic symptoms and borderline features and me, a middle-aged art therapist and cognitive-analytic psychotherapist. We have undertaken individual art therapy for three years, having twice weekly sessions during the first year, weekly sessions during the second year and one session every two weeks during the third year.

Art therapy tailored for psychosis

So far, there has been sparse process research on the working mechanisms, or quantitative research on the usefulness, of art therapy in psychotic disorders or symptoms (Hanevik, Hestad, Lien, Stubbe Teglbjaerg & Danbolt 2013, Killick & Greenwood 1995, Ruddy & Milnes 2005). One of the few quantitative studies was a recent large RCT study, 'MATISSE', which used non-directive group art therapy, did not indicate efficacy for patients with schizophrenia (Crawford et al. 2012). The treatment in 'MATISSE' consisted of non-directive art therapy in a group, undertaken by offering a range of art materials and encouraging patients to freely and spontaneously express themselves in a holding environment but without a structure set by a therapist or guidance for the art work or themes. Interestingly, the control groups where a leader guided patients' non-artistic social activities, such as games and themed discussions, gained some results in reducing positive symptoms of schizophrenia (Crawford et al. 2012). These results are not very surprising when considering the often high degree of impairment in cognitive and social functioning in chronic schizophrenia in relation to the great capacity for reflective and flexible thinking which non-directive group art therapy requires.

However, previous research does not prove that all kinds of art therapy approaches and methods are ineffective in treating clients with psychotic disorders or symptoms, and the analysis and assumptions of 'MATISSE' have also been critically reviewed (Holttum & Huet 2014). Many case studies and qualitative research studies show more positive outcomes (Brooker et al. 2006, Killick & Greenwood 1995, Killick & Schaverien 1997, Stubbe Teglbjaerg 2009). For example, a more structured art-based group therapy, where a therapist guides the group with artistic warmups into chosen therapeutic themes or free art-making, values the real relationship and is present with her own personality, which Stubbe Teglbjaerg (2009) and Hanevik et al. (2013), for example, have used in their multiple case studies, can be a more appropriate approach for clients suffering from psychotic disorders. As in all therapies, explicit sharing and overt negotiating of methods and goals builds a good working alliance and outcome (Goldfried & Davila 2005).

Similar conclusions can be drawn from the profound work which Brooker et al. (2006) conducted in developing evidence-based guidelines for clinical practices with people prone to psychotic states. Of special interest are the clients' views because clients' views of the therapeutic alliance has been shown to predict therapeutic outcomes (Duncan et al. 2003). In Brooker et al.'s (2006) guidelines, the users express their need for more explicit information on the art therapy process and its effects as well as more mutual negotiation of the aims and methods of both art-making and therapy. In addition, they criticise art therapists' tendency to over-interpret artworks and call for respect for their own understanding.

In addition to reduction of symptoms, another important aspect of the impact of art therapy is thus the nature of the art therapeutic relationship and the clients' experiences of it. Hanevik et al. undertook a qualitative study (2013) exploring clients' experiences and the working mechanisms of group art therapy for psychotic illnesses. They found that clients experienced art therapy as helpful in mastering or coping with their illness, and art-making enabled them to interact in a positive way and create a safe group. An additional important result was that the clients experienced feeling increasingly understood and valued. Art was experienced as a profoundly meaningful way to express themselves. At the beginning of art therapy, several participants had expressed fear of becoming labelled 'crazy' and becoming excluded from the social community, which in my experience is a common fear connected with many psychiatric disorders.

In contrast to group work, this chapter focuses on individual art therapy and aims to build a new perspective for understanding the working mechanisms of art therapy in the treatment of psychotic symptoms. Similarly to the participants of the art therapy group, Kuura, whose experiences are explored in this article, does not want to become identified as 'crazy'. The aim of this text is to respect and explore her unique experiences of psychic suffering as well as to better understand our shared process of art therapy, and to avoid 'labelling' her experiences. In contrast to her psychiatrist, Kuura did not recognise her experiences as psychotic. She could, however, acknowledge that the cognitive-analytic conceptualization of multiple separate self-states matched the abrupt and uncontrollable nature of her experiences.

Cognitive-analytic theory and the dialogical self in art therapy

Kerr, Brickett and Chanen (2003) describe cognitive-analytic therapy (CAT) as an integrative interactive therapy which is based on a radically social notion of self and in which the main emphasis is on extending explicit self-reflective observing (Ryle & Kerr 2002). All mental actions are considered to be partly based on the sign-mediated internalization of early interactive experiences and those social meanings which are associated with them. Self is based in this dialogical interaction, which can be described with Ryle's (1985, 2005) concept of reciprocal role procedures (RRPs) or Leiman's (1997, 2004) concept of dialogical sequences. These internalized patterns of relating to self and to others intertwine certain intentions, affects, procedural memory and action connected with each different internal role (Ryle 1975). Mental processes are thus always observed in a dialogically positioned interactive context constructed of different inner 'voices' and their relations (Stiles et al. 2006). I have proposed elsewhere that art therapy offers multilayered possibilities of exploring these 'voices' both during making art and observing the finished art object. Instead of using solely interpersonal verbal exploration, it enables concrete and embodied observation of emotional and cognitive experiences (Rankanen 2011, 2014).

