PhD Thesis Title:

The House as Symbolic Representation of the Self

Silvia Wyder

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Therapeutic Arts
College of Arts, Humanities and Education
Department: School of Arts

Director of Studies: Professor Dr Susan Hogan
1st Supervisor: Dr Ruth Larsen
University of Derby, UK

Examiners: Professor Dr Margaret Hills de Zárate and Dr Jamie Bird

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The present Research, and Doctoral Thesis has been carried out and has been written by me, after having been previously ethically approved. The current version of 1st November 2023 is reformatted with respect to the submitted and officially accepted version of 25th September 2023.

Abstract: The House as Symbolic Representation of the Self

Houses, or people's necessity of shelter and dwelling, are found in all cultures and geographical regions. I carried out a comparative study in art therapy built on the topic of the *house*, which allows to speak to patients worldwide and to trigger deep-lying emotions and personal issues. This thesis investigated the degree to which this topic can, via patients' aesthetic and narrative material, provide insights into art therapy workshop participants' states of selfhood. By applying the same approach in three clinical contexts in Wil, Switzerland, Paris, France and Ohmiya, Japan, comparative studies became possible. This research also explored whether past traumatic events, or phenomena of posttraumatic stress disorder (PTSD) symptoms could be expressed and detected in patients' aesthetic works and narratives.

Several research methods and interdisciplinary approaches were integrated and both qualitative and quantitative procedures applied, resulting in a mixed methods approach. This comprised a qualitative phenomenological study, incorporating also quantitative elements, and covering disparate geographical and cultural contexts. Fieldwork procedures consisted of clinical art therapy focus group workshops. The applicability and validity of the combined procedures was demonstrated.

In addition to the main cultural and methodological questions, whose discussion forms major foci of this thesis, additional axes (suitability of the topic for juveniles and adults and more generally, gender issues, and various socio-cultural situations) were explored. Also the potential presence of disparities between participants' verbal and pictorial expressions regarding lived experiences, particularly regarding PTSD, was investigated.

Finally, I explored whether and to what extent the various cultural contexts would shape the individual, and if so, how these would reflect upon their aesthetic and narrative expressions.

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List of Abbreviations

AIF as if, als ob (in German)

BBS Basler Befindlichkeitsskala, V. Hobi, 1985

IES-R Impact of Event Scale-Revised, Weiss & Marmar, 1996

PTSD Posttraumatic Stress Disorder

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‘The House as Symbolic Representation of the Self’

Prologue

Personal Background to the Study

Personal experiences and dreams are at the root of the thematic choice of this PhD that is linked to the topic of the *house*. One of these was a forced bodily immobility that led to an inner distancing from my painful situation, which was made possible by persistently contemplating an abstract Japanese calligraphy of a dragon on my room's wall, which allowed my mind to wander. I thus started to become interested in such mental inner processes and related questions of *how*, or *why* gazing at art could have beneficial consequences, resulting in a positive detachment from physical and mental distress.

Subsequently, during an intense period of my life *houses* started to appear in my dreams: moving *houses*, *houses* seen from the outside situated, for example, on a big square, or near rivers, but also at times showing interior spaces. With time, I got more and more intrigued by these dreams, and I started to look beyond my own nocturnal experiences; I started searching for artists' whose works focused on that topic. Additionally, I began to investigate architects and their constructions in reference to their personal backgrounds.

Since I am also a trained artist I commenced to paint or draw *houses* and to write down my dreams in a notebook. Thereafter, I continued to draw, or paint *house forms* that came to my mind or I dreamed about, be these geometrical, organic or a mixture of both.

In parallel, as I got increasingly interested in the complexity that this topic incorporates, spanning from dwelling, interior spaces to symbolic notions, up to aesthetic, architectural and culture-based and material specificities. I started engaging with artists’ works and their respective biographical literature, as for example Miriam Cahn (whom I interviewed), Heidi Bucher, Do Ho Suh, Rachel Whiteread, or Gordon Matta-Clark to name just a few, focusing on their *house*-based artistic expressions.

Finally, my longstanding interest in architecture led me to study architects and their works, such as Christian Kerez, Sou Fujimoto, or Friedrich Kiesler, focusing either on their life stories, their encounters with psychoanalysts, or architectural forms. Cultural aspects also started to play a role with a particular focus on notions referring to, for example, the ‘inside’ and ‘outside’, questions of porousness, or in-between spaces, that are grounded in some European but also in Japanese cultures.

Ultimately, personal life experiences expressed via the arts, personal backgrounds and works of artists and architects led to my PhD-research and final thesis.

Introduction

In an era of globalization and multi-cultural societies, mental health issues and approaches need to be considered from broader and culture-sensitive perspectives. At the same time, there is a dearth of art therapy research, and more generally, of research approaches that would be appropriate to the exploration of the multi-dimensional questions linked to this thesis' topic. It attempts to both propose a research methodology that is appropriate to art therapy in multiple cultures and apply this approach to three different cultural contexts (Japan, France, and Eastern Switzerland). In doing so, the multi-facetted qualitative and quantitative-based data that was obtained through art therapy fieldwork in these cultures allowed illumination and exploration of a range of variables: art therapeutic, cultural, temporal, societal, age-related, and methodological.

This introduction briefly elaborates on the main subject matters of my thesis, which will thereafter be deepened within later chapters, contextualised in the three clinical fieldwork chapters, and pooled together in the analysis and discussion chapter.

Chosen Methodology

A mixed-methods approach has been chosen to carry out this research consisting of a qualitative phenomenological in combination with quantitative methodology. The finally applied methodology has emerged due to the complexity of the material and data obtained in order to, a) address cross-cultural, PTSD-related, gender and age-related complexity, b) to allow pooling of the variously obtained datasets, and finally, c) to permit cross-checking the results.

The House Topic and Context of the Art Therapy and Cultural Studies Research

Houses, or people's necessity of shelter and dwelling, are found in all cultures and geographical regions. Hence, carrying out a comparative study in art therapy addressing the topic of the *house* holds the potential to speak to patients worldwide

and to trigger deep-lying emotions and personal issues. This thesis investigated the degree to which this topic can, via patients' aesthetic and narrative material, provide insights into art therapy workshop participants' states of selfhood within several cultures and whether, given the possible emotional impact of the topic, past traumatic events, or phenomena of posttraumatic stress disorder (PTSD) symptoms could be expressed and detected in patients' aesthetic works and narratives. In short, these are the three main topics of the thesis: the *house* as representation of the self, cultural aspects, and PTSD, which are the focus of the main overarching chapters.

Studies involving this topic seem scarce as the *literature review* (see *chapter two*) demonstrates and the theme of the *house* has received only some scant attention during art therapy workshops (e.g. Hogan, 2014). An extensive cross-cultural art therapy study incorporating this notion seems never to have been carried out. The concept of *house* has undoubtedly received more in-depth attention from philosophers (e.g. Bachelard), psychiatrists (e.g. Klessmann & Eibach), psychoanalysts (e.g. Knellessen) and architecture theorists (e.g. Yormakka) than from art therapists, a motivation to investigate its potential to stand in for the self.

In the absence of similar topic-related investigations prior to this study, research integrating several research methods and interdisciplinary approaches and associating qualitative and quantitative procedures was initiated, to which a novel mixed methods approach was applied. This comprised a qualitative phenomenological study, incorporating also quantitative elements, covering several geographical and cultural contexts (Japan, Switzerland, and France). Fieldwork procedures consisted of clinical art therapy focus group workshops. Quantitative measures regarding PTSD included the Impact of Event Revised (IES-R) test (Weiss & Marmar, 1996) allowing for an additional dataset complementing those stemming from patients' aesthetic works and narratives, observational field notes and a semi-structured interview questionnaire (Wyder, 2016). Demonstration of the applicability and validity of the combined procedures is at the basis of the analysis of the obtained findings.

The majority of the fieldwork participants were adults between 24 and 69 years. The inclusion of adolescent patients was initially not foreseen. However, an

opportunity to carry out research at the Hôpital Pitié-Salpêtrière in Paris with this age-bracket provided the possibility to obtain complementary material.

The second aspect of the research was whether (or not) there might be disparities between participants' verbal and pictorial expressions regarding lived experiences, particularly regarding PTSD. Thirdly, I investigated whether and to what extent the various cultural contexts would shape the person, and if so, how these would reflect upon their aesthetic and narrative expressions.

In the course of the analysis of the fieldwork data, exploration of the findings along two main axes additionally became feasible:

- Longitudinal study (Switzerland), and
- Cultural comparative studies (Japan, France and Switzerland).

Further axes (juveniles versus adult suitability of the topic and more generally, gender issues, and various socio-cultural situations) were also explored. In all field work chapters, only the most salient aspects of the patients' data can be discussed in this thesis, given the very large amount of gathered material. In all cases, the respective clinical studies can play the role of indicative comparators, with the caveat that these should not be considered as fixed, or absolute 'truths'.

I shall now introduce the context and the key themes of my thesis, which will be expanded upon in *chapters two*, *four* and *five*, together with the importance of culture and PTSD, the concepts of self, symbol, representation, and space.

Art Therapy Research

Art therapy is applicable across a broad range of cultures and can be employed in various socio-cultural contexts, both within clinical, and non-clinical settings, allowing extensive research to be carried out. Fundamentally, cultural idiosyncrasies need to be considered, as for example Shinya Sezaki (2012, p. 223) points out: 'Japanese people possess cultural values, social customs, and communicative

styles which are different from Western norms.' Hence, a self-reflexive stance regarding Western-based art therapy approaches, and one's own socio-cultural background is of major importance. To my knowledge, relatively little research questioning and establishing such universal applicability and validity has been carried out to date. Investigating such notions required choosing or developing methodological approaches that permitted addressing particular research questions qualitatively and quantitatively. It also calls for a topical choice that incorporates persons' fundamental needs by permitting creative and verbal accesses to intimate individual, or societal spheres and dynamics.

Given the fact that art therapy research incorporating the topic of the *house* is scarce and that cross-cultural topical studies are rare, the current PhD research will be proven to be justified and to have hopefully expanded field-related knowledge, demonstrating a specific topical validity cross-culturally and additionally allowing a quantitative validation of a mostly qualitative phenomenological research methodology within art therapy (*chapter nine and ten*).

Art Therapy

I will now briefly outline my approach to *art therapy* (deepened in *chapter four*) that emphasizes symbolic material, which emerges in patients' aesthetic works and narratives. In my view, art therapy can be considered as a form of psychotherapy that considers participants' aesthetic expressions as equally important as the spoken word. Crucially, this approach involves the interaction of three essential elements – the patient, the aesthetic work, and the art therapist on equal footing. In other words, there exists according to Knill (2007, p. 62) 'a form of 'Dreierbeziehung' (three-way relationship), with the work literally becoming a player in its unpredictable and surprising process of creation' (my translation from German). While art therapy ultimately needs to involve and reach the patient's inner self, direct access via speech is at times not only difficult but may even be counterproductive as it may trigger defence mechanisms. Instead, intercalating an intermediate layer, which can stand in symbolically for the self, may allow both art therapists and patients to address the self 'from the outside', in order to achieve both 'exterior' and 'interior' perspectives. Whether this layer can be implemented in form of a proposed topic of the

house is indeed one of the main goals of this thesis.

Hence, the notion of *symbol* plays an important role in art therapy as it lends itself to aesthetically and verbally express various inner material of which the person might be unaware. Susan Hogan (2014, p. 47) writes, for example, that 'symbols and metaphors can be used to bypass conscious intention to make statements about oneself'. *How* the symbolic content is felt about (possibly unconsciously), how it is thereafter verbally and aesthetically expressed by the person during art therapy is part of a process that unfolds over time, whose tempo is mostly defined by the participant. *How* it is perceived by the art therapist can be similar to, or divergent from, the participant; good art therapy practice should treat interpretations of such phenomena carefully. In my view, carrying out an interpretation (even if together with the patient, and in presence of the aesthetic work) involves a similar challenge as defining the complexities of the *self* and the same is true regarding the world of *symbols.* Hence, my stance can be related to Jung's conceptions regarding the importance of symbolic material as expression of patients' selves, without however integrating his interpretative definitions in detail. He (1953 - 1979, CW, p. 478 / 823) described symbolic notions together with potential links to creative and physical expressions by integrating conscious and unconscious material:

> 'The symbol is always a product of an extremely complex nature, since data from every psychic function have gone into its making. It is, therefore, neither *rational* nor *irrational* [...]. It certainly has a side that accords with reason, but it has another side that does not; for it is composed not only of rational but also of irrational data supplied by pure inner and outer perception. The profundity and pregnant significance of the symbol appeal just as strongly to *thinking* as to *feeling* [...], while its peculiar plastic imagery, when shaped into sensuous form, stimulates *sensation* as much as *intuition*' [...].

Thus, the emergence of and the specific forms of expressions regarding patients' conscious and unconscious material is important. Crucially, art therapy offers the potential to express such content 'into sensuous forms' (Jung, 1953 - 1979) via individually created aesthetic works, which are related to persons' selves.

Furthermore, Aleida Assmann addresses additional notions regarding the symbol more globally, that is, less psychoanalytically, but does nevertheless refer to humans' psyche and to aesthetic symbol-based representations. She writes (2011, p. 32):

> 'In addition to the possibility of transmitting information across space and time, the use of symbols is linked to other specific possibilities such as the reflective handling of signs, which includes the operations of abstraction and negation as well as the aestheticization of symbols. Conscious use of symbols always requires a higher capacity of differentiation, because symbols are never identical with what they represent and what they refer to [...]' (my translation from German),

thus raising the question of the conflation of the produced images with their originators in case they are aware of certain elements. I will argue that to some extent, and in some cases even within the same persons, they can clearly be related, even though I would not support the claim of being 'identical'. Such an interpretation would, I believe, require a complete and fundamental knowledge of the person, the aesthetic work and even myself, which is impossible.

In addition to the various theoretical approaches to art therapy, there are, as Hogan (2014, p. 12) points out, differences and overlapping concepts within this field. A common denominator is, as she writes, that in 'art therapy, participants are encouraged to explore their feelings [by] using [various] art materials' and that 'this can be done individually or in groups. The role of the metaphor and of symbols depicting mood states, which are hard to articulate, is important. How participants use the art materials can also contribute to the meaning of the art produced'. In other words, she also underlines the importance of the emergence of inner symbolic material within varying contexts. This can aesthetically be given form in multiple ways possibly leading to aesthetic and inner changes, or personal developments over time. Addressing such potentially occurring inner and outer processes, Schaverien (1999, pp. 77 - 78) explicates the analytical art psychotherapy perspective, which is rather in-line with my stance:

> 'In analytical art psychotherapy the picture is the illuminated centre of the framed experience. [...] The picture, safely contained within the boundaries of the edges of the paper, reveals the imaginal world. It is the exemplified field of unconscious, or semi-conscious imagery. As such it may contain chaotic, unmanageable and unacceptable, as well as previously unexpressed, feelings and images. While the outer boundaries remain predictable and constant, the pictures may be continuously changing. Through them the patient may challenge the inner boundaries of therapy whilst the outer boundary remains intact. The outer boundaries of the setting ensure a safe place, where the patient and therapist can enter the world of the image without becoming irretrievably lost in its web.'

As such, the *picture*, as a physical and mental object, can become the space in which personal content may be safely expressed or discharged. Schaverien's notion of the 'outer' and 'inner boundaries' can additionally be related to the exterior and inner structures of the *house*, in which the entirety of life's 'theatre' can be played out via rooms, façades, or the entire *house*. Thus, all patients' manifestations during art therapy are equally significant as they allow gaining various insights and form the basis of patients' and art therapists' relationships, which permit addressing personal issues related to their creative works, narratives and gathered material that forms the basis of the research. Accordingly, Hills de Zárate (2016, p. 165) writes that in 'art psychotherapy if we follow the information and material provided by the patient [...] [it can] in turn suggest the therapeutic intervention'. Practically, the moments in time for delivering specific interventions are additionally of importance and need to be related to *how* and *when* the work was produced. Such 'interventions' can for example consist of asking specific questions in relation to the painting, or suggesting a certain art material, which could be momentarily particularly helpful.

Thesis' Questions and Structure

An overview of the *fundamental questions* and the *thesis' structure* is provided here below. In short: my art therapy and cultural studies PhD-thesis attempted to address and answer *three* main *questions*:

1. Can participants' *house* drawings and paintings be considered as expressions of *selfhood*?

2. If so, do their *aesthetic works and narratives* point to possible traumatic experiences, and, or occurrences of *Posttraumatic Stress Disorder* (PTSD)?

3. Does *culture* shape the *self*, in what ways and are there distinctions between European and Japanese participants? If so, do participants' aesthetic works and narratives allow revealing culturally grounded phenomena?

Research has been carried out accordingly and these questions are addressed in ***eleven chapters***:

- ***Introduction*** gives an account of the aims of this study. It refers to the relevance of art therapy research that integrates the *house* topic by emphasising notions of the *self* and *symbol* within *socio-cultural contexts*.

- ***Chapter two*** addresses and differentiates the concepts of *house* and *home*, discusses the larger framework of *spatiality*, and *reviews* the corresponding *literature*.

- ***Chapter three*** addresses the overall *methodology* and *method*, explicates the *epistemological framework*, and integrates notions of *phenomenology*, *ethical considerations*, rationale for including *psychometric tests*, and *graphical illustrations of the research procedures* and *process*. It furthermore highlights the importance of *self-reflexivity* and explains the *analytical strategy*.

- ***Chapter four*** discusses research in *art therapy* in general and broadens the discussion of the notions of *self*, *symbol and representation*, as well as questions of *materiality* in the context of the topic of the *house*, additionally touching upon Posttraumatic Stress Disorder for this topic.

- ***Chapter five*** addresses notions of *self*, *identity*, and *culture* in a *European* and *Japanese* context, integrates relevant *topical material aspect* and discusses *gender*, and *culture-related* aspect of *house.*

- ***Chapters six, seven*** and ***eight*** focus on the *three clinical fieldworks* that took place in Paris (France), Wil (Eastern German speaking Switzerland), and Ohmiya (near Tokyo, Japan) where the focus-group art therapy workshops were held from 2016 to 2018 with adult and adolescent participants.

- ***Chapter nine*** consists of the study's *overall analysis* and its *findings*. It also addresses the general *applicability* of the topic of the *house* including *limitations*, *theory building*, and *art therapy related research and practical considerations* including *recommendations* for *clinical art therapy practice*.

- ***Chapter ten*** consists of a *critical appraisal* of the chosen *methodology* in light of the *methodological findings* put in context with issues of *knowledge production*. It also addresses the study's *strengths* and *limitations*.

- ***Chapter eleven*** contains the *overall synthesis*, which summarizes the thesis' *most salient findings*, including *dissemination strategies*. Additionally, it provides an *outlook* regarding future research.

- ***Appendices*** (containing additional technical details on the procedural forms used during the thesis), the reference list, consent forms, the Wil recruitment flyer, and the list of postcards.

Preview of Findings and Implications

It will be shown in the course of this thesis that the topic of the *house* in the context of art therapy workshops demonstrated its clinical and cross-cultural applicability and suitability across various ages (juveniles to 68 years old persons), genders, and diverse clinical contexts. The findings also show that topic-related cultural specificities could be identified amongst study participants, thus shedding light on idiosyncratic ways of expressions and being regarding their current or past life

experiences. More profoundly, it will also be shown that for almost all involved patients, the topic allowed them to symbolically represent their inner sufferings in the form of *house*-related imagery.

Finally, the topic also served to explore traumatic and, or PTSD-related content in patients' narratives and aesthetic works; here, the thesis underlines the complementary and specific role the one and the other plays. That is, divergence between their aesthetic works and narratives was discovered. Relevant practice-based implications highlight the need for embracing a culturally aware stance in which *house* topical expressions must be seen while considering their specific socio-cultural context.

Resume

This introduction has attempted to give a brief thematical outline of what this art therapy and cultural studies' thesis touches on. Specifically, it highlighted some rationales for the topical choice of the *house* given its cultural relevance and valid applicability within Switzerland, France and Japan. It also detailed my approach to research in art therapy and more generally, art therapy by emphasising the importance of symbolic expressions that are related to persons' states of selfhood. Finally, it provided an overview of the thesis' underlying questions and the resulting clinical fieldwork, discussion and analysis chapters.

Chapter 2 The Concept of House and Literature Review

This chapter provides a more in-depth discussion of the topic of *the house*, first in form of a contextualization and differentiation between *house* and *home* and a more general discussion of *spatiality*, and through the lens of published literature via a literature review.

2.1. House, Home, and Space

The thesis' starting point was to find a research topic which could build on a universal theme. The topic of *house* represents such a theme that furthermore touches on art therapy, anthropological, socio-cultural and architectural notions.

Given the central role of the concept of *house* in this thesis, a careful definition and discussion of the concept of the *house* and of the related and entwined notion of *home* will be attempted here, which will allow delimiting as precisely as possible the limits of the topic, and of the resulting findings but will also highlight the numerous psychological, societal, or conceptual aspects related to the notion of *house*.

Notions of what *house* and *home* consist of are diverse and depend on scholars' definitions of whether these are regarded as being the very same. Differentiation, and the question of whether these realms can be interchanged needs careful consideration. From a sociological and anthropological perspective, it could seem that the theme of *home* plays an equally important part as investigations into the *house.* My focus was however based on a topic that highlights the importance of differentiating these realms. For example, *home,* following Heidegger (in Hasse, 2021, p. 426), 'addresses living as a practice of life' (my translation from German) and rather refers, as we shall see later, to a *process*, whereas *house*, through its architectonical physicality, refers to a *static object*, which under 'normal conditions' (e.g. warless times, or the non-occurrence of natural catastrophes) is less prone to repeatedly occurring shifts over time.

Furthermore, what *home* may represent goes beyond a physically and architecturally defined interior space located within a *house* (in the generic sense of built

structure); it often touches on emotional, as well as socio-cultural spheres of belonging, domesticity, the individual, family, the home country, or gender related issues and situations that may be affectively charged, and culturally defined in various ways.

To illustrate the distinction between *house* and *home*, one can consider the architecture of *houses*. Architects in their professional language commonly refer to their activity as *building houses*, and not *homes*. They thus clearly refer to the material quality of *houses* and the process of design and construction and (mostly) to the elaboration of work for a client. If thereafter persons, or the new owners, move into a new *house* or apartment, there is usually a *passage of time* involved until they consider it to be, or till it becomes their *home*. Miller (2001) also highlights this notion by reference to Petriou by considering 'home as a process rather than just a place' (2001, p. 16). Furthermore, as Miller (2001) and his contributors point out, some aspects that make a *house* a *home* are linked to a process of 'furnishing', of choosing 'objects' and 'things' (Miller, 2001) that exist in reality within the *house* that consequently shape individuals' *homes*. Specifically, as some researchers, e.g. Cooper Marcus (2006), who visited persons within their *homes*, point out, their chosen objects can become symbols of their owners' personalities. There is thus also a symbolizing process going on which makes *houses' interiors'* a *home* even though in these cases, the objects are chosen and (frequently) bought and not self-made by the dwellers themselves. The *home* then is, as in most contemporary civilizations, shaped by its inhabitants, whereas commonly (depending on the cultural context and not exclusively of course) the *house* has been built by architects (possibly in collaboration with their clients).

For example, if I were to talk about my liver, I would talk about *my liver* (which could e.g. symbolically be seen as a room) even though the organ resides within my body as the beautiful woodcut by Toviyah Kats (ca. 1652 - 1729, Venice, 1708) illustrates (figure 4). This is not to say that the body is not of importance, or that the two spheres are voluntarily separated, nor that one is more important than the other. It is in my view rather to be more specific about the chosen topic of the *house*, and that it is important to highlight what one is referring to; the *exterior visible shape* of

the *body* (the *house* in a symbolic sense), or the *invisible liver* (the *home* or part of it) that resides within.

In that sense, characteristics and origins of related *house* and *home* questions are central to this research; the following paragraphs will attempt to explicate these further in more detail. For instance, in her article 'placing home in context' Moore (2000, p. 208) quotes Benjamin's (1995, p. 158) definition of *home*, which, even though it highlights notions of space, does point to individuals' social structures:

> 'The home is that spatially localised, temporally defined, significant and autonomous physical frame and conceptual system for the ordering, transformation and integration of the physical and abstract aspects of domestic daily life at several simultaneous spatio-temporal scales, normally activated by the connection to a person or community such as a nuclear family.'

Similarly relating to historic, but also to contemporary times, Buchli contextualises architecture within 'material culture', in which the focus is put on the material qualities and the representative function of buildings. He defines the latter by highlighting its ramifications that rather refer to the *house* within its socio-cultural contexts, but which ultimately also point to its inhabitants. He writes (2002, p. 207):

> 'This category of material culture was inextricably bound up in notions of social progress as with other technological forms but significantly: moral states of being. Portable artefacts could be divorced from their social and moral contexts, but not architecture. Built forms were almost always directly correlated with social and ethical forms. Cultures were compared to each other in terms of the social and technical complexity of their architectural forms, making architecture the single most significant artefact while describing the most fundamental unit of social organization: the family in its various guises'.

In contrast to the focus on this smallest social unit which well matches the concept of *home*, the material expressions of buildings are indeed more solid and imposing. The latter can point to e.g. specific cultures or issues of hierarchy, as for example

the ancient pyramids demonstrate. Due to buildings' sizes, one might, for example, think of 'la Défense' in Paris, the 'One World Trade Center' in New York, or the 'Tokyo Tower' in Japan, with its resemblance to the Eiffel Tower. Such structures are also utilized to express power and to impress its spectators via a demonstration of technical achievement linked to zeitgeist and within a specific socio-cultural environment. Also, in contrast to smaller objects, buildings can be publicly perceived by everybody. The individual, private *house* could thus be considered as a microcosm, an original habitat, from which building-based material demonstrations thereafter emerged thanks to the symbolic usages they are able to attest (e.g. churches and temples).

An additional differentiation between *house* and *home,* is elucidated by Thoma (2018, p. 5), where he also distinguishes the private from the public sphere. According to him: 'The private space […] is deprived (Latin, privare) of public visibility and accessibility [...]. Within it, the interacting parties usually come into an open and intimate contact with one another' (my translation from German). Furthermore, in her investigation 'beyond house and haven [...]' Manzo (2003, p. 49) elaborates on 'the relationship between house and home' by drawing on Saegert (1985, p. 287) stating that the 'phenomenologists view both dwelling and home as existential states' (p. 49):

> 'The notion of dwelling highlights the contrast between house and home. First, it does not assume that the physical housing unit defines the experience of home. It connotates a more active and mobile relationship of individuals to the physical, social, and psychological spaces around them.'

In other words, notions of *home* are, in her view, rather related to phenomenological forms or qualities of existence itself, rather than being concerned about an exterior architecture of the *house* that permits dwelling. One may add that it also refers to inner movements, in contrast to the static structure of buildings, in which its inhabitants have various possibilities to personally experience and shape the space they inhabit solely, or with other persons.

Going back in history by addressing links to gender, Larsen's chapter regarding 'Gender and Home in a 18th century mostly European and North American context' (2021, p. 132) investigates the 'interconnections between the house and the home. This is because buildings are not only shaped by the society that created them, they also impose restraints on subsequent social actions, and space both reflects and shapes the ways in which gender is constructed and experienced.' Gender-attributed roles during this period might have been more pronounced and more extensively differentiated regarding 'female' or 'male' roles, expectations, and behaviours. For example, Larsen (p. 146) writes: 'Many works from this date idealised the home as the location of 'felicitous sentimental' domesticity, with the affectionate husband and natural mother at the centre of the stories (Brewer, 1997, pp. 114 - 22)'. These gender-based associations were applied for asserting societal hierarchical, and for maintaining gender-related control. Larsen (2021, p. 147) hence concluded that 'it was therefore important that the house was made into a home' as to keep women ‘within’.

The *home*, incorporated within the *house*, is unfortunately also the locus of intimate partner violence, or children's abuse. For example, some of Bird's findings (2017, p. 11) regarding women's experience of domestic violence and abuse put an emphasis on 'escape and harmony', highlighting nonetheless positive notions about future potentials regarding the *home*:

> '*Escape and harmony* is used to identify where the participants’ stories contained the following elements: representation of how they became aware of the effect of domestic violence and abuse upon their lives and started to move away from it; how the domestic environment, often in the form of a new home, could be managed in a way that expressed a growing sense of self-determination; and the natural environment as a literal and metaphorical manifestation of escape and the desire for harmony.'

The new *home* can thus become a symbol of hope leading ideally to family members' related positive shifts inasmuch as the previously existing systemic structures have additionally been considered. For example, for one of Bird's (2017, p. 13) participants, notions of *home* triggered her wish 'to establish an environment and a

pattern of domestic activities that was separate to that which her ex-partner and his wider family had imposed upon her.' He concluded that for his female participants, '[t]he desire for harmony was also evident in the way that some women identified with a need to create a home that would be capable of welcoming back missing children and of sustaining a non-violent family, both of which merge with the theme of *relationships and social support.*' Such wide-reaching changes and the elaboration of Bird's participants' life choices can thus be regarded as an example of the *house* as a symbol of reunification. Interestingly, the exploration of what a physical space such as a *home* can provide is also considered as a useful concept according to Bird (2017, p. 20): 'It illuminated aspects that might otherwise have remained opaque; in particular the interweaving of physical space, the management of relationships, agency, and the construction of ideas about the self through time.' Essentially, *home* is not a physical space, but rather an *emotional space*, while *house* is the *physical container* that incorporates it.