Multiple voices in 'I' become visible

Kuura and I undertook a journey to familiarize ourselves in art and discussions with her repertoire of different internal figures and their dialogues. Visual art enabled the otherwise unrecognised figures to become concretely visible and observable through the senses, while our

discussions explored the emotional relationships between them and built narratives for them. This is central work in developing a more coherent sense of self. When many self-processes are described as dialogues between internalized figures and voices, it is not always clear with which voice the 'I' is identified or if it is actually a 'federation' of many different voices instead of being a unitary 'I' (Ryle & Kerr 2002: 35). 'The therapist's task is to identify the restrictive and damaging voices and to encourage the emergence of a more reflective, independent, superordinate and complex "I".' (Ryle & Kerr 2002: 36). The repertoire of reciprocal roles defines the range of experienced possibilities and space for personal agency, and simultaneously shapes and limits the sense of self and others (Ryle & Kerr 2002).

Separate self-states restrict reflective observation

Anthony Ryle (1985, 1991, 1994) suggested that we can translate the concept of object relationships into cognitive language as largely unconscious reciprocal role procedures (RRPs). The repertoire of RRPs is internalized from real interaction during the course of life and, for example, significant experiences of separation or loss can affect the integration of procedures. Normally we have quite a continuous experience of self in different situations, although at times everyone experiences some discontinuity. If the experiences are instead fragmented, uncontrollable, and vary in an extreme way from moment to moment, they can be described as separate self-states, which restrict or distort the capability to observe reality (Ryle 1985, 1997).

Absorbed in a particular self-state, the experience of reciprocity between internal roles is lost and one state of mind dominates the emotions, thoughts and actions. The current self-state rules the way in which one views and experiences self and others and how one responds to these experiences in action. Awareness of alternatives and flexibility of experience, perception and action have disappeared (Beard, Marlowe & Ryle 1990). A concrete dialogue with art materials and artworks has especial importance in those self-states where the internal dialogue is rigid, cruel or absent. It can aid in binding novel embodied meanings into previously stagnated mental and emotional views. Additionally, explicit dialogue with the artworks can aid in seeing the un-owned counter-position of the current self-state. Both embodied dialogue with materials during art making and explicit discussion with the therapist can aid flexibility and build reflective distance into the damaging self-states.

Embodied artistic observation of un-integrated dialogues

In CAT, both personality disorders and psychotic symptoms are viewed as resulting from disruptions or failures in the integration of self processes and difficulties in achieving a subjective experience of continuous and integrated existence (Ryle & Kerr 2002). Certain unbearable reciprocal roles or dialogical voices can be dissociated into separate self-states outside conscious observing. In this context, many psychotic experiences can be described as amplified or distorted role procedures or as a total absence of dialogue (Kerr et al. 2003). The experienced discontinuity of self and sudden uncontrollable changes in self-states cause strong feelings of anxiety and difficulty in linking memories with feelings, actions and meanings. The narrative self, which binds together the sense of personal and social meaning,

is fragmented. While in one self-state, the other states might be difficult or impossible to remember, resulting in amnesia between the different states. In therapy, the fragmented self-states and amnesia between them cause difficulties in attempts to integrate or create coherent narratives for experiences. Art offers a method for non-verbal expression, and for visually explicit sharing of many emotional states which would otherwise be too overwhelming and which have previously remained dissociated (Hughes 2007). By making the dissociated states externally visible, it is possible to increase distance from overwhelming sensations, which aids their explicit observation. Additionally, artworks document different self-states and enable a return to exploring otherwise forgotten states.

Un-integration of mental structures also impairs anxiety regulation skills and causes an inability to handle emotions without support from other people. Without the presence of the other and the dialogue with her, one is left alone with a frightening and uncontrollable inner dialogue or in a state of total emptiness and existential loneliness without any dialogue. When out of dialogue, the sense of self can dissolve, and this can be an even more intolerable experience than, for example, a self-destructive and hurting dialogue, which can thus form a defensive procedure against extremely confusing experiences of disappearing.

The concrete act of making art and handling materials is of special value with emotionally unstable clients. If a client's attachment system is hyperactive, strong emotions can restrict their ability to enter reflective dialogues and alter the client's self-state into developmentally earlier non-mentalizing moods. This causes difficulties in connecting meanings with thoughts, while mental states can only be handled in concrete embodied and material actions (Koivisto et al. 2009). Art can become the channel for expressing and handling the evoked emotions in an adaptive way (Hintz 2009, Lusebrink 1990). Regulation becomes possible with the help of a material and tangible piece of art. Later, during another more reflective self-state, the implicit experiences can be remembered and meanings tied to the object being discussed. Embodied and emotional experiences can then become integrated with words and foster explicit cognitive understanding. Art thus enables the tangible sharing and understanding of dissociated self-states. Additionally, it offers an exit from helplessness in relation to the damaging self-state by enabling concrete acts of trying out, playing with and building a visible range of new possible ways to relate in it. Artworks can always be worked on and over again, actively exploring and reformulating the meanings tied up within them. This process can initiate the integration of implicit embodied experiences and explicit reflection skills.

Exploration of case narratives

When we met for the first time, Kuura had left the hospital two days previously after being an inpatient in a psychiatric ward for over eight months. She was under heavy medication, including antidepressants and antipsychotics. She had physical experiences of both freezing and inability to move, as well as uncontrollable restlessness. These were in addition to distressing self-destructive thoughts and behaviour, which she experienced as impossible to ease by any means except taking strong medication and falling asleep. In some states her perception distorted and she heard disturbing voices. In spite of her overwhelming anxiety and uncontrollable experiences, Kuura was

very determined. She made high demands on herself and conveyed grim expectations for coping. She was used to having excellent cognitive skills and was very annoyed by her amnesia. She could not find any reason for her psychological problems. Simultaneously with feeling too scared to be alone, she did not want anyone to know of her difficult state, be worried or take care of her. Currently, three years later, she is still anxious at times and needs on-going medication, but she has found other ways of coping when the anxiety is at a lower level, such as writing poems or listening to the lyrics of music. She is also able to study and enjoy learning. Art therapy has not been the only form of treatment: in addition, she has received normal psychiatric care in psychiatric clinic and has spent short periods in both psychiatric day hospital and in inpatient ward.