Furthermore, there is also a difference between the two notions on the level of symbolism. Historically, Hirsch (2011, p. 47) refers to Freud's symbolic perspective regarding the *house*, which seems to go back to Scherner (1861):

> 'Long before Freud, the connection house-body-self (person, ego) was known; In the *Interpretation of Dreams*, Freud (1900) himself refers to Scherner's 1861 book, *The Life of Dreams*, in which he repeatedly relates the symbolism of the house to the self.' [...] 'The house is a "metaphor" of one's own person: "According to previous experience, the house is predominantly experienced as a representation of one's own person or one of its parts. The house motif expresses structures into which the patient projects himself and his wishes, preferences, defence mechanisms and fears. These symbolized psychological parts relate to the emotionally experienced assessments of the self in the current moment' (pp. 47 - 48, my translation from German, in Hanscarl Leuner, 1970, p. 83).

This self-representing differentiation is also made by Henzler, a Jungian analyst, who suggested the topic of the *house* to her patients. Interestingly however, she

proposed three themes as 'motifs for imagination: House - River - Tree' (2016, p. 265). She writes (ibid.):

> "Both the house, as well as the river and the tree are motifs with a strong symbolic character: as "carriers of meaning" they speak to each individual personally. The house is a stand-in for humans' par excellence. Their self-assessment, their self-image is expressed in the way they imagine their house being designed: How is it placed in its environment (how do I see myself from the outside)? What foundation does it stand on? Are there entrances to the house (how "accessible" am I)? If the house is made visible from the inside, which rooms appear? What type of house did you choose? (High-rise building, farmhouse, igloo, castle, etc.)' (my translation from German).

This house-specific symbolic element is once more highlighted by Henzler (2016, p. 265) when referring to Neumann who 'equated[ed] the symbolism of the *house* with the symbolism of the large vessel, which belongs to the elementary character of the feminine' (my translation from German). Notions of 'Gefäss' or vessel would hardly, in my view, be symbolically related to *home.* Rather, 'vessel', or the 'feminine', and in that sense perhaps the female body can be regarded as 'containers' that can literally incorporate further bodies, even though such an attribution as being 'feminine' should lead to further critical debates.

My thesis is thus about this physical symbolic space that can be depicted, filled, narrated, or not. Henzler writes (2016, p. 265): 'The house also has a symbolic reference to the body: the facade of the house can correspond to the outer appearance, the roof becomes the head, i.e. the consciousness ("upper room"), the basement the lower body, i.e. sexuality, drives and instincts, the unconscious assigned' (my translation from German). Henzler thus symbolically refers to *houses'* architectural spaces, or forms, that point, in her view, to specific psychological attributions.

To come back to considering that notions of *home* reach far beyond *house's* material qualities, and rather point to emotive situations, Mallett's (2004, p. 69) research regarding notions of *home* and *house* refers to 'the real and the ideal, the actual

and remembered home' noting that 'references to the symbolic potency of the ideal or idealized home recur throughout home literature.' Interestingly, and perhaps related to Bird's (2017) participants' search for harmony, Mallett's reference (2004, p. 69) to Tucker (1994) suggests that 'most people spend their lives in search of home, at the gap between the *natural home* [conceived as the home environment conducive to human existence, i.e. dry land] and the particular *ideal home* where they would be fully fulfilled. This may be a confused search, a sentimental and nostalgic journey for a lost time and space [...]', and one that touches upon further notions like 'being at home', or 'home country' (Heimat), spheres that − as will be shown in the fieldwork *chapters six*, *seven and eight* − did occur in some patients' narratives. These elements represent an extension of the *house*-related notion of *home* that the sociologist van der Graaf discusses in 'Feeling at Home' (2009, p. 3). According to him:

> [...] 'Feeling at Home appears to be a dormant emotion that is activated when that what it represents, the bond between people and their environment, is affected'. [...] 'Indeed, home is an elusive concept: home can be many different things to many different people: the house we live or lived in, the neighbourhood where we relax, the city we work in, the country we originate from […]. All these different feelings of home have one thing in common: they are all connected to a certain place, a house, a neighbourhood, a city, a country, even something as small as a bench in a public park' (2009, p. 3/4). [...] 'Feeling at Home can be defined as an affective bond between people and places, in which space is transformed into place by the meaning people attach to this space' (2009, p. 20).

In other words, also here, the differentiation between the emotional (*home*) and spatial (*house*) aspects is made clear through the emphasis on the fugitive connotation it can incorporate, spanning from feelings of being at home within a house, to questions of socio-cultural, and, or geographical belonging.

This emotional component was also studied by Pennartz (2009, p. 95) who focused on the *atmosphere* within *homes*, which he considers to be 'an inherent aspect of habitation.' Thus, similarly to van der Graaf's emotion related study, Pennartz

research focuses on asking, for example: 'Are there consistencies in the way specific situations within the home area are experienced as having "atmosphere"? and How do spatial characteristics of the dwelling contribute to the experience of atmosphere?' Extrapolating from Pennartz's, and van der Graaf's research, it seems to me that both studied socio-psychological aspects related to the interiorities of *houses* and their inhabitants*,* thus notions of *home* and how forms related to domesticity are lived and expressed emotionally, leading to specific 'atmospheres' (Pennartz, 2009). Furthermore, '[t]he question Pennartz (2009, p. 97) asked the participants of his study was: '"Where in the house is it most pleasant?" [which] 'directed the attention of the respondent toward spatial characteristics of dwelling.' Thus, the question did not ask about the *house* as an architectural physical form, but *how* and *what kind* of *emotions* or atmospheres are provoked by dwelling *inside* a *house,* thus the *home.*

This differentiation between the physical container (*house*) and its imbuing with emotional content (*home*) is also made by Boccagni and Kusenbach. In their research specializing on questions of *home*, they write (2020, p. 1): '[...] we define home as an emplaced relationship that prioritizes certain socio-material contexts over others, by virtue of the emotional, affective and practical values attached to them, in forms and degrees that change over space and time. This understanding highlights the interdependence between relational, cultural and structural aspects of home as a distinctive social experience'. They further elaborate (2020, p. 3):

> 'The qualities people associate with home are obviously related to certain infrastructural aspects, but they are also the fruit of their own sustained, if mostly unnoticed, relational work, and of their resources and opportunities (or lack thereof) to enact it. What we think or feel of as home depends on the meaningful relationships we have developed with other people, e.g. partners, family members or fictive kin, who share the same space (cf. Smart, 2007).' [...] 'Home, then, is a process rather than a state of things; and ultimately, more existentially, a matter of homing, or a life-long effort to reach this 'ideal' social condition that generates affect, longing and aspiration, while being very difficult to materialize in full.'

Interestingly, also they differentiate between *house* and *home* (2009, p. 3): 'Against the fallacy of an unnecessarily romanticized and abstract notion of home, but also against the view of home as synonymous with house or dwelling, a sociological understanding stresses the in-betweenness of home as a bundle of ongoing social relationships – a situated experience of some familiar environment as different from, and in a way premier to, all others.' In line with my view, Boccagni and Kusenbach then, similarly as Pennartz, and van der Graaf, all refer to notions of *home* as being related to emotions, or atmospheres, be these in the context of *homes'* interiorities, and, or feelings of inter-personal, socio-cultural and geographical ways of belonging.

It thus appears that notions of *house* are rather related to psychoanalytical, anthropological, or architectural overarching realms that consider physicality (whether these are symbolic or not), whereas notions of *home* seem rather to be linked to sociological object-based or lived interior space-based questions referring to qualities of dwelling. Expanded concepts and terminologies such as, for example, 'feeling, or being at home' can be related to the *home* itself, but can additionally, as we have seen, be representative expressions of persons relative to their *home countries* (Heimat), or wherever they consider a place or atmosphere that emotionally matters to them, that makes them 'feel at home' (beheimatet).

At this point, one could ask whether it could be possible to change the suggested question to the art therapy participants (in relation to Hogan's art therapy workshop) from "How would you look like as a *house*?" into "how would you look like as a *home*?". It seems to me that the perhaps overall encompassing ‘three-dimensional’ image or ‘trigger’ would be 'lost' as *home* rather calls rather for e.g. rooms' decorations, objects, or atmospheres, which would be different, potentially equally interesting, topic.

Thus, *home* possibly contains a large variety of 'things' that are perhaps more difficult to grasp as a suggested topic. As we will see in the fieldwork chapters, hypothetical adherence to *house*, or *home* topical suggestions were not the same; some participants clearly expressed that they would not have wished to focus on the theme of *home*. Perhaps in contrast and by reference to an architectural form

similar to a sculpture, there is in my view a physical embodied wholeness about the *house* topic. The image that emerges if thinking of *home* is rather dispersed, or 'cluttered'; think, for example of Tracey Emin's 'My Bed (1998), which normally is situated within a room, which stands in stark contrast to Rachel Whiteread's 'House' (1993) and real size sculpture. Figuratively speaking, there is on the one side the pomegranate (the *house)*, and on the other the opened-up fruit with all its kernels (the *home*). The latter's' multitude of forms might be more difficult to grasp as a topic and to 'translate' in art therapy, thus to mentally or symbolically access, than the 'entirety' of a containing form that the suggested topic of the *house* (be it damaged or not) might allow. However, in order to more fully substantiate the above claims, corresponding theme-based research in art therapy that would allow demonstrating whether such differences indeed exist, or to what extent, would need to be carried out.

2.2. Phenomenological and Philosophical Notions regarding House and Space

Spatiality is a core concept of this thesis and of phenomenology. For this reason, an in-depth exploration of its groundings and its ramifications for art therapy are essential. In this section I will address notions of *space* and by extension, the *house*, from a phenomenological perspective as, fundamentally, this concept serves, in my view, as an abstraction, as the overarching umbrella conception within which the notion of *house* is embedded. The aim of this section is then to establish a link between phenomenology, notions of *space* and the *house*, which serves as a means and resource through which persons' life and world experiences (*Erlebniswelten*) become manifest during the art therapy clinical workshops. For instance, conscious and unconscious reasons for choosing to live in an old traditional *house* in the country, in contrast to dwelling in a *house* built of concrete in an urban situation, can be related to family histories, historical contexts, economic realities, a higher significance given to traditional, socio-cultural and material grounded values, to name just a few. Such a choice can potentially point to specific characteristics regarding individuals' personalities and their environment.

The phenomenologist and psychiatrist Thomas Fuchs establishes a connection between, and provides explications for, notions of *space* in general, and the *corporeality-like space* (*Leibraum*), in relation to good, or ill health, that goes *beyond* the body's outer contour. He writes (2018, p. 151, my translation from German):

> 'The perceived outer space is understood as an extension of the corporeal space itself, which does not end at the body's boundary. This is particularly evident in psychopathological phenomena which, on the one hand (like mescaline intoxication), allow the basic physical layer of space to emerge clearly, and on the other hand (like depersonalization) reveal its habitual physical penetration precisely through the loss of physical participation with space. The exposure of this basic layer of space makes it possible to understand sensory perception as a communication with the world, namely as a synthesis of active-intentional figuration and bodily-sympathetic participation.'

As pointed out earlier, notions of *house* and dwelling have also been addressed by several philosophers with regards to the symbolic potential, or the societal connotations these hold, and the personal forms that can be attributed with respect to *houses'* interior, or exterior spaces, or merger of both. For example, Martin Heidegger addresses the relationship of human beings to spaces, living and building by highlighting that one cannot exist without these in an oppositional fashion, but that rather an inevitable intermeshing between these realms exists.

Heidegger's proposition clearly supports the insurmountable and intertwined connection between human beings and space by the following quotation, in which he elaborates on the spatial meaning that situates itself at the core of human existence (1936 - 1953, pp. 31 - 32):

> 'If we pay attention to these relationships between place and space, between spaces and space, then we gain a clue to consider the relationship between people and space. When we talk about people and space, it sounds as if people were on one side, and space on the other. But space is not a counterpart for humans. It is neither an external object nor an internal

> experience. There is no such thing as people and separately, space; because if I say "a person" and with this word I mean the person who is human, that is, who lives, then by the term "a person" I am already referring to being in a space with things. [...] Spaces and with them "the" space is always already a given in the residence of mortals. Spaces open up by incorporating a place into living (p. 32) by arranging the place into rooms. [...] (my translation from German).

In other words, as soon as persons come into existence, they are inevitably *in* and *surrounded* by, are *within*, are *part* of a *space.* Already the embryo dwells, in that sense, in its own space without which it could not grow and develop. Thus, the reciprocal relationships people have to space, how the space can shape them and how persons influence the space and for what reason are fundamental questions this thesis touches upon.

This mutual relationship of a physical space in connection to the potentials with which it can be filled is also conceptualized by Cassirer in his book '*Philosophe der symbolischen Formen*'. Similar to Heidegger, *space*, and here in the context of a material object, a *house*, is also seen in its contextual function as one which can be filled and that can be used in order to contextualize it more globally. He writes (1923, p. 35):

> 'The spatial "picture" that we have of a single empirical object, such as a house, comes about only by expanding a single, relatively limited view in this sense; that we only use it as a starting point and suggestion in order to build up a very complex whole of spatial relations from it. Understood in this sense, space is nothing less than a reposing vessel and container into which the "things" enter, as essentially complete; it represents the quintessence of immaterial functions that mutually complement each other and determine the unity of a result' (my translation from German).

Finally, Gaston Bachelard allows us to come back to the *house* and the symbolical components it can incorporate with regards to reflections of the psyche. He wrote (1957, p. 34):

> 'The house is a body of images which gives man reasons or illusions of stability. We are constantly re-imagining its reality: to distinguish all these images would be to know the soul of the house; that would be to develop a veritable psychology of the house'.

This quotation is useful to consider in the context of art therapy and my thesis because of the symbolic function the *house* incorporates. He further elaborates (1957, p. 27) by figuratively referring to *houses'* interior spaces as locations of storage for memories but also to which one can return:

> 'Of course, thanks to the house, a large number of our memories are lodged, and if the house becomes a little complicated, if it has cellar and attic, corners and corridors, our memories have increasingly characterized refuges. We return to it all our lives in our daydreams.'

Eventually, this thesis' topic and the phenomenological orientation of this research seem to be very fitting in respect to investigating the complex aspects of human beings' existence and their created, or endured living situations, in connection to generated life-spaces. While the specifics of these relations are theorized differently by certain philosophers, they all agree that *house, space,* and the bodies of their inhabitants are inescapably intertwined; the findings of this thesis can provide some degree of insight into the backdrops and interconnections among them.

2.3. Literature Review

The art therapy literature review findings demonstrate that research similar to mine, that spans over several clinical (and non-clinical) and cultural contexts and being based on the topic of the *house*, seems to be absent. However, a limitation of this finding needs to be considered as the literature search was carried out exclusively in English, French, and German; additional literature published in other languages could hence have been overlooked.

Several online databases (e.g. Science Direct, the University of Derby's library) have been searched regarding *house*-topic related publications in art therapy. Languages searched were German, French and English initially in 2015, and again in 2021. Additionally, the online-literature review was supplemented by random sampling in a wide range of libraries, specialised bookstores, and similar potential sources in various European and Asian countries. The outcome of this 'pseudo' random sampling is that a number of topical, or relevant sources were missed in the database searches, which hence represents a limitation of this study. At the same time the rate of the discovery of novel material clearly decreased with time, indicating a certain degree of saturation and completeness of the identified literature.

Furthermore, literature reviews spanning from art therapy, to art, architecture and psychoanalysis substantiate the chosen topic via illustrating notions coming from additional fields, and thus stressing the importance of interdisciplinary research.

2.3.1. The Topic of the House

From the very small number of publications that the literature review has identified, it must be concluded that the topic of the *house* has so far received only cursory attention within adult art therapy. Additionally, there has been no systematic research which would have included several cultures in this area. My methodical literature search has revealed almost no studies specifically addressing the topic of the *house*. However, occasionally, art therapists made *house* topical references, or have used the theme during workshops. For example, Hogan in her book 'The Introductory Guide to Art Therapy: Experiential teaching and learning for students and practitioners' (2014, p. 47) suggested the topic of the *house* to her art therapy students during workshops, which she entitled 'myself as a house', or formulated as a question 'if you were a house, what would it look like?'. Based on the work process of her students and their narratives, she concluded that in these *house*-based works 'quite accidentally, the emotional terrain can become very serious' (p. 48), an observation which is fully in line with my study's findings, which are testimonial to the symbolic potential the topic encompasses.

In the context of art therapy for children, the topic of the *house* is at times suggested in order to evaluate their psychological states. This approach was, for example, applied in Mathar's research where drawings of *houses*, together with drawings of the sun and a tree served as a basis of interpretation to evaluate cardiologically ill children's mental states (Mathar, 2010, pp. 51, 54). Furthermore, there are several psychometric drawing tests that include the *house*, such as e.g. the 'House-Tree-Fire-Water-Person (HBFWMT) test (Usländer & Reitz, 2015, p. 2), or the 'House Tree Person' projective test (HTP) by Buck (1948), which is used to evaluate participants' 'cognitive, emotional, and social functioning' (Practical Psychology, 2021). The incorporation of standardized interpretation in some of these tests is in stark contrast to my approach, which points to possible underlying phenomena, or a potential symbolic representation of individual content. For example, in the HTP-test, 'drawing a house'-interpretation, 'the house is considered being the expression of the respondent's family relations and family values. The roof stands for the intellectual side and spiritual life of the individual'. Such interpretations seem rather speculative, and may, or not correspond to some 'truth'. To my knowledge, no empirical studies establishing grounds for such accounts have been carried out to date.

Furthermore, many authors use *home* and *house* interchangeably as they either do not consider these as two different concepts, or (in some languages) seem to conflate the two notions. In her twenty years-long study of adults, Cooper Marcus' focus was, as she wrote '… about people and their homes' (1995). She interviewed numerous persons regarding their 'real' homes. She also asked them "…to put down his or her feelings about home in a picture…". It could thus be argued that her focus was rather put on emotional relations with their existing houses and the 'movable objects' inside them, which Cooper Marcus qualifies as 'symbols of self'. According to Cooper Marcus, her theoretical approach is based on Jungian theory. Jung himself, in his book 'Erinnerungen, Träume, Gedanken' talks about his own dream of a *house*, which was "unknown to him… but *his* house" (1961/1971, p. 163). According to the analysis of his dream the 'house is a kind of image of the psyche'. Contrary to Cooper Marcus' focus on emotional attachments to the *home*, I believe that Jung's approach lies closer to mine, as it includes personal aesthetic and potentially symbolic material mostly created by clients themselves.

Overall, it seems that the topic of the *house* has received most attention by philosophers, psychiatrists, or psychologists (the later relating to psychometric tests). Art therapists do not seem to have carried out research that would give a specific prominence to *symbolic notions of the house* seen as a possible expression of *self-representation* with a few exceptions, which consist however of rather small studies. For example, Hanes' (2019) one-person based case study touched on similar concepts as the title of his 'twenty-one-year-old female' case study 'House as a mirror of self' (p. 1) suggests. It consists of a discussion article in which the patient explored the *house* via three-dimensional cardboard spaces, which point, in my view, rather to the interior, the *home*, than *house* situations. Otherwise, in most cases, the topic was suggested during art therapy workshops, e.g. by Hogan in England, Huss in Israel, or Garneau, psychoanalyst and psychologist ('architecture et constructions') in Paris, and most likely other professionals elsewhere*,* but without carrying out large systematic studies, nor publishing any outcomes.

2.3.2. The Topic of the House in Research and in Psychiatric, or Psychological Sessions

Also here, published research building on the topic of the *house* is very limited. The only book reference in which the topic of the *house* was extensively addressed was by two psychiatrists, Edda Klessmann and Hannelore Eibach (1993) who discussed their patients' *house* drawings in order to: '... die Bilder sprechen lassen' [let the images speak, my translation from German]. The two psychiatrists presented children's, adolescents' and adult patients' drawings in the context of their mental issues, physiological illnesses (e.g. cancer in children), or developmental stages and sufferings linked to difficult life events.

My initial literature search in German did not reveal this book as the first part of the title '*Wo die Seele wohnt'*, ('where the soul lives') does not contain the word 'house', even though the second part of the title indirectly refers to it. It is only by systematically going through the reference list of Mathar's PhD-thesis based book entitled 'Kunsttherapie in der Kinderkardiologie' (2010) [art therapy in a children's cardiology ward] that I came across the above book. The two psychiatrists' motivation was to investigate 'how real this reality (Watzlawick, 1978) is, and how real

memories and current incidents, fears and hopes can become manifest in *houses*' (Klessmann & Eibach, 1993, p. 1). They allude to *houses* as 'psychotherapeutic path stations' and historically contextualise these via the Bible, philosophy (e.g. Bachelard), artists (e.g. Chagall and Feininger), and include references to Freud and Jung who [symbolically] identified the basement, the "Souterrain", as the unconscious' (p. 11) (my translation from German). They also discuss whether children's *house* drawings can be gendered, referring however merely to male and female *house* depictions (e.g. ‘phallic characteristics’ drawn in form of a tower) and indicating that 'no significant differences could be established', especially not in adults' drawings (p. 18). Importantly, Klessmann and Eibach point out the need to be cautious regarding patients’ aesthetic works' interpretation (p. 19). Clearly, both authors consider the topic of the *house* to be psychologically important as the 'huge variety of *houses* self-representations' (p. 12) demonstrates. Interestingly, also Klessmann and Eibach don't seem to theoretically differentiate between *home* and *house* in their findings; they incorporate both notions equally, which is, in my view, critical. I will argue later (*chapter four*, section 4.7.1) that these two notions have distinct properties ranging from the physical built architectural ‘bodily’ structure, to the rather containing, more intimate and inner realm of *home*.

A further publication where the topic of the *house* played a role was in the psychologist’s Giordano’s PhD-thesis (2010 - 11), whose research was to investigate children’s experiences of earthquakes in several countries and cultures such as Italy, Haiti, and Chile. Her approach was to integrate drawing as a ‘strumento diagnostico’ [diagnostic instrument] by referring to Amadid's (1987) writing that ‘the drawing reflects the organic-psychic unity of beings in various aspects’ (Giordano, p. 220) (my translation from Italian). Hence, she invited children who have experienced earthquakes to draw *houses* in order to evaluate possibly occurring trauma, and, or experiencing painful consequences such as PTSD. She observed children’s mental states such as ‘defence mechanisms, emotional over-excitement and unprocessed anguish, fixation and discontinuity of one’s life history and abandoned experiences that constitute the main characteristics of the psychic trauma in the child', (my translation from Italian) and concluded that these 'components did become apparent within the drawings and the analysis’ (p. 438).

Moreover, in Gebharter, Murg and Oder's interdisciplinary study (2009) focusing on patients' skull-brain-trauma injuries in a neurological rehabilitation centre in Vienna in which art therapy was used as a diagnostic instrument and as therapy, a patient was invited to draw a *house* among a multitude of other suggested themes, or reproduction of photographs, which the patient succeeded to carry out (p. 97, fig. 56, 'Haus'). It is interesting to note that the theme of the *house* was thus also used in a neurological clinical research context.

2.3.3. Extended Literature Review

Reviewing the extended literature regarding the fields of art, architecture, anthropology, and history goes beyond the scope of this PhD-thesis. However, a personal choice of some pertinent authors and corresponding literature is provided in the following sections.

Besides notions of dwelling that have existed for thousands of years of human history, one of the ancient symbolic uses of *houses* was already present in the 'Late Bronze Age'. According to Sabatini (2007, p. 96) 'house-shaped urns are the largest and geographically most widespread group. They resemble miniature buildings characterized by different kinds of roofs and ground perimeters, necessarily corresponding to different (local?) models.' Thus, long ago small *houses* were present even beyond peoples' lives and accompanied them in death. Depending on the cultural context, materials of such *houses* consisted of e.g. bronze, clay or straw. This example highlights the importance this topic incorporates for anthropologists and historians alike, which also serves to address notions of culture, gender, materiality and beyond.

The topic of the *house* has started to attract some attention only recently in the contemporary art world as the book '*Playing at Home'* (2013) by Perry demonstrates. Even though the title refers to 'home', Perry discusses artists' works, most of which are sculptural, by equally referring to notions of *home* and *house.* These range, from sculptural, photographic, drawn, textile, to even skin-made *houses* (adding a connection to the body as the e.g. the British Artist Donald Rodney's work '*In the*

House of My Father' (Perry, p. 53, 2013) shows). Perry's book allows a rich overview of some of the artists' *house*-related works.

Also Alison's book entitled 'The Surreal House' (2010) looks at the *house* within the arts through surrealist artists' works by additionally incorporating architects' conceptions and writings by theorists such as e.g. Anthony Vidler, Frederick Kiesler, or Le Corbusier. Philosophers like Gaston Bachelard also played a role for the surrealists, as did Freud's 'ground-breaking masterwork *The Interpretation of Dreams*' (Alison, 2010, p. 15). Here too, *house* and *home*, *interiorities* and *exteriorities* are addressed in an analogous manner, as is the case with the artists in Perry's book or the two psychiatrists Klessmann and Eibach, in which *houses'* interiors, and exterior-related artworks ranging from painting, photography, sculpture to installations are interchangeably addressed.

Interestingly, books, or exhibitions that address both art *and* architecture such as, e.g. 'Artistes et Architecture Dimensions variables' (2015), or 'art & architecture' (2013), comprise more architectural, structural and thus 'exterior' works by artists together with architects; even though depictions of interior spaces are not absent, they are, in contrast to the above cited books, rather scarce. Both books provide an interesting overview of artists who dedicate themselves to the mentioned theme. Additionally incorporated essays and interviews round out the compilation of artists' and architects' works.

2.4. Resume

Chapter two discussed addressed scholarship that focuses on specific distinctions of *house*, *home* and spatiality (2.1.) that touch on architectural and symbolic built forms, together with issues related to emotions. It additionally incorporates notions of *house* by integrating art therapeutic, philosophical, psychological, and socio-cultural perspectives (2.2.), together with a literature review (2.3.).

Chapter 3 Methodology and Epistemological Framework, Ethics and Analytical Strategies

Chapter three incorporates a description of the methodological procedures, the adopted philosophical and culture related stance, and finally, delineation of the analytical procedures. After a first overview of the thesis' overarching methodology and methods' procedures, pointing out where those go beyond qualitative *mixed methods approaches*, the second part explores in greater depth the methodological framework, the rationale and implications of this research, the research protocols, as well as the analytical strategies employed (section 3.12.). The chapter concludes with a discussion of the ethical concerns and approaches that underlie this thesis.

3.1. Introduction to the Applied Methodology

My PhD research methodology consisted of a mixed methods' approach integrating phenomenological qualitative and quantitative approaches. Recently, I started to reflect that one could establish parallels between my art therapy research methodology, and with my art, which had a focus on working in series linked to a specific theme. Additionally, I consider that one could establish a link between my rather bodily, and often predominately sculptural earlier artistic works and my phenomenological, qualitative approach on one hand and on the other hand between my rather two-dimensional, abstract artistic work and my quantitative methods. In that sense, the chosen mixed methods' research methodology was perhaps not exclusively based on the situations in the fieldworks, or the analysis, but it was most likely also linked to my personality.

In particular, I am deeply interested in the search for complexities, connections, and structures that might lie *behind*, or under the surface, which might possibly be at the origin of 'things'. In that sense, I feel that there is a resemblance and coherence related to my own art *together* with my approach to arts and health research. These are perhaps the overarching personal 'ingredients', similarly expressed via the 'soft'

as well as in the 'hard' sciences, which correspond to my need to congregate, to coexist as each approach has its characteristics and quality.

In addition, the background of my methodological approaches and the basis for my practice, the way *I am with*, or *interact with* the participants, and consequently the manner my research is carried out is grounded within my personal 'Haltung' (stance) to life in general. The German term 'Haltung' goes beyond the English word 'stance', as the former incorporates very personal inner notions, or convictions of being, in contrast to something that is rather exteriorly adopted like a methodological and professional approach. Following Glaum (2018) who refers to the German 'Duden', 'Haltung' is defined as an 'attitude in general, an inner (basic) attitude that shapes someone's thinking and acting', respectively 'the behaviour or demeanour ('Grund-Einstellung') that is evoked by a certain inner attitude, constitution. This basic inner attitude thus forms the foundation of personality, the ground on which every person moves. A "non-attitude" is excluded - or to be understood itself as an expression of an attitude.'

Initially, my research project was conceived around a mixed methods approach, building on a phenomenological qualitative stance, with an additional quantitative element to address psychometric testing for possible PTSD and wellbeing. As the subject matters in this thesis ultimately span from art therapy-related questions to philosophical notions, to socio-cultural comparative findings between European and Japanese participants, drawing on quantitative analysis of the fieldwork data in addition to the interdisciplinary and mixed methods approaches however seemed mandatory.