Diverse perspectives to artworks from different times

The first interview took place 22 months and 96 sessions after the beginning of the art therapy. I was interested in which artworks Kuura remembers from therapy and which emotions she connects with her memories of the images. After recalling each picture (The Three-Headed Girl, Making Music, The Map and The Girl with the Masks) we jump back in time and I present my original notes on the art-making situations and our discussions, which I wrote immediately after each session. Then we move to the second interview, which took place 26 months after the beginning of the therapy, and where we returned to look and discuss those four artworks. This was the first time that we concretely observed earlier pictures from the course of therapy. I was interested in how Kuura now sees them and what kind of emotions or thoughts they awake in her. Additionally, I was curious as to whether the images would match her memories. I found it interesting that while Kuura stated she did not remember anything from the time she started the therapy, three of the four works she remembered were made during the first three months of therapy. Even the last one was made nine months after the beginning of therapy.

The Three-Headed Girl

In our first interview, Kuura recalled that she had made a girl with three heads out of modelling clay. She did not remember what the heads looked like, but she guessed one was good, the other was bad and the third was something in between. I asked what kind of feelings she connected with the Three-Headed Girl. Kuura remembered her inability to make anything out of the modelling clay. She recalled experiencing difficult feelings after making the clay model. It felt too revealing. The artwork depicted her state of mind too well. I asked if it still had the same meaning for her, but Kuura said she did not know. It was not nice to reminisce. When I now view Kuura's experiences evoked by modelling the clay, I see a dialogue between a demanding or critical position in relation to an inept and bad counter-position. At the same time, the Three-Headed Girl shows her negative feelings, which Kuura would not want to see.

Therapist's notes from the 3rd session where Kuura moulded the Three-Headed Girl

Kuura came early and had made four small pictures at home. First there was a poor girl in fog under a rain cloud. We discussed how the girl experienced her situation and found out that she

could not see anything outside the fog. The cloud was following her where ever she went - she could not step away from it. On the other side of the paper was the same girl in an endless circle of failures, blaming herself and feeling bad. On another sheet of paper she had drawn a restless and scared girl in the middle of the night. She could not feel safe anywhere. Instead, she was very scared and anxious all the time. I saw many different dialogues within these pictures. The cloud was governing and restricting the helpless girl, but on the other hand the same girl was blaming herself and feeling bad. Another girl was threatened by uncontrollable nightmares or scary thoughts with which she engaged in a scared position.

I asked if Kuura wanted to create a picture, and she answered: 'yes, gladly.' I was about to offer her some paper, but I saw the modelling clay, and asked if she would like to try it. She smiled and said: 'OK, it is really a long time since the last time I modelled.' We both began to mould our own pieces. We sat quietly for a while before we talked. We discussed how Kuura experienced being angry. I got to know that she never felt or expressed anger towards others. She was only angry and violent towards herself. I suggested that anger sounded like an important issue for us. Our aim would be to find and practice more constructive ways to express anger than hurting herself. During our dialogue, I experienced myself as curious and interested in relation to her genuine position. On the other hand, Kuura was expressing in her art-making her inner dialogue, where the angry side was hurting the emotionally dissociated wounded side.

Kuura moulded a girl with three heads. The middle head had a smiling face which was visible to others. On the left-hand side was the irritated red head, which was angry and violent – kicking and hitting herself. The head on the right side was disgusted and felt nauseous. Her feelings were similar to those of the girl who stood in the rain. She felt like a loser and blamed herself. Currently I recognise that each of the figure's heads had a different inner dialogue. The angry figure head was out of dialogue with the invisible wounded side. The shaming loser was counter-positioned with the blaming voice and the middle head, which was performing happiness or gladness for others, was not truly seen for real.

IMAGE 1.
The Three-headed Girl by "Kuura"
Modelling clay, 12 cm x 10 cm x 8 cm
Photo: Mimmu Rankanen

Observing the Three-Headed Girl 26 months later

I: What does the Three-headed Girl look like currently?
K: Stupid. The angry is angrier than I thought at that time. The disgusted one could be even more disgusted – the expression is not so strong. The glad has calmed down. It is more like satisfied, not so very glad. How long ago did I make this?
I: Two years.
K: It doesn't feel like such a long time.
I: Does it remind you of the feeling you had at the time?
K: No, it does not. It has nothing depressed, melancholic or sad in it. I do not know if that angry face was angry then, or was it anguished? There are also a lot of holes, it is missing a lot. There should be more heads.
I: You mean it has changed in that way? You notice now that there is more variety and tones in her experiences – not just those three possibilities?

Playing Music and Ronan the Accuser

We now return to the first interview, where Kuura remembered a picture of playing music together with her friends. It reminded her of friendship and pleasant cooperation. This image evoked both positive and negative feelings. She remembered the enjoyable moments of playing together. She recalled that the drawing was yellow, which depicted a good feeling for her. However, these moments were past, which instead evoked negative melancholic feelings in her. Currently, I see her relation to the artwork as containing two different dialogues – one where it is possible to be connected with others and experience being capable, and another where the connection to others is lost and where one feels helpless and unable to make contact with them.

Therapist's notes from the 5th session

Kuura was quiet and sat on the edge of the chair. She looked down at the floor. She had forgotten all of the previous days, because an unpleasant drama had taken place the day before. An employee in a day centre had shouted at her without any reason. Kuura's friend defended her and asked the employee to apologize. Still, she felt very ashamed of being the focus of attention and wished to sink under the ground. Her intolerable anxiety and restlessness had continued from there onwards.