The foreseen analytical strategies were thus expanded in order to better address the specific and varied set of data and material given its complexity that emerged during the research process. This is somewhat congruous with Gerber et al.'s statement regarding arts-based research who, even though referring mostly to qualitative methods, consider that 'ABR [arts-based research] while embodying pluralistic ontologies and eclectic epistemologies, simultaneously resists rigid classifications and methodologies. ABR exists on a dynamic "dialectical edge" (Israelstam, 2007, p. 591) juxtaposing creativity and destruction, reason and imagination,

conscious and unconscious, known and unknown (Chilton, Gerber & Scott, 2015; Gadamer, 2007 (1992)).' […] 'Arts-based research transcends disciplinary silos, cultural divisions, and other man-made societal and geo-political boundaries engaging multiple audiences in meaningful, transformative social discourse' (Gerber, 2020, pp. 2, 5, 9).

According to Valerie Sheppard (2020), 'an inductive approach to research begins by collecting data that is relevant to the topic of interest. Once a substantial amount of data has been collected, the researcher will then take a breather from data collection, stepping back to get a bird's eye view of the data. At this stage, the researcher looks for patterns in the data, working to develop a theory that could explain those patterns.' In the present research, emerging patterns and themes were discovered by investigating independent variables within the patients' aesthetic works and narratives by taking their socio-cultural environment into account via phenomenological qualitative and quantitative methodology. This *inductive* approach was however accompanied by a *deductive* approach based on the implicit hypothesis that the *house can* be seen *as representing the self*. Based on the phenomenological *inductive* observations, but also on the *deductive* elements of this research (formulations chosen for the semi-structured interviews (Wyder, 2016)), as well as the quantitative tests and analyses), the thesis' *tentative* hypothesis that the *house* can be seen as representing the self will be shown to have been mostly confirmed. The rationale for the chosen research method then resides in that it permits both *deductive* reasoning, which allowed testing the implicit hypothesis, as well as *inductive* observations, which allowed refining the hypothesis to better reflect the observations.

The rationale for the chosen research method thus mostly resides in the inductive search for possible emerging patterns by investigating independent variables within the patients' aesthetic works and their narratives in relation to their socio-cultural environment. Quantitative elements consist of numerical findings stemming from two psychometric tests and semi-structured interview (Wyder, 2016) material, and via also adopting a statistical analysis especially with regards to the long-term art therapy fieldwork (*Wil-chapter six*). This multi-facetted research strategy allowed obtaining a set of data and material that lends itself to examining if (or not)

correlations among the independent variables exist and permits important cross-checking of any observed patterns via triangulation among the different analysis approaches.

Such considerations regarding the importance of triangulation are not new. For instance, Green and Thorogood (2014, p. 281) state that a mixed method approach is useful 'to add breadth or depth, or to strengthen validity'. Also, as Bowers (2008) highlighted, it allows to simultaneously use different approaches in order to gain information that is gathered from one method of data collection, which could not be retrieved through another one. Expressed differently, triangulation is ‘the use of two or more methods of data [analysis] in a study of some aspects of human behaviour’ (Burton, 2000, p. 298). Further, Denzin (1989b, p. 235) in Green and Thorogood (2014) underlines possible advantages of using triangulation, since in qualitative research, '[…] each method implies a different line of action towards reality – and hence each will reveal a different aspect of it, much as a kaleidoscope, depending on the angle at which it is held, will reveal different colours and configurations of objects to the viewer.' In other words, and in-line with my rationale, I did thus not adopt a ‘pure’ phenomenological, nor a 'traditional' art therapy method, nor an exclusively quantitative approach, but developed a combined method, whose form evolved during the fieldwork and finally, of the analytical procedure.

Furthermore, research methods are commonly split into qualitative and, or quantitative measures. Huss (2015, p. 159) defines 'quantitative methods' [as those which] 'focus on numerical evidence of a predetermined hypothesis concerning a research question, while qualitative methods focus on subjective, interactive, and context-informed methods of gathering data'. As she rightly states, 'both quantitative and qualitative methods can be used with all theories, depending on the research question.' A dichotomous research approach of 'either, or' seemed however unsatisfying as definitions of what 'qualitative', or 'quantitative' research incorporate are not always clear cut. For example, I *did* have the hypothesis before starting the fieldworks that participants' *house* works would reveal some elements of their personality, or individual issues, which, following the above definition, would 'fall' into the quantitative realm. At the same time, being open to novel or unsuspected commonalities or differences between or within the investigated participants required a

qualitative phenomenological method that allowed multi-facetted observational data to emerge.

Depending on the research question or approach, it seemed crucial to me to integrate both approaches, as illustrated below in section 3.2., even though such a method might seem 'unorthodox' to some. Ultimately, my PhD-findings' quantitative measures serve also as a means of validating the qualitative phenomenological procedures, an analytical strategy that I believe is perhaps uncommon, but in my view, rather fruitful; the quantitative treatments are not there to simply 'reduce' my findings' complexity and richness into numerical form.

After a discussion of the ontological stance and epistemological framework of this thesis in section 3.3., the following sections will discuss a number of research methodology-related aspects before detailing the research protocol (section 3.9.) and the overall analytical strategies (section 3.12.).

3.2. Schematic Representation of the Overall Research Strategy

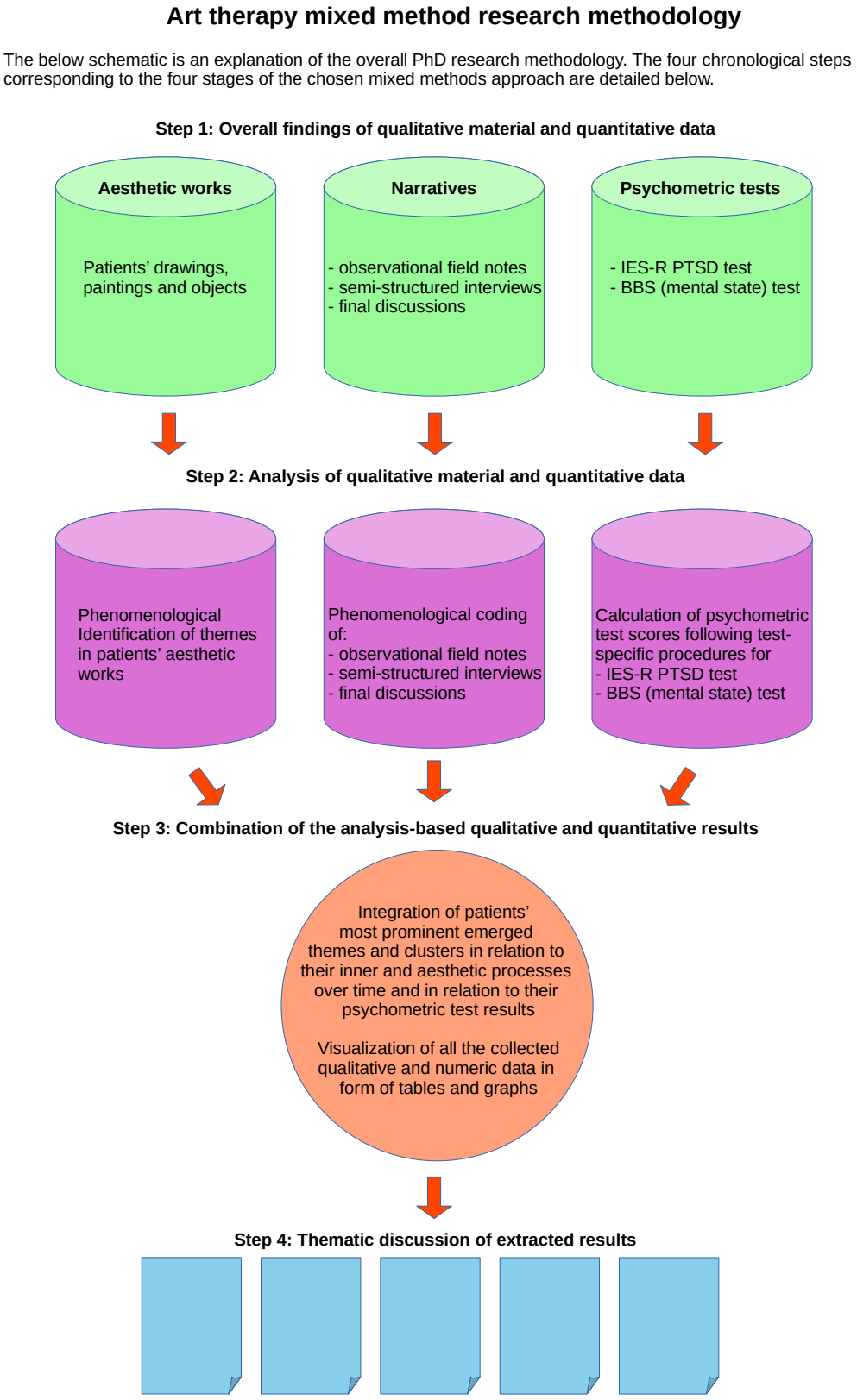


Fig. 1, Mixed methods interdisciplinary procedural approach (© Silvia Wyder, 2021).

3.3. Ontological and Epistemological Stance

Depending on the philosophical perspective, precisely defining ontology is challenging. In fact, Hofweber (2021) states, ‘ontology is [...] a philosophical discipline that encompasses, besides the study of what there is and the study of the general features of what is there, also the study of what is involved in settling questions about what there is in general. […] But ontology is usually also taken to encompass problems about the most general features and relations of the entities which do exist.’ Expanding on ontology's fundamental notions, Hofweber (2021) states: ‘The larger discipline of ontology can thus be seen as having four parts:

(01) the study of ontological commitment, i.e. what we or others are committed to,
(02) the study of what there is,
(03) the study of the most general features of what there is, and how things are related to each other in the metaphysically most general ways,
(04) the study of meta-ontology, i.e. saying what task it is that the discipline of ontology should aim to accomplish, if any, how the questions it aims to answer should be understood, and with what methodology they can be answered’.

Extrapolating from these questions and the degree to which one might believe whether what is out there really *is* present, or *does* exist, my ontological stance assumes that human beings have an interiority that can only partially be accessed (including by themselves), and consequently, the same is true for resulting products (e.g. culturally created ones). This implies that knowledge revealed by my research will be fragmentary and – despite any attempts at gaining ‘objective’ knowledge – it will remain incomplete and subjective, allowing for divergent, but nevertheless equally valid observations, analysis, and knowledge production from the obtained data and material.

My epistemological stance nevertheless implies that I *did* gain a certain level of knowledge regarding my research questions and the subsequent findings, and that I attempted to implement methodologies that made most sense based on the

emergence of the material presented to me by taking a multitude of variables into account. For instance, Spinelli (2005, p. 21) states, regarding the phenomenological method of description and its limitations (which consequently have an influence on the findings), but which nonetheless achieve some degree of validity:

> ‘A purely descriptive account remains an impossibility since no description is altogether free of explanatory components. Hence, the rule of description aspires to an ideal that cannot be achieved. Nevertheless, it seems reasonable to me to argue that explanations may be seen to run along a continuum ranging from ‘concrete descriptive’ to ‘abstract analytical’. The former are derived from and specific to any immediate sensory-based experience; the latter are conceptual generalizations which seek to explain or make an experience meaningful within the boundaries of a set theory or hypothesis.’

In other words, I assume that my findings, while remaining rather embedded within a phenomenological perspective, do however comprise some objective reality.

Consequently, it becomes important to briefly touch upon two stances within ontology, and what they entail: *subjectivity* and *objectivity*. The latter is linked to positivist philosophies, as researchers’ epistemological stance, but also how they decide to address research-related themes as they are affected by these. In addition to this question of *what* can be known (which are the objects of *knowledge*), another central ontological question refers to notions of *existence* and *being*.

Ontology thus defines what type of questions can be asked. In the context of social sciences, Hammond (2017) states: '[T]he positivist may ask cause and effect type questions, [...] for example, ‘how does class background affect educational attainment?’, while the anti-positivist may rephrase this question to ask ‘what different meanings have been ascribed to concepts of class and attainment?’ and ‘what type of explanation has been put forward to argue that class influences educational attainment?’ ‘Ontology sits at the top of a hierarchy under which epistemology, methodology and methods all ‘get into line’. In other words, following Hammond, ontology can be seen as the overarching instance under which epistemological, methodological and methods-based questions are considered. From this conception one

could therefore extrapolate that as ontology is concerned with questions of *being*, phenomenology can consequently be regarded as something that can be *experienced* 'only' if it *was* (in the sense of *Sein*) beforehand.

This raises the question of the reality of what is being experienced. According to Grix (2002, p. 102) 'Positivism [...] is a philosophical system of knowledge that only accepts observable or measurable (i.e., empirical) experiences of the world as data for analysis, the findings from which are considered positive or absolute truths about reality. Researchers thereby treat persons whom they study no differently than objects, believing that the truth of individuals' experiences, including interpersonal and social experiences, can be studied objectively (p. 8).' Needless to say, I did not consider patients as 'objects' even though they are at the core of my research and were 'studied' and 'observed'. Ruffing states: 'This approach can be regarded as oppositional to Kant's metaphysical understanding 'according to [which] metaphysical questions are by their very nature to be "asked" in relation to human reason; however, it is impossible to answer them, "because they surpass all the capacity of human reason"' (2006, p. 45, my translation from German). However, in order to do so I embraced a phenomenological approach that is perhaps more linked to Kant's statement regarding humans' inherent limitation of gaining knowledge.

Grix continues to explicate that (2002, p. 105) '[a]n objectivist stance accepts as ontologically true the notion of a singular reality existing *independently* of humans' experience of it, and that it is possible to increasingly know this extant reality empirically through the senses (or via measurement devices that substitute for observation). Thus, the meanings of observed objects or phenomena are believed to be in those objects or phenomena; they exist before a researcher intentionally accesses them through observation methods.' How does one then address subjective human experience within research? Yagi (2009, p. 61) considers that for 'Descartes and Kant, it does not matter *who I am as an individual* but only *what I am* (a human being), which is indicated by the properties and conditions theoretically constructed by them. During research, even though human-based phenomena are regarded to exist independently of the researcher, in participatory research, for example, one cannot exclude that the studied 'subjects' and the researchers might mutually influence

each other and consequently, the 'subjects' 'attributes might be affected and are thus not completely independent of their interactions within a given environment, emphasizing to some extent the importance of the subjective in gaining knowledge.

This point of view is also taken on by Kierkegaard about whom McDonald (2023) writes: 'Instead of seeing scientific knowledge as the means of human redemption, he [Kierkegaard] regarded it as the greatest obstacle to redemption. Instead of seeking to give people more knowledge he sought to take away what passed for knowledge.' Yagi (2009, p. 64) expands on the importance of this shift away from knowledge: ' "For all this positive knowledge fails to express the *situation* of the knowing subject in *existence* (Kierkegaard, 75, emphasis added)" [...] shifting the focus away [...] towards reason *and* [my italics] existence [...] whom Heidegger follows'. It was for reasons of gaining knowledge based on lived experience from a first person perspective that I embraced a phenomenological approach, as it is mainly concerned with individuals' embodied experience, in line with (Fuchs, 2012).

Yet, my phenomenological perspective is slightly different as it incorporates also quantitative elements. According to Toadvine (2019), Merleau-Ponty considered that: '"The whole universe of science is built upon the world as directly experienced, and if we want to subject science itself to a rigorous scrutiny and arrive at a precise assessment of its meaning and scope, we must begin by reawakening the basic experience of the world, of which science is the second-order expression" (PP, viii). Unlike Martin Heidegger, he does not have a dismissive attitude towards science, namely, that it "does not think" or that it is merely calculation.' Indeed, numeric findings allow gaining additional insight, or to illustrate findings, such as, for example, the results of a blood test which, if represented in numbers, easily enable detecting possibly occurring changes over time.

In that sense, as the topic of this thesis indeed focuses on humans' experiences via symbolic material, the question of the objective reality of their experience is central and requires, in my view, going beyond *either* objective *or* subjective ontology. Instead, it requires integrating elements of both approaches, which should allow obtaining a more holistic picture, and one that permits confronting outcomes from either approach. To achieve this, my stance consists of a mixture of phenomeno-

logical and, to a much smaller and less radical extent positivist approaches, or rather, as Hiller (2016, p. 102) states: 'A postpositivist theoretical perspective [which] allows that, regardless of a researcher's faithful adherence to objectivist scientific methods, findings are not considered absolute truths but rather are conjectural and circumstantial (Phillips & Burbules, 2000)'. This concept contains elements of a Cartesian approach: 'Descartes' method, which relies on both rational *intuition* and *deduction*, would be nothing without *doubt*: Cartesian doubt is not sceptical but *methodical;* necessary in order to sweep away false opinions and to arrive at the obvious, it consists of temporarily suspending all that is not certain' (La Philosophie, 2008 - 2022, my translation from French). However, the latter aspect of Cartesian 'suspension' seems rather too extreme to me as formulation of, and reference to still uncertain content may nevertheless lead to some level of insight or point towards further research questions.

In summary, globally my ontological approach is closest to the phenomenology expounded by Merleau-Ponty, which considers human beings' embodied experiences as primordial; those that integrate internal and external realities on equal footing, these thus constituting not a separate, but rather one single merged structure of being and investigation. Toadvine (2019) referring to Merleau-Ponty writes: '[…] Merleau-Ponty radically distinguishes his project from that of both Descartes and Kant whom he claims have detached the conscious subject from the world that is given in experience.' [...] 'Merleau-Ponty insists that when speaking of the physical, the vital and the human structures, one should not conceive of them as acting on one another in a causal manner'. In the same vein, Vetö writes (2008, p. 416): 'Merleau-Ponty deals with the role of the body itself in the economics of subjectivity. The body proper constitutes a permanent presence to the self. It is "always close to me, always there for me, that is to say that it is never really in front of me, that I cannot deploy it under my gaze, that it remains at the periphery of all my perceptions, that it is with me"' (my translation from French).

3.4. Self-Reflexivity

Embracing a self-reflexive stance is of crucial importance whilst carrying out quantitative, and perhaps even more so, qualitative research. The absence of self-

reflexivity or being unconsciously led by one's own subjectivity (as discussed in the previous section), can result in procedures that are perhaps too much influenced by researchers' own life experience or scientific expectations, potentially impacting all the steps involved, starting from the formulation of a specific research question to the choice of the research methodology. For instance, for Kelly et al. (2017, p. 1) '[r]eflexivity has been defined as "critical self-reflection on how the researcher's background, assumptions, positioning, and behavior impact on the research process" (Finlay & Gough, 2008, p.ix).'

Furthermore, Carnus and Mias highlight the connection between reflexivity and epistemological questions by stating (2013, p. 269): 'Reflexivity is spontaneous reflection taking itself as its object by developing epistemological criteria of a rational order. It therefore refers to a return to oneself, a relationship between oneself and oneself' (my translation from French). Even though the level of possible 'rationality' might be challenging, a continuous self-reflecting approach requires becoming more self-aware of one's choices and selection of procedures, be these methodological or interpersonal.

An important link through which subjectivity (in the context of a qualitative methodology) is also related to reflexivity is established by Ratner. He writes (2022, p. 1): 'Qualitative methodology recognizes that the subjectivity of the researcher is intimately involved in scientific research.' He further expands the notions of subjectivity by integrating a certain level of objectivity. According to him (2022, p. 3): 'Qualitative methodology has an objectivist strand as well. Objectivism states that the researcher's subjectivity can enable her to accurately comprehend the world as it exists in itself. Of course, subjectivity can bias the researcher and preclude objectively understanding a subject's psychological reality. [...] In fact, one of the advantages of recognizing subjectivity is to reflect on whether it facilitates or impedes objective comprehension' (2022, p. 3).

Crucially, self-reflexivity also entails becoming aware of personal emotions that arise during research. Reichertz (2015, p. 7) by reference to 'Devereux (1967) emphatically pointed out that research always activates feelings in the researcher, which essentially touch and influence the research and its results [...]' (my

translation from German). Therefore, becoming self-aware of underlying feelings and individual perceptions is essential in general during research and therapy practice as unawareness can unconsciously shape and influence the respective process.

In that sense, the integration of self-reflexivity was a central part of my research in the 'field'. Pitard (2017, p. 1) states (by reference to additional scholars), that 'within the expanding world of qualitative inquiry, an acknowledgement of the researcher's positioning through the process of reflexivity (critical self-evaluation) has become essential.' She further explicates (2017, p. 1), in citing Berger (2013), that 'positioning refers to how researchers view themselves in relation to the research and the data; their understanding of self in the creation of knowledge'.

Since this thesis' topic is linked to my own life experiences, these could potentially influence the lens through which I understand and analyse not only the material and data that I gained, but also the way I approached the clinical situations within various socio-cultural contexts. Hence, being as self-reflective as possible regarding these aspects is of great significance. However, given the fact that one is influenced by one's own subjectivity, the task of being self-reflective may well pose a challenge. In that sense, and rightly so, Pitard (2017, p. 2) refers to Ratner (2002) who 'argues that subjectivity guides everything from the choice of a topic studied, to working conceptualisations, to selecting methodologies, and interpreting data'.

3.4.1. On Simultaneously Being a Self-Reflecting Researcher and Patients' Art Therapist

There were several functions I continuously integrated in order to carry out the fieldwork-related research. This consisted of not only being exposed to 'outer' situations, but also 'inner' ones, in which I self-reflected on *what*, *why* and *if*, or *not* specific events occurred during the research process. Additionally, I was confronted with changing situations regarding the countries and cultures of the respective fieldwork places, including different socio-cultural situations within the psychiatric clinics (e.g. different hierarchical styles) and the ways in which I was received by the leading psychiatrists and their teams. Four main roles were particularly prominent:

- being a researcher in art therapy and cultural studies,
- being a self-reflective researcher,
- becoming the patients' art therapist,
- taking my 'own private self' into account.

Additional challenges included several issues stemming from some mental health workers' reactions towards my presence as a researcher and their frustration of not being directly involved during the art therapy workshops. For example, an issue linked to a social worker's (imposed) presence during the art therapy workshops during the first part of my Paris fieldwork had to be dealt with formally in order to be able to continue my research (e.g. writing additional explanations, attending meetings).

Moreover, I believe it is important to consider that such challenges can influence the researcher's presence during the art therapy workshops, their own well-being, and as a result can have consequences on research and findings, or as Reinharz (2011, p. 10) highlights, on 'methodological honesty and clarity'. In her book (2011, p. 3) 'Observing the Observer', which is based on her own experiences and reflections of being an American Jew and researcher in Israel, she wrote: 'I contend that deep immersion in another social world compels the researcher to re-examine himself/herself and perhaps to change. Deep immersion may be most characteristic of field research that entails moving far from one's home [...], living there day and night, speaking a foreign language, and spending an extended period of time in the field away from one's social circle.' Similar to the four roles that I highlighted earlier, Reinharz (2011, p. 5) suggests 'tripartite divisions among selves in the field, which I [Reinharz] label as, (my bullet points)

- 'research selves,
- personal selves,
- and situational selves'.

Hence, all experiences that occurred before, during and after the fieldwork periods influence *how* these have been organised, *why* the research has been commenced

in the first place, *how* the researcher is able to carry out the research, and *how she/he* is able to deal with potential challenges. Also, *how* and *why* specific methodological procedures and methods are chosen, and ultimately, *how* all these components influence and shape the final analysis and *how* the findings are presented to the academic audience in the form of writing and photographic documentation are affected. Fortunately, research also includes the beauty of numerous personal encounters, which counterbalance problematic issues.

Depending on the cultural context my ethnicity might have played a role regarding the ways, or the degree to which patients have opened up to me. For example, during my research at the Ohmiya Kousei Byoin (hospital) I learned about some patients' issues, of which their treating psychiatrist was not aware. Their willingness to disclose inner material to me might be related to several aspects, one being that I was a 'gaijin' (foreigner). Thus, I was literally situated outside their socio-cultural context where different socio-cultural rules, behavioural patterns and so forth, exist. It could additionally be linked to the different ways in which inner material can emerge because of the offered aesthetic, and verbal approaches to patients' issues; that is, art therapy allows a different process, or transformation of accessing personal material. There might also be a question of time spent with the group during a workshop, which was longer than typically the psychiatrist was able to spend with patients (e.g. ten minutes per patient). While my time spent with each patient individually was not longer, my presence *within* the group certainly was (90').

The trickiest part regarding the 'validity' or 'repeatability' of qualitative methodological procedures is that it may 'simply' be related to me as a person, which makes 'objective' comparisons difficult. Ultimately, the reason for some disclosures by the patients might be a mix of all the above points, and perhaps even of additional ones.

Thus, the question of validity or researcher-independence of observations needs to be gone into somewhat more deeply, given that this thesis employs both qualitative and quantitative approaches, for which those terms have different connotations. A single researcher will naturally always have a somewhat limited view; as highlighted by Harding (1993), not incorporating numerous researchers with a wide

range of backgrounds may result in a reduced objectivity. In the case of this thesis, viewpoints of researchers from e.g. Japan, but also other cultures, and their views on e.g. the multicultural cohorts in Wil and Paris would perhaps have been different than my own, with my Swiss and Mediterranean cultural moulding, thus potentially resulting in more divergent observations and conclusions. Harding thus (1993, p. 70) refers to possible limitations as researchers' 'blindness', which can be based on researchers' own previous (possibly unconscious) socio-cultural backgrounds that have affected the entire research process spanning from conception of the over-arching methodology, to formulating a hypothesis, to how analysis is carried out and to the final presentation of results. Harding then considers (1993, p. 70) that 'objectivism operationalizes the notion of objectivity in much too narrow a way to permit the achievement of the value-free research that is supposed to be its out-come.' However, short of working in a multicultural, multi-gendered team, with its own boundary conditions, an awareness of these potential limitations is already a crucial component.

In the case of the present thesis, potential limitations are discussed in *chapters nine*, and *particularly ten*, and the point is made that conclusions from the findings and discussions must be considered as tentative, as a starting point on which fur-ther investigations with possibly different conceptual frameworks, including those emphasizing more political readings, may build. Or, in reference to Harding (1993, pp. 55-56) once more, '[s]tandpoint epistemology sets the relationship between knowledge and politics at the center of its account in the sense that it tries provide causal accounts − to explain − the effects that different kinds of politics have on the production of knowledge.' The concept of standpoint is, according to her, based on Hegel's conception, which was later expanded by Marx, Engels and Lukacs, that elaborated on top-down carried-out power societal structures.

In order to allow cross-checking of the different datasets and analytical strategies, a mixed-method has been chosen, as explicated in this chapter. According to Cam-eron and Miller (2007, p. 6), 'Denzin (1978) used the term triangulation to argue the use of a combination of methodologies in research and initially saw triangulation as a validation strategy (Flick 2004: 179)'. They further (2007, p. 7) write: 'Triangula-tion as a validation strategy has contributed to the rise of mixed methods research

designs as it has advocated for triangulation of data and methodological triangulation within the social science research community.' However, as repetition of the same fieldwork situations was impossible, limitations do subsist also regarding the outcome of the aforementioned methodological choice. According to Feitelson's definition (2015, p. 5): 'Repeatability: In fields ranging from psychology to software engineering repetitions are typically not really 100% exact, because experiments are done with human subjects. The expertise and behavior of subjects at different locations may vary, the recruitment policies may vary, and even with the same subjects their behavior may exhibit statistical fluctuations or change with time and experience [13, 43].' Ideally, as Harding highlights (1993, p. 69) by calling for a politically aware stance,

> 'All of the kinds of objectivity-maximizing procedures focused on the nature and/or social relations that are the direct object of observation and reflection must also be focused on the observers and reflectors − scientists and the larger society whose assumptions they share. But a maximally critical study of scientists and their communities can be done only from the perspective of those whose lives have been marginalized by such communities. Thus, strong objectivity requires scientists and their communities be integrated into democracy-advancing projects for scientific and epistemological reasons as well as moral and political ones.'

Practically then, firstly, one can consider that the integration of patients' narratives can be regarded as a form of empowerment, not simply because they 'had their say' but also as this kind of patient-based material directly influences and shapes the research findings. Thus, subtle commonalities among several patients reveal elements that a less inclusive approach would have overseen; it allowed voices to be heard that would have remained silent, as multiple quiet allusions would easily have been overheard by a researcher focusing only on the 'loudest' voices.

Secondly, as researchers, a constant awareness of the context in which research is carried out and in which it is interpretable, maintaining 'reflective positions that are careful about the reach of the claims being made and of the constraints that make these claims possible', and thus taking up a 'modest' position (Cilliers, 2005, p. 256)

is a central component to approaching elusive but arguably present phenomena behind the patients' narratives and produced images.

3.5. Qualitative Phenomenological and Quantitative Approaches

The emphasis of my research is put on individuals' lived experiences and how these are expressed over time within socio-cultural contexts. That is, my philosophical stance is mostly grounded in phenomenological qualitative approaches and follows Carel's (2016, pp. 1 - 2) suggestion: 'Studying lived experience is not a variant form of scientific enquiry, but a method for examining pre-reflective, subjective human experience as it is lived prior to its theorization by science'.

This follows the phenomenologist Merleau-Ponty (1945) who proposes 'that the rediscovery of the body as a 'third genre of being between the pure subject and the object makes possible encounters with embodied others' (pp. 407/366). He states: 'We perceive others directly as pre-personal and embodied living beings engaged with a world that we share in common. This encounter at the level of anonymous and pre-personal lives does not, however, present us with another person in the full sense, since our situations are never entirely congruent' (Toadvine, 2019). This means that we always extrapolate from an embodied observation when building a model of the other.