IMAGE 2.
Ronan the Accuser by Kuura
Soft pastels, 72 cm x 44 cm
Photo: Mimmu Rankanen

I asked if she could make an image of the bad feeling. She wanted to draw with dry pastels, and I gave her a very large piece of paper. She asked if the image should fill the whole page, but I suggested her to leave the other side empty for drawing another feeling later. She focused for a long time on drawing eyes with green pastel and returned at many points to make them more cruel looking. Under the eyes she made a small crouched figure, which had her hands on her ears. At the top, she drew strong straight red lines, which she strengthened with black strokes. She made another little red figure down on the paper which sat cross-legged with her back to the viewer. Between the eyes and the small figures she made a black mess and hands on both sides of it.

To me, the mess looked like a shouting mouth but Kuura said it was just a lump. She described how the hands were trying to push a glass wall in front of them and how all the characters were separated from each other in their own glass boxes. The harsh-looking figure told the small ones that they were bad and wrong. They did not deserve to even exist because everything in them was flawed. I asked what happened to the cruel figure if the small characters went away. Kuura said that they would always be replaced by new ones so that the cruel figure always had somebody to blame. I asked if the cruel figure then needed these small characters, but Kuura said it did not need anybody. I asked if there had been times in her life when the cruel figure had been smaller. 'It is me', Kuura said. I said that the cruel figure was not her, because she also has many other sides. Of course she could experience it as one part of her, but it was not everything she is. Kuura explained that the cruel side had always existed, but she had only begun to become aware of it during the last year. I asked if this figure had some similarity to the heads of the modelling clay figure, but she denied this. This figure was the worst of all - Ronan the Accuser. He told everybody that they were somehow flawed lousy losers, which made the small figures feel ashamed and question their right to even exist.

Next, I asked Kuura to recall and draw another moment, when she had felt good, enjoyed herself or felt comfortable. Her movements changed totally. She drew in an easy, fast and relaxed way three people who were playing music. She drew colourful lamps in each corner and above them a singing dream bird. When she had finished drawing, I described for her how different her movements and touch seemed to be. She smiled and described how fun it was to play music together. In the picture, she was happy and playing with her friends like she used to. Not only her inner dialogue but also her embodied dialogue with the art materials changed during making this picture.

IMAGE 3.
Playing Music and Ronan the Accuser by Kuura.
Soft pastels, 72 cm x 104 cm. Photo: Mimmu Rankanen

Observing Playing Music and
Ronan the Accuser two years later

When we observe the picture 26 months later Kuura is surprised. She had not remembered Ronan the Accuser. However, she recognises now that she is not only the cruel person. The black lump and the small characters depict other parts of her.

I: You are the black messed lump, the obstructive person with angry eyes as well as those small cowering nice persons in the picture?

K: Except the small ones just look nice, they are not truly nice because they have turned away from others.

I: OK. And you remember the incident with which this was connected?

K: Yes.

I: How do you feel when you look at the other side of the picture?

K: A little melancholic. I feel bad, because I wish I could still make music with these friends. But I can't. And I cannot learn by myself - I need another person, who tells me what to do.

I: You mean you would like to have somebody guiding you?

K: Mm. And that person should also enjoy it and not only be a teacher. Because otherwise I become anxious and think I should be better or become better faster.

I: So the demands are there right away. Those others are expecting something from you.

K: Mm.

I: And you think you are not good enough?

K: Mm.

I: And then you feel disappointed or irritated, or?

K: No, it is not irritation. I feel like giving up.

I: So before you were capable of doing things you enjoyed but now you have lost it somehow finally - you cannot experience it again?

K: Mm.

I: Do you actually become sad looking at this picture?

K: Nods silently.

I: And if you compare this feeling with the three-headed girl?

K: The music playing picture awakes more emotions.

I: Now this modelling clay does not awake so much emotion any more?

K: No.

I: So these artworks, which at the time pictured bad feelings, are not affecting you in a similar way in the current moment?

K: Or then I myself have been more obstructive. But I do remember that rejection, and I will never go there again because they acted like that. It would be just the same if it was right or wrong. I feel so bad when I think about how they snubbed me there.

I: Yes — you should be angry with them.

K: Well, I should handle the anger and move forward, not be trapped in it for ever.

I: Mm. But are you allowed to be angry?

K: I should be angry.

I: But is it so that you cannot be, or it is too scary?

K: I cannot. I am sadder.

I: So the anger turns into sadness?

K: Mm.

I: And instead of directing the anger outside you, it somehow turns inside?

K: Yes.

Continuing discussion of the most important images —
Playing Music and the Black Lump

I: Which of these pictures are most important for you currently?

K: Playing Music is most important and that black lump is also quite important.

I: You mean the black mess in the cruel picture, which you recognized as being a part of you?

K: Or it is like a lump in a throat.

I: Is the lump like a feeling in a throat? Which is somehow stuck and doesn't come out?

K: Yes.

I: Is it sadness or anger, or?

K: I don't know. Maybe it is all the emotions at the moment.

I: So, all the emotions are somehow packed in there?

K: Mm. But I found a good way to manage anxiety. We went on a rollercoaster which goes upside down and I thought "Now I'm going to die!" It was a real adrenalin rush! I became straight away adrenalin junkie. I am going to travel around the world bungee jumping. We laugh together.

The Taped Map

In the first interview, I also asked if Kuura remembered any of the homework. Kuura remembered the Map, in which she glued the pieces of her ripped picture back together. She experienced it as quite a groovy and nice task. She had not done anything like it before and the outcome turned out totally unlike the starting point. She found herself in a surprised and curious position in relation to the challenging art task. She made this homework between the 11TH and 12TH sessions.