Moreover, my phenomenological approach is rather in line with Spinelli's (2005, p. 19) reference to Husserl's procedure who 'argued [that] it was to be the principal task of phenomenology to find the means to strip away, as far as possible, the plethora of interpretational layers added to the unknown stimuli to our experience in order to arrive at a more adequate, if still approximate and incomplete, knowledge of 'things themselves''.

According to Gilroy (2006, p. 102) 'phenomenological research focuses on ruthless and systematic observation, exploration and analysis of what something essentially is. It involves the radical suspension of the experiencer's views about the world and the material objects, immaterial systems, thoughts, feelings and experiences that are encountered in the experiencing human being in their area of inquiry. The aim

is to seek new ways of seeing and understanding a phenomenon from within and in its own terms, not through externally imposed methods. This implies a rejection of positivist attitudes towards knowledge [...]'.

The rationale for nevertheless including quantitative elements was mainly to obtain additional patient-based information regarding their possibly encountered traumatic experiences, which might add to the patient-based narrative or aesthetic works' findings. Historically speaking, Gilroy (2006, p. 81) writes that 'quantitative research is based in positivist traditions whose language comes from the natural sciences, that is, from physics, chemistry and biology that assume there are patterns and regularities, causes and effects that can always be observed, given the same conditions', which should however not invalidate its use in a phenomenological context.

Furthermore, quantitative methods are often used to make predictions based on the obtained results. In the present case, quantitative psychometric PTSD-test results were gathered as retrospective information regarding patients' experiences, which may, or not, have become apparent in their narratives, or aesthetic works. Quantitative methods' results are usually said to be 'objective', especially in contrast to qualitative findings (but see the discussion in section 3.3). I would however argue that participants' self-evaluating test results comprise likewise limitations as they are, as is the case in qualitative research, subjected to human based (self-) evaluation. Moreover, the same prerequisites are difficult to replicate within art therapy research due to changing conditions; thus, a number or ‘result’ doesn’t represent the individual: the map is not the territory but is at best an indication.

These complementary roles that qualitative and quantitative data play must be seen within a larger context. According to Knappertsbusch (2023, p. 19) a 'qualitative-quantitative-divide largely persists despite the growing relevance of integrative approaches in social research methodology'. The adopted qualitative and quantitative research methodology in my PhD needs to be regarded as non-hierarchical, that is, the fine-grained level of phenomenological qualitative methodology lies at the heart of the detailed and complex quality of the observations and findings. Hence, the quantitative procedures have to be seen as additional and complementary ways of gathering data (e.g. PTSD IES-R test results), while codings and their

analysis contain elements of both qualitative and quantitative approaches. In combination, this methodology allowed to provide findings such as, for example, patients' long-term fieldwork evolutions, or the possibility of fieldworks-based overall data pooling, which permit, in my view, detecting patterns and themes that would have been difficult to discover and analyse otherwise.

Thus, my approach consists of a coexistence of qualitative and quantitative methodologies in which each carries similar weight, even though phenomenology *is* the overarching element of my stance. Yet, in all cases, these two approaches at best allow approaching what could be hoped for constitutes an as in-depth knowledge production as possible. As the resulting 'picture' is inherently incomplete, it is important to dynamically adapt to a potentially evolving situation; that is, clinically, a diagnosis is only temporary and from a research point of view, findings will always remain tentative.

3.6. Art Therapy Research Method and Focus Groups

The mixed-methods approach that underlies this research integrates phenomenological qualitative as well as quantitative approaches as pointed out earlier (see 2.1). This multi-facetted research strategy allowed obtaining a set of data and material that lends itself to examining if (or not) correlations among the independent variables exist. McNiff in his elaboration of art-based research explicates its intrinsic processes highlighting its richness, but also its limitations (2013, p. 7):

> 'Art shares many qualities with science but where the latter follows repeatable procedures and laws, the former celebrates an infinite variability of outcomes even when people use the same materials in the most structured ways. Just as artfulness permeates scientific invention (Beveridge, 1953), art can be pursued scientifically but it will always assert its unique nature through the spontaneous emergence of discovery, often contrary to plans and the most carefully developed strategies.'

A crucial question prevails in *how* science is defined, by *whom*, and with what goals in mind. According to Eaton, Doherty and Widrick (2007) research in art therapy

was scarce then and it still seems relatively uncommon. The reason for this absence is, according to them, systemic (pp. 256 - 257): 'The absence of efficacy research is [due to] a lack of art therapists trained in experimental research methods (Tibbetts, 1995) [...]. Some art therapists maintain that the outcomes of interest to them, which tend to be abstract psychological constructs, may not be adequately measured by empirical methods (e.g. self-actualization) (Wadeson, 1995; Wolf, 1995)'. Methodological questions of what and why research is (or not) necessary thus persist for certain art therapists, but also the extent to which art therapy research findings are accepted by some psychiatrists remains problematic. Ultimately, there is also the dogma (adopted by some) that only what can be quantified should be the subject of research, and that only research on the efficacy of a specific therapeutic approach is a valid pursuit. Research can, however, be defined as a rigorous process, which attempts to question, expand on, or verify existing, or to create new knowledge, irrespective of whether it is qualitative or quantitative insofar as possible limitations are considered.

Focus groups are well suited to art therapy research. The corresponding method, which was implemented in my art therapy workshops, required both a high level of adaptation and flexibility towards patients' emerging inner shifts. According to Plummer-D'Amato (2013, p. 1), 'Focus groups are unique because they combine interviewing, participant observation, and group interaction. Focus groups are therefore particularly useful when the researcher wants to investigate people's thoughts because the interaction between participants can elicit data and ideas that might not be uncovered in one-on-one questioning'. As this method is inherently multifaceted, it is well suited for art therapy research as it allows the integration of all the expressive processes. Within art therapy the process and the emerging aesthetic works, the individual as well as the group discussions that involve the researcher (or not) play a fundamental role for obtaining rich material. Hence, by addressing the aesthetic works linked to patients' narratives (or vice versa), and by incorporating researchers' observations via the focus group approach, it becomes possible to shed light on their multi-layered backgrounds.

Furthermore, Hogan (2014, p. 47) highlights the fact that 'a *theme* (my italics) can help to unify the group; it is helpful for group-improving cohesiveness because it is

stressing commonalities between people', as the suggestion of the topic of the *house* confirmed. More generally, art therapy process-specific characteristics concerning aesthetic and narrative aspects are pointed out by Waller (1993) who stated (in Hogan, 2016, p. 94):

> 'The image- (or object-) making is an important aspect of the human learning process; that image making [all art forms included] in the presence of a therapist may enable a client to get in touch with early, repressed feelings as well as with feelings related to the here and now; that the ensuing art object may act as a container for powerful emotions that cannot be easily expressed; and that the object provides a means of communication between the therapist and patient'.

In particular, a fundamental characteristic of embodied art making is pointed out by Hogan (2016) by citing Schaverien (2011, p. 80): 'No other mode of [aesthetic] expression can be substituted for it', and 'in the process of its creation, feeling becomes "live" in the present'. For Boehm, powerful images are characterized by the fact that they 'engage in a metabolic process with reality' (Boehm, 1994, p. 252) and 'because they make us aware of a reality, make something visible without which we could have never learned of it' [otherwise] (Knott, 2018, p. 19).

The specific approach of arts therapies is distinguished by 'three fundamental areas' as Petersen (2011 p. 17) points out, consisting of:

1. 'The therapeutic relationship between [art] therapist and patient,
2. the therapeutic process,
3. and the aesthetic medium'

These set them clearly apart from psychotherapeutic, or psychiatric interventions thanks to their potential of stimulating symbolic, inner expressive processes, and externalisation of personal issues, and can potentially lead to a transformation, well-being, and improved mental health.

Here, the term *patient* is used for addressing a suffering person without implying any sense of hierarchy or of what is considered 'ill' or 'healthy'. Jutel (2009) for example, establishes an important link regarding the 'sociology of diagnosis', which she considers as a 'powerful social tool' through which diagnosed people gain the 'permission to be ill' (2009, p. 278). The term patient derives, as Neuberger (1999, p. 1756) points out from the Latin '"Patiens", from "patior", to suffer or bear'. Since diagnosis is generally carried out by medical staff it is difficult to avoid hierarchy. Interestingly, in Wing's (1997) study in which ill persons were asked whether they would prefer to be called 'patient' or 'client' roughly 3/4 of them preferred to be called 'patients', which can perhaps be regarded as representing their current state of ill health. Finally, my usage of 'patient' in this study refers to both people who themselves consider that they feel ill or are patients, and to those persons I met in a psychiatric clinical context.

3.6.1. The Role of Images in Arts-Based Research

The paintings and drawings created by patients play a major role in art therapy research and it is thus of importance to draw on visual methodologies and arts-based research when addressing those. Methodologically and more generally, Pauwels and Mannay (2020, p. 1) explicate that 'contemporary visual methods involve scrutinizing visually observable aspects of society as a gateway to the deeper traits of culture' consisting of 'material, immaterial and conceptual' aspects in order to gain 'a more nuanced understanding of social worlds'. Importantly, their definition of 'visual culture' is not limited to images, but includes further fields such as e.g. 'architecture, fashion […] which are accessible through direct observation drawing on an array of our senses (Pauwels, 2013)'.

In other words, in the context of art therapy research the aesthetic works produced need also to be seen as being part of a specific socio-cultural environment. Practically speaking, as Malchiodi (2003, p. xii) points out, '[c]lients' feelings and experiences are transformed into concrete and tangible images, allowing both the client and the therapist to obtain a fresh view of problems, conflicts, potentials, and directions.' These personally shaped images then become, as Banks (1990, p. 15) points out, 'a material object with form as well as content. [...] Once manifest in the

world it begins a career and accumulates a series of linkages and social embeddings (cf. Appadurai, 1986).' The complexity of the obtained material, which consists of invaluable and individually shaped facets, in return then allows researchers to gain insights into patients' contextualized ways of being and their personal issues.

To address and better understand the content of aesthetic works, Rose (2007, p. 258) highlights several 'questions about the image' consisting of, for example, 'what is being shown? what are the components of the image? how are they arranged? what is its material form? is it one of a series? where is the viewer's eye drawn to in the image, and why? [...] what relationships are established between the components of the image visually? what use is made of colour?' and so forth. All of these questions serve as a means that allow researchers to gain a more insightful comprehension whilst additionally discussing these images with their makers, or as Huss (2011, p. 2) highlights, [...] 'images specifically [...] can help reveal the client's own hermeneutic understanding of the issues (Slater, 2003; Weber and Mitchell, 2004; Huss and Cwickel, 2005)'. Crucially, and with regards to knowledge production and issues of methodology, a goal of arts-based research is, as McNiff writes (2013, p. 5), that '[...] applied arts professions [...] adopt an inclusive and trans-discipline definition of research as a process of systematic inquiry that includes experimentation and seeking out information with the objective of answering questions, solving problems and generating new understanding.' This topic will be revisited through a different lens in section 4.5. (Interpretation and meaning of paintings).

3.7. Phenomenological Method

Following my approach of encountering the fieldwork situations as ‘uninfluenced’ as possible, I attempted to embrace the phenomenological method of ‘epoché’ defined as (Encyclopædia Britannica, 2021):

> ‘[…] “suspension of judgment,” a principle originally espoused by nondogmatic philosophical Skeptics of the ancient Greek Academy who, viewing the problem of knowledge as insoluble, proposed that, when controversy

arises, an attitude of non-involvement should be adopted in order to gain peace of mind for daily living.'

The phenomenological procedural method, which in addition to being a method is also a philosophical stance regarding human-based research, is explicated in the subsequent paragraph (ibid.):

'The term was employed in the 20th century by Edmund Husserl, the founder of phenomenology, who saw it as a technique, more fundamental than that of abstraction and the examination of essences, that serves to highlight consciousness itself. The philosopher should practice a sort of Cartesian doubt, methodic and tentative, in regard to all commonsensical beliefs; he [she] should put them, and indeed all things of the natural-empirical world, in "brackets," subjecting them to a transcendental suspension of conviction — to *epochē*. Without ceasing to believe in them, he should put his belief out of action in order to focus upon the sheer appearances of houses, trees, and people, which then become tantamount to the existence of his awareness of them.'

Following Spinelli (2005, p. 20) the methodological 'rule of epoché' consists of setting 'aside our initial biases and prejudices of things, to suspend our expectations and assumptions, in short, *to bracket* all such temporarily and as far as is possible so that we can focus on the primary and immediate data of our experience. In other words, [...] epochē urges us to impose an 'openness' on our immediate experience […] so that our subsequent interpretations of it may prove to be more adequate.' Practically, my stance of integral patient-related observations, as well as the subsequent note taking, were grounded in this phenomenological approach. Consequently, and following my approach of encountering patients as 'neutrally' as possible, psychiatric diagnoses were sought only upon completion of my fieldwork.

3.8. Art Therapy Participatory Approach including Auto-Ethnographic Perspectives

This section highlights several scholars' thinking regarding participatory and auto-ethnographic perspectives that were particularly relevant to the context of doing

research in multi-cultural situations with participants from different age brackets during my fieldworks and to the important role of my own participation in the group work. For instance, Bergold and Thomas (2012) define participatory methodology as one 'that argues in favour of the possibility, the significance, and the usefulness of research involving partners in the knowledge-production process (Bergold, 2007, pp. 57 - 66)'. For these two researchers 'the participatory research process enabled them as co-researchers to step back from familiar routines, forms of interaction, and power relationships in order to fundamentally question and rethink established interpretations of situations and strategies.' In practice they point out the need of a "safe space" since 'participatory research requires a great willingness on the part of participants to disclose their personal views of the situation, their own opinions (including dissenting and critical ones) and experiences'.

Pierre Bourdieu (2003, p. 281) talks of participant observation as characterizing 'the behaviour of an ethnologist who immerses himself in a foreign social universe in order to observe an activity, a ritual, a ceremony, and ideally while participating. One often insists on the difficulty of such a stance, which demands a sort of duality of one's awareness, something that is very challenging. How can one be both subject and object, the one who acts, and the one who – in a certain sense – watches oneself acting? […] With 'participant objectivation', I understand the objectivation of the subject of the objectivation, of the analysing subject, in other words, of the researcher himself'. Hence, Bourdieu highlights that the researcher's position is at least dual; with the purpose of as best as possible learn from the field, one must fully immerse oneself, which can lead to overlook things since one is too involved with the fellow participants. However, helpful approaches in order to attempt to achieve (ideally) one's research aims require, I believe, integrating the phenomenological epochē and self-reflecting stances even though, irrespective of the approach, one certainly remains to some extent influenced by one's own subjectivity.