Therapist's notes from the 11th and 12th sessions

Kuura painted a landscape which pictured an ideally good place from outside and an unbearable bad place from inside and a path which was between them. Inside the bad place was a deep darkness, a river and a path, which was not going anywhere and where you could only get lost. In the background

IMAGE 4.
The Map (therapist's copy of the Kuura's original painting). Poster paints 52 cm x 72 cm.
Photo: Mimmu Rankanen

were high mountains with snow peaks. During the year before, it had not yet been possible to even see the bad place, because it was invisible somewhere behind the mountains. The yellow bowl was the good place. It was not possible to enter the bowl, but it contained a warm, vivid and dazzling place, which was protected with coloured light, like a rainbow or aurora borealis. It was easy to fall down from the good place but the road from the bad place to the good place was long and difficult.

I asked where Kuura was in the image at that moment and she made a yellow fingerprint on the path between the good and the bad place. I continued by asking where she was last year, and she placed herself in the river inside the bad place. A year ago, she was lost and astray in the darkness. Two years ago she was on the path close to the good place and five years ago in the good place. For me it was possible to imagine these two places as picturing an ideally protected and safe self-state and an absolutely unsecure and needy self-state.

I asked if someone else could also enter this landscape. Kuura denied it. I took a toy dinosaur from the table and asked if this could enter there? She started to laugh and said no. I took a monkey and asked if that could be there? K: 'Maybe, somewhere far away behind the mountains.' I took a small turtle, 'how about this?' K: 'No, it cannot.' I: 'How about this small frog, can it enter there?' K: 'Maybe, somewhere far outside the bad place.' She looked at the point on the path where she had placed herself. I asked: 'I guess it must feel quite heavy to be right there?' 'Yes', she answered. Kuura smudged the yellow fingerprint on the path. 'This has begun to look really stupid', she said. I: 'You don't like it any more? Is it irritating?' K: 'Yes, it is ugly. Actually the whole work is stupid.' I: 'What would you like to do with it?' K: 'I could tear it up.' I: 'Well, go ahead.' Kuura tore the picture carefully into rectangular pieces. I felt calm. I thought how good it was to have a possibility of showing and handling anger in a manageable and symbolic way. After shredding the picture, she placed the pieces in a beautiful pile and handed them to me. I said: 'Well, now I also have homework for you.' I gave the pieces back to Kuura and asked her to use them for a collage. 'Oh no', she said. 'I shouldn't have shredded the picture. The work will be huge if I use all of these pieces.' I: 'You can place these on top of each other and use them as a base for your work. Please bring the work for me the next time we meet.' K: 'Well, you did give me a challenging task.' I: 'Yes, I feel quite nasty. I wonder when you will get angry at me.' K: 'Well, that you will have to wait for.' After the session, I felt I had failed and made a mistake. I thought that my reaction was not appropriate and this allowed me to experience how uncomfortable and guilty it felt to be inside the bad place. I experienced the inner dialogue between accusing and awkward positions within myself.

At the beginning of our next session, she took a taped-up picture out of her bag. 'This was a really good and nice task' she said. 'It was just difficult to stick the pieces together, so I had to tape them.' She seemed pleased with the work. I examined the picture for a long time and read aloud some texts from it. The phrase: 'I hated the girl who spoiled her life' was important for Kuura. I wondered if that girl was able to like or feel sympathy for herself. 'No, she cannot' Kuura said. On the other hand, the challenge of repairing the picture was counter-positioned with her experience of capability. In her dialogue with the valued artwork she could experience pride.

IMAGE 5.
The Taped Map by Kuura. Collage 32 cm x 99 cm. Photo: Mimmu Rankanen

IMAGE 6.
The Taped Map (backside) by Kuura. Collage, 32 cm x 99 cm. Photo: Mimmu Rankanen

The ideal image on the right-hand side of the picture contained relaxation, love and joy. I asked if these could be her wishes, but she did not think so. She would have needed a miracle to experience happy feelings. They could only be reached by suddenly waking up and being an eight year old girl again, for whom everything was fine. I wondered whether she could care for that child, but Kuura said she was too far away in the past. It was not possible to experience the happy child as a part of her current self. In the middle of the picture there was a wall of fire and chains which prevented one from going further. I admitted that it must be very difficult to go through the fire and free oneself from the chains. When I observed the picture, I experienced deep sorrow in my dialogue with the image, which I saw as wounded and hurt.

Observing the Taped Map two years later

I: This is the homework you remembered.
K: Yes, the map. (Reads texts from the picture aloud) "Cried, disappointed and ashamed. I understand those who hang around violence" – this is the adrenalin rush which makes you forget the anxiety!

I: Mm.

K: *"Hospital. Extreme trauma. Affected and crying. Died of worries. Embarrassed! Restless feet. Are you also worried? Secret role. I cried and was frustrated."* I should do these again! These were great!

I: Yes.

K: *"I thought I would become crazy."* – Well, how strange. "Abused girls. Help, someone … Hit. Not allowed to be afraid. I hated the girl who spoiled her life." - Well that is quite a striking phrase. "One has managed with medicines. No warning about the catastrophe."

I: And here is some more.

K: *"Suddenly I woke up. I was eight years old again."* That one I remember! *" No need to be afraid. No need to be ashamed. New easy life. Feelings are not killing you. It doesn't mean that one wouldn't love. Carefree. Happy souls. Shared accepting air. Now the hope is not dying. New day. Relaxed."* These two phrases are the most important: *"I hated the girl who spoiled her life"* and *"Suddenly I woke up. I was eight years old again."*

I: What is important in those?

K: It would just be so cool to wake up and start everything from the beginning - in another way. And the other phrase - when you see yourself spoiling your own life – you may hate that girl. If it had been someone else who spoiled your life, but when you experience you have yourself caused it and spoiled your own life…

I: You mean there is some kind of blaming? It is not only anger, but somehow blaming?

K: Yes. One is exasperated about being like this, for not doing better. But anyway, it is an especially bad thing when you see from outside that someone is spoiling her own chances.

I: And this would be a good thing. *"Suddenly I woke up and was eight years old again".* (Points to the work.)

K: Well, I would like to be a child. Then one could get away from everything.

I: Yes, one could get away from being guilty.

K: Yes. I could be a child forever. That would be quite nice.

I: But as an adult it is also possible to free oneself from the guilt and decide it was not my fault, I didn't spoil it.

K: But if it feels like one spoiled it.

I: Yes, I understand it feels like that.

K: Mm.

I: But in principle, you could think like a child. You could in a way overcome that blaming anger or free yourself from your own blaming and demands?

The Girl with the Masks

In the first interview, Kuura also remembered that she drew a girl with smiling and sad masks. She experienced that the smiling face had started to crumble a little bit since the time of making the picture. It was not so easy to keep it up any more, which she experienced as good, because she does not fake so much any more. In a way, she also experienced it as bad, because she could not fake any more, even if she would have liked to. Simultaneously, as she was a little bit more visible in a genuine way, she would not have wanted to show all the lousy feelings she had. She did not want to make other people worried. Instead, she at least sometimes wanted to fake how she felt and be less transparent. I experienced it as very positive that Kuura had become more visible as she is. I remembered our first session, when

I had asked Kuura to pick a card which pictured her hopes and aim for the therapy. She chose a picture of a little red-haired Native American child who had black stripes painted on his skin. Kuura said that she would like to become more visible and explained she had been invisible too long in a wrong, harmful way. In that sense, I felt good hearing her becoming more visible, even if it did not always feel so nice for her. I now reflect that her dialogical relation into unpleasant and negative emotions had slightly changed and she was slightly more capable of tolerating them.

Therapist's notes from the 48th session

It was the last session before our Christmas vacation. Kuura was worried about becoming anxious during the Christmas break. She was scared of being at home. I wondered what was so scary there. She said it was difficult to show anyone her bad feelings. Instead she wanted to behave as if everything was fine so as not to worry anyone. I said it must be very tiring for her to perform glad simultaneously with being afraid of becoming anxious in an unmanageable way. It sounded like a cage from which it is not possible to escape. Because she needs to use a lot of energy for performing and keeping the anxiety away, this just makes the fear and anxiety grow. Kuura recognized this experience. We discussed how she could relax and felt safe in those places, where she could also experience bad feelings and where her unpleasant feelings had become seen.

After our discussion, Kuura wanted to draw. The picture became quite truthful. There was a girl who stood and pondered which of the masks she should choose. She had one mask for each day of the week. She used the angry mask only for watching herself and the sad one had totally disappeared somewhere. The smiling mask was yellow and almost invisible. In the hospital, the girl could be without a mask or use the glad and apathetic ones in turns. In therapy, she could also be without a mask and feel more pensive. I asked: 'Is there something wrong with the girl's face because she wants to cover it? At least she is not ugly, or is she?' 'Well, it can happen that she is', Kuura said. 'But mostly she just tries to choose the masks according to others' expectations, because she is quite numb and does not feel anything. She is not very glad, sad or anything else she should be.' In the girl's dialogue, others were very demanding and she answered by performing something she supposed that others would accept. Simultaneously neither herself nor the others could see her real feelings, which became dissociated outside the dialogue.

IMAGE 7.
The Girl with the Masks by Kuura. Soft pastels, 104 cm x 72 cm.
Photo: Mimmu Rankanen.

Observing the Girl with the Masks 26 months later

I: You said the Three-headed Girl should have more different heads or she has kind of holes in her. Do you think the Girl with the Masks has those heads she is missing?

K: Yes. Here are sad, anxious, angry-surprised, angry-enraged, glad and then this nauseous face. And that one is someone invisible. It has an unseen face.

I: You mean that yellow one?

K: Yes.

I: And that one is enraged?

K: Yes. It is angry-enraged.

I: What do you think about this picture now? Is it like you remembered?

K: I thought there were more of those heads.

Joint observation of the process

I finish our story at the end of the second interview, where we explore how Kuura has experienced art therapy, art making and observing pictures in relation to her self-understanding.

I: How did you experience observing these pictures?

K: Some of them were useless and some of them were important. That homework was nice. It is the only one I am satisfied with. I like it because of the texts. "I hated the girl who spoiled her life" and "Suddenly, I woke up and I was eight years old again" are good. And most important is the picture of making music. I recognized that I sometimes drew again same pictures here which I did at home or when I was a child. I wonder if there was any sense in drawing them again.

I: Maybe it has been important because of being able to discuss them? Maybe you have not had the possibility to talk about them with anyone before?

K: Yes, that's true.

I: What is it like making pictures here? Is it like in other situations?

K: No. First of all, the pictures are ugly. They are stick figures and other lousy pictures. For some reason, I cannot draw here. Elsewhere I can draw.

I: Well, maybe it is part of the importance of this therapy situation. You can practise making mistakes and not being perfect. Maybe it is important to make ugly images somewhere? How do you experience art-making here?

K: I do not think anything when I draw. But almost every time, I first imagine the picture in my mind before I start to draw. Only later on, when we look at the picture, do I start to think again.

I: Does the picture look like you planned in your mind or is there something different?

K: It looks like I thought. The surprising thing is, when I supposedly discover what it means.

I: Supposedly?

K: Well, you know, the drawings don't think. They are just two-dimensional pictures. When you ask: "What do you think that dragon thinks?" I need to make it up: "ah, I guess it thinks like …" In that moment, there appears something else than I thought in the beginning. It is meaningful but it needs some guidance to happen.

I: Can you say more about that? How is it for you when I guide you?

K: Well, what you say is good guidance. Sometimes if I feel irritated to start with, it can of course feel irritating.

I: Have I noticed your reaction, when I have said something that irritates you or which you find stupid? Or have I just gone on?

K: No, you have noticed how I feel.

I: Can you tell more about how you experience our discussions of the pictures?

K: When we discuss, the pictures unfold more and that impacts the way in which I feel about them. I gain more views. If I didn't like the picture in the beginning, I might get over it.

I: How have you experienced the situation when I sometimes have the picture from a previous session on the wall?

K: It has been a little bit awkward, because I never remember what I have done. Again, if I remember, it is boring, and I cannot find anything new in it.

I: Can there be anything good about viewing a picture from a previous session?

K: No, nothing good that I would recall.

I: Does art-making always feel the same, or does it change?

K: It is not always the same. It is significant where the image has been made and how I have felt. Working in the presence of other people has been easier than drawing alone. In the hospital, I could not stand to be alone and draw; I needed somebody to stay with me in the room. Later, I drew alone a lot, but I showed the pictures to nurses and the psychologist. I could not describe how I felt but I could draw it.

I: Was looking at the pictures similar to how it is in here?

K: No, talking was different. We didn't analyse the pictures. They looked at the images and said: "That is a great picture". In the picture group, we did not look so much at one image at the time and we were asked: "How did you feel making it?"

I: Can you tell more - what do you mean by analysing pictures?

K: Analysing pictures is positive. I like it when we observe my pictures. The more we discuss about my issues, the more I like it. My pictures and my issues become meaningful.

I: What is it like observing pictures here?

K: They become meaningful when we first discuss, then I draw, and then we discuss again. That gives me new insights. I can find such surprises in them.

I: Would it be different if we just discussed and you didn't make any pictures?

K: The images guide me towards new issues more than just talking. The pictures unfold issues which wouldn't come to my mind by only discussing.

I: I know you also visit a psychiatric clinic where you talk and don't make pictures. Have you noticed any differences?

K: I feel worse here. I cannot hide my bad feelings so much. I guess that is partly because I have been coming here quite a long time. But it is also because images unfold feelings that I wouldn't have noticed or shown otherwise.

I: Do you think that making images can be harmful on some occasions?

K: No, never.

I: Even if you feel bad when you make them?

K: No, they cannot be harmful even if I felt bad.

I: Is there anything more that you would like to say?

K: This has been a very good form of therapy for me.

Discussion

I end this chapter by reflecting on these narratives about Kuuras art therapy from the dialogical point of view. Within the triangular relationship of art therapy, there are multiple dialogues in comparison to those occurring in verbal therapy which I aim to discuss in the following conclusions. Instead of focusing on the verbal interpersonal dialogue between therapist and client and their intrapersonal dialogues - which cognitive analytic theory already elucidates - I describe and give structure to those three additional art oriented layers of embodied, material and sensory dialogues, which I have found from the narratives of our experiences: Dialogues between art maker and art materials, dialogues within artworks and dialogues between the viewers and the artworks.

1. Dialogues between art maker and art materials

Firstly, art maker and art material have a counter-positioned dialogue. Art materials elicit and affect both internal and external dialogue, as in Leiman's (2004) example of a potter, who goes through a rapid sequence of different positions from excitement to frustration and disappointment in relation to the clay which she is trying to mould. The potter and clay have a counter-positioned relationship which undergoes constant changes. In Kuura's case the embodied and emotional dialogue between her and art materials changed visibly at least twice. First in the 5TH session between making Ronan the Accuser and Playing Music, where her aggressive drawing movements towards either helplessly receiving or silently resistant paper changed into, fast and relaxed movements in co-operation with the smooth and accepting paper. Next the changes in material dialogue were visible in the process of making the Map, tearing it in pieces and taping them back together into a new work. While painting the original map of her experiences Kuura was using poster paints instead of dry pastels, which she normally preferred. At first she had an accepting position towards painting and the picture of her experiences was accepted. However, following our dialogue and my action - where I played with toy animals which tried to enter in the landscape - her relation to the painting suddenly turned into unaccepting and she experienced that it was bad or spoiled. Her dialogue with the art materials changed into an angry position towards the contemptible picture and she destroyed it. When I asked her to use the destroyed pieces for continuing art-making, she experienced an excited and curious relationship towards the challenging art material. She was capable of repairing and transforming the material into a successful new piece, which she respected and was proud of.

For the art therapy client the interaction with art materials often feels a safer and more self-manageable way of expressing difficult self-states or un-owned "voices" than focusing on relational work directly with the therapist. The client actively creates meanings and maintains ownership of the artwork and its significances, unless the therapist is eager to push interpretations or is otherwise intrusive. Kuura reflected about her relationship to art-making and care personnel that she was unable to describe with words how she felt, but she could draw it. She also felt worse in therapy than in other places and could not hide her bad feelings, for making images brought up feelings that she would not have noticed or shown otherwise. During art making her difficult experiences became expressed and their

existence concretely witnessed. At that moment they were seen and not dissociated out of sight even if many of the images were afterwards forgotten by her.

2. Dialogues within artworks

Secondly, artworks contain different dialogical voices within a single piece as well as between two or more pieces. However recognising the other party of the dialogue is often not easy for it can be invisible or emotionally cut off from awareness into a separate self-state. In Kuura's homework drawings from 3rd session there were visible dialogues between different elements of the drawings. The compelling cloud and threatening nightmares were governing the girl, who was captured in a helpless and scared position. In contrast, the dialogues of the three modelling clay heads, which each contained different counter-positions within them, were visually invisible and possible to find only by empathic imagination. One was enraged and violent towards the numb or dissociated wounded side. The other was a shameful loser who was blamed and despised by an invisible voice. The third was playing happy and ignoring the voice of unrecognised real emotions. The dialogue of the third head was similar to that of the Girl with the Masks, who tried to perform according to others' demands in order to feel accepted. At the same time the demand for performing caused dissociation of her authentic feelings. On the other hand, I experienced a connection between the inner dialogues of the second head and the picture of Ronan the Accuser. Kuura, however, did not find the same. The second despised head was blamed by the contemptuous voice and Ronan the Accuser was extremely judgemental towards the isolated flawed and shaming creatures.

In addition to dialogical counter-positions, an artwork can thus contain different self-states. In later reflections Kuura remembered only the image of happy moments of making music but not the cruel and judgemental state of Ronan the Accuser from the other side of the same picture. In Kuura's original Map painting the contrasting self-states of perfect safety and deserted loss could be viewed simultaneously in the same landscape even if the path between these places was very fragile and easily cut off. In the Taped Map fire and chains were preventing the possibility of moving from traumatic state into accepting experience.

3. Dialogues between the viewers and the artworks

Thirdly, both the therapist and the client can view the same artwork from different positions. The positions they take can reflect their own inner repertoire of accepted reciprocal roles and their flexibility or rigidity. Looking at the Taped Map evoked quite different positions in me and in Kuura. I looked at the back of the picture experiencing sadness in relation to the taped wounds I saw, while Kuura experienced pride and satisfaction in relation to her successfully reformulated picture. Exploring diverse views can enrich therapeutic observation and give understanding of the variety of possible dialogical positions.

At first, the position and meaning of a certain figure can often seem to be fixed. One can identify with one or more figures in the artwork and feel that it is 'just like me'. Kuura identified herself with the position of Ronan the Accuser. On the other hand, the black mess

was meaningless for her and not connected with other parts of the picture, while I saw it as an angry shouting mouth of the cruel person. However, two years later her view had changed and she experienced the black lump as important. It had changed from meaningless mess into lump of stuck emotions in a throat which caused anxiety. She could also recognise that she was not solely the cruel person but understood that the black lump and the small characters also reflected some parts of her experiences. Images are thus never unambiguous and linear.

Taking diverse stands in space and time can change experiences and open novel views. Those meanings which arise while looking at the artwork can be counter-positioned or set in contrast to meanings which were experienced during art-making. At the same time, one can integrate these contrasting experiences and meanings in one piece of art. In addition to the current moment they can also refer to experiences of the past and hopes for the future, which become simultaneously observable. In other words, art work enables the simultaneous observation of different dialogues from outside and fosters the client's capability to reflect on what kind of dialogues the artworks contain. In her final reflection, Kuura described these changes in her observing awareness during the process of art making and when look-ing at the picture later. She did not recall thinking anything while drawing but only later while looking at the picture and discussing it with me. Even though the picture looked like she had imagined it beforehand, she was surprised to discover novel and unexpected mean-ings in it, when I asked her to take different positions in relation to the figures in the picture and when she imagined what they experienced, thought or saw.

It is thus possible not only to view the artwork from one position and experience a counter-position appearing in the artwork but also to take an observing position to it and see both sides of the dialogue. Reaching an observing position may be made possible by looking at the artwork in different emotional states or by taking distance from it physically, or in time. We can observe the piece from different angles and distances, which tangibly enables more flexible perspectives. If we place a new object - a toy, an earlier piece, a postcard or an im-agined person - in relation to the art work, a shift, reversal or change in dialogical position can also occur. In addition to the more abstract verbal reflection, art therapists and clients are equipped with tangible visual, spatial and artistic means for observing, organising and assimilating experiences (Rankanen 2011).

When Kuura returned to look at the Three-Headed Girl two years after it was made, she saw the emotional expressions were of different qualities than she had remembered. Ad-ditionally, she felt there were a lot of holes and the girl was missing heads. She recognised the three heads did not picture any of the sad and melancholic feelings and she experienced, and felt there should be more heads for absent emotions. When we then placed the Girl with the Masks besides the Three-Headed girl, Kuura noticed it pictured many of those emotions, which had been out of dialogue.

Kuura described these changes in her final reflections by explaining how she could gain novel views and experience how new meanings unfolded in her pictures, when we looked at them and discussed. This again had an impact on her emotions towards the images and her feelings

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could change. 'If I didn't like the picture in the beginning, I might get over it then.' She found that looking at her pictures and discussing them increased her experiences of meaningful-ness and gave novel insights. Within the triangular relationship of art therapy, all these layers of concrete and dialogical art-oriented actions, reformulations and descriptions can thus be transformed into an increasingly reflective understanding of self and others.

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Valokuva: Sirpa Päivinen

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The Visible Spectrum explores participants' experiences of the art therapy process and its impacts in the contexts of adult education and psychotherapy.

The spectrum of light is invisible, unless it meets facets of glass, which break it into observable colours. Similarly, internal experiences are largely invisible for others, until they become expressed and communicated. By utilising the metaphor of triangular glass pyramid this research illuminates the spectrum of art therapy participants' unique experiences and makes explicit the multiple theoretical angles through which the research subject is explored.

As a vehicle for scholarly communication, this article style dissertation models excellence in critical thinking and construction of the scholarly argument. It was a delight to read.
— Professor Lynn Kapitan, Mount Mary University

The selected perspective of the therapy experience, as well as the theoretical and analytical models developed in the process of the study demonstrate the innovativeness of this dissertation.
— Professor Eha Rüütel, Tallinn University

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