For Susan Hogan (2016, p. 133) participatory methodologies 'are those which situate the locus of power more fully with the recipients of services: though there is a spectrum of activity, consumers of services may fully set the agenda'. The notion of co-production of research with participants has become more widespread since some researchers wish to collaborate with patients on equal terms, rather than

considering them solely as 'objects' to be researched for their data collection. This approach helps avoiding a possibly occurring inhibiting hierarchy between the researcher and her participants, which I consider to be unhelpful and unethical for participants themselves, as well as for the research process and data acquisition.

3.8.1. Standard Approaches to Intercultural Research in Art Therapy

Being culturally aware is of great importance within multi-cultural settings and research contexts, but consists at times also of a challenge due to one's own (e.g. Western) background. Especially, as Crawford et al. (2015, p. 22) rightly point out: '[...] western intellectual history of illness has been seen to be about the body, and has been grounded in the physiology of the person'. They encourage us to rather 'think more holistically about the nature of societies in which particular phenomena and experiences occur' (p. 23). Hence, how illness is perceived, what health may be (e.g. body-mind-split), and how it manifests itself is rather culturally grounded and may thus vary from one culture to another.

In the context of art therapy, Hocoy (2002, p. 141) additionally points out that art therapy approaches ‘derive from a specific set of cultural assumptions, values, and constructions that are uniquely Euro-American in origin’. For example, possibilities for studying art therapy do exist in some Asian countries but are, in contrast to England or the U.S., still rather scarce and often import Euro-American models of training and practice. Culture-specific customs, or approaches, and scholarship, or e.g. the interpretation of narratives and drawings and so forth need to be thought in a culture-sensitive manner by art therapists no matter what their own cultural background might be.

Furthermore, Huss et al. (2015, p. 674) point out that ‘arts-based research is cited as helpful in clarifying intercultural concepts and perceptions of non-dominant groups […] including the phenomenological experience of the participants (Freire and Macedo, 1987; Huss, 2012; Knowles and Cole, 2008; Mason, 2002; Sclater, 2003; Thiwai-Smith, 1999)’. Interestingly, they highlight the fact that, as an example, ‘the single word ‘house’ can be a tent, a hut, an apartment bloc, a village, or a home; it can have different social and emotional meanings (Huss, 2009; Pink and

Kurti, 2004; Piquamel, 2005). It is for these reasons that the topic of the *house* is so powerful as it not only allows incorporation of the physical *house*-related appearances that can be culturally diverse, but also permits attaching individual emotional or symbolic content based on participants' lived or wished for experiences to the architectural structures or aesthetic works. Crucially however, possible interpretations of what art therapy-based contents may *mean* need to take culture-aware stances (including one's own) into account.

3.8.2. Cross-Cultural Research in Art Therapy

The incorporation of various socio-cultural-related facets into art therapy research is crucial. According to Guntzviller (2017, p. 1) 'culturally sensitive research involves integrating cultural beliefs, characteristics, attitudes, values, traditions, experiences, and norms of a target population into research design, implementation, evaluation, and materials.' However, researchers cannot have complete knowledge of all these culturally grounded aspects. What might nevertheless counterbalance such 'limitations', I believe, is a philosophical stance of impartiality, a non-judgemental attitude vis-à-vis the encountered, possibly unknown phenomena relating to cultures, and its peoples. Crucially however, Hocoy (2002, p. 143) rightly points out that ‘interpretation is never culture free, that there is always the imposition of a set of meaning structures that derive from a particular cultural context (Greenfield, 1997). A correspondence between the therapist’s assumption and what “objects, events and behaviours mean to the [client] engaged in and with them” (p. 288) cannot be assumed’. Furthermore, how researchers have been shaped by their own socio-cultural environment(s) is of additional importance, requiring not only a self-reflective stance regarding the present, but also considering the past regarding one's ethnicity, culturally grounded customs, gender questions, and so forth, notions, of which one might, to some extent, be unaware of.

Cross-cultural research in art therapy seems to be scarce. Dokter and Hills de Zàrate (2016, p. 2), for example, state that their book ‘intercultural arts therapies research’ ‘is the first overarching book on arts-therapy intercultural practice research’ in the English-speaking world. An important aspect whilst adopting cross-cultural research is highlighted by Dokter (2016) who emphasises the importance of

integrating an intercultural approach. She refers (2016, p. 93) to the Council of Europe, COE (2014): ‘Interculturality derives from the understanding that cultures thrive only in contact with other cultures, and not in isolation’. The UNESCO’s (2021) definition of interculturality is as follows: ‘Interculturality refers to the existence and equitable interaction of diverse cultures and the possibility of generating shared cultural expressions through dialogue and mutual respect’ (Article 4.8). The former is illustrated by Japanese belief systems that are manifested in temple architecture, which adopted spiritual culturally based practices from China. Similarly, and establishing a link to Hills de Zàrate’s research regarding the importance of culturally imbued objects by Italian immigrants to Argentina, Korean ceramicists’ influence on ceramic styles now being considered as ‘Japanese’ reflect similar notions. However, questions of ‘respect’ or of ‘original’ cultural attributions may not be without generating some tensions in reference to cultural heritage, and, or of lacking awareness, or recognition toward it. In the context of my research in Japan, in *chapter seven* I specifically refer to the topical work ‘Art Therapy in Asia’ by Kalmanowitz, Potash and Siu Mei Chan’s (2012).

Basically, art therapy can be considered as a universally applicable approach for accompanying patients thanks to its potential to be culturally sensitive and adaptive (theoretically, practically and to some extent, also politically). Such a statement is supported by Gerber et al.'s (2020, p. 2) encouragement, which considers that ‘the current status of our global condition invites a form of epistemic activism that embraces non-dominant modes of knowledge production and counters totalizing discourses which tend to reproduce the *status quo* in the social and health sciences. […] The inherent pluralistic eclectic onto-epistemic of ABR [arts-based research] has the potential to reveal and capture the dynamic, sensory-embodied unconscious, or tacit dimensions of the collective human condition.’ Nevertheless, establishing, or at minimum investigating, this assumed universality – at least for the specific proposed topic – is one of the main goals of this thesis.

3.9. Research Data gathering Protocol

The implementation of the research outlined in figure 1 and figure 2 builds upon a common approach for all venues at which material was gathered (this section), but

also in the manner in which the data were analysed (section 3.12). As the gathered data also included quantitative elements and psychometric approaches, their specificities are discussed in the immediately following sections.

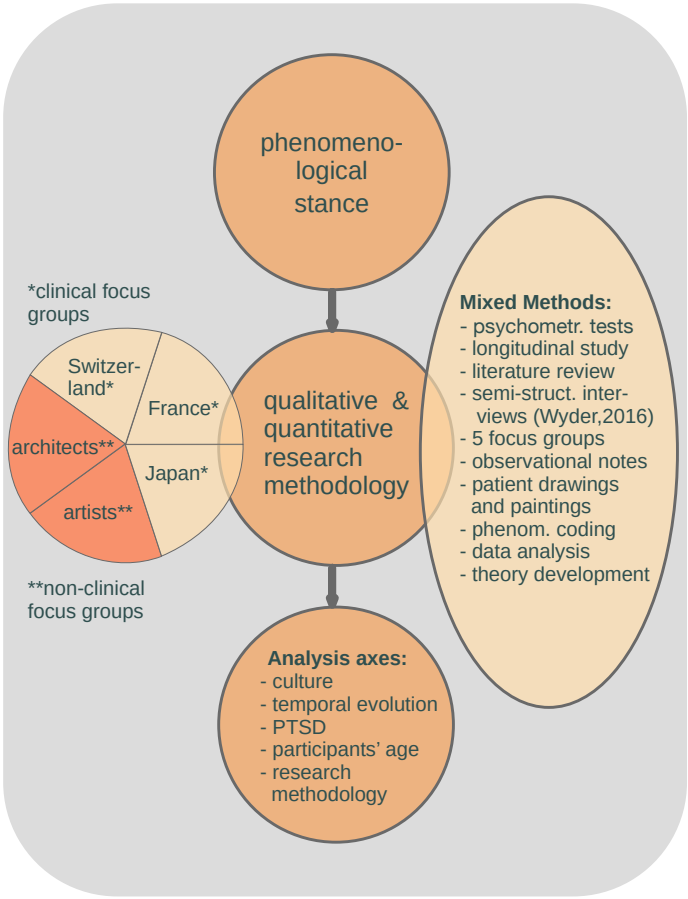


Fig. 2, Excerpt of poster presentation (© Silvia Wyder, 2021), *1. Nürnberger Forum für Kunsttherapie und Wissenschaft*, Germany.

The carried-out protocol was the same in every fieldwork albeit adapted to the site-specific spatial and cultural conditions. Chronologically, I gave a short introduction to the theme of the *house* by displaying 31 postcards (of paintings, photographs, drawings, prints and a video-still) showing *houses* in various countries and cultures, which could serve as a springboard for the participants (or not), or to 'break the ice'. I highlighted that here was no obligation to adopt the theme of the *house*. No formal artistic teaching was involved in the workshops; technical advice was provided but only upon participants request.

These numbered postcards (listed in appendix 4) were spread out every week in the same manner and at the same spot in the rooms, in Wil, Ohmiya and Paris by adapting each time to the site-specific spatial circumstances. Their presence led to individual and, or group discussions with or without me, or just silent 'visits' by workshop participants.



Fig. 3, 31 postcards of artists' artworks, photographs, video stills, © Silvia Wyder, 2016

In all research locations, the modalities were painting and drawing. The art material consisted of acrylic colours, gouache, pencils, colours, graphite, coloured markers, rulers, erasers, graphite sticks, brushes, Japanese ink, ink stones, and two sizes of paper (A3 and B2). These were spread out in the same way during every art therapy session for patients' unhindered choice. The repetition of the art materials' display (tables, benches, or kitchen furniture) may have provided them with a sense of continuity and safeness.

Patients freely chose their seat at tables. Interestingly, they sat at the same place throughout the art therapy workshops in all the clinical situations. I sat among them around large tables in Paris, and Ohmiya; in Wil however, I had my own spot since the patients used three tables and I didn't wish to prioritise one of them.

Sessions' closures usually involved verbal exchanges and cleaning of the art materials and tables. After each workshop the patients' works were photographed for my fieldwork documentation, consent (appendix seven). for this being part of the ethical approval process. I had received permission to publish photographs of patients' drawings and photographs for my thesis. Copyright of the documented paintings' photographs used within the thesis and thesis-related photographs taken by me resides with me.

Observational field notes based on patients' verbal expressions about their aesthetic works and narratives were written down after each session outside the clinics. For example, I jotted down my observations regarding patients' ways of being, how they used the art material, how they aesthetically visualised the topic, how they adopted their space, and my own self-reflections.

The two psychometric tests, the Impact of Events-Scale Revised (IES-R, Weiss & Marmar, 1996) measuring possible Posttraumatic Stress Disorder symptoms, and the Basler Befindlichkeitskala (BBS, Hobi, 1985, wellbeing test), allowed a single temporal snapshot rather than a possible shift over time that multiple tests might have revealed. However, during the fieldworks I decided that administering the BBS-test more than once would have been too disruptive. Most of the patients completed both tests. The tests were submitted to them once some level of confidence could be established. As the duration of the individual fieldwork periods varied, the moments the tests were filled out was adapted to each individual situation (generally rather towards the end of the workshops).

Lastly, I conducted a 29-item individual semi-structured interview (Wyder, 2016) (recorded) with most participants together with their drawings and paintings at the end of each clinical fieldwork. Some patients did not wish to take part in the interview; I respected their reluctance, even if the data was thus incomplete.

3.10. Psychometric Tests

There were several reasons for submitting psychometric tests to this study's participants. Based on my MSc-systematic review findings in mental health (Wyder, 2012), possibly existing posttraumatic stress disorder phenomena are under-

diagnosed. Based on these results, treatment plans are mostly defined such as to rather address e.g. substance use disorder issues, instead of simultaneously investigating and addressing possibly underlying reasons of e.g. traumatic experiences. One could argue that, as an art therapist, it would be sufficient to exclusively focus on participants' paintings and narratives. However, I believe that psychometric test results add additional important and otherwise unobtainable information that can be crucial in defining art therapy treatment plans and approaches as to best tackle patients' individual issues. For instance, PTSD-related content seemed to be accessed differently by clients whilst filling out a psychometric test, in contrast to its presence (or absence) in their aesthetic depictions.

Some might consider my position and procedure as overstepping into psychiatrists', or psychologists' expertise, which might create some tension with them, but potentially also with art therapists focusing on the e.g. symbolic and aesthetic processes of clients. Awareness of the specific situation is critical. For example, in a clinical situation with a well-functioning interdisciplinary team with regular meetings in which all specialists share their patients' observations and findings equally, art therapists 'having' to carry out psychometric tests might not be necessary. However, if this would not be the case, obtaining additional data is crucial. It became clear in all my PhD-research venues that clinical testing for PTSD had mostly not been carried out.

Given this absence of prior psychometric tests amongst the clinical populations of this thesis and the impossibility of obtaining them otherwise and given my MSc in psychological therapies (which ended with a thesis focusing on trauma and PTSD), investigating the potential presence of PTSD amongst patients in this specific context of a research project through the administration of the psychometric IES-R tests by myself was justifiable. Naturally, I had previously obtained ethical clearance, had ensured the agreement of the clinic's responsible and psychiatrists and had guaranteed an appropriate environment with safeguards (such as being prepared for precursors of retriggering). It should be said that, in the context of standard art-therapeutic interventions, such tests should only be applied by individuals having received corresponding education regarding PTSD-phenomena and who are aware of its psychopathology to be able to address possibly occurring distress.

It was made clear to the patients that they were free to opt out from the tests (which some did).

3.10.1. Rationale for the Use of Psychometric Tests

The rationale for the choice of measurements resides in the search for possible patterns by investigating independent variables within participants' aesthetic works or narratives, besides psychometric tests. This multi-facetted research strategy allowed obtaining a set of data that lent itself to examining if (or not) correlations among the independent variables exist.

Since the principal focus of the study was on artistic and verbal expressions, to also obtain an estimate of possible PTSD and patient wellbeing data, and as indicated above, individuals were additionally assessed by a semi-structured interview questionnaire (Wyder, 2016). The psychometric tests thus supplement the range of data stemming from an 'analysis' of persons' aesthetic expressions and their narratives and findings resulting from the semi-structured interview questionnaire; these procedures provided a more global picture of persons' mental states and of how these are creatively expressed in regard to the topic of the *house*.

3.10.2. Literature Search regarding Psychometric Tests

The search strategy for appropriate psychometric test procedures included online Google and GoogleScholar investigations using the following keywords in English, German, and French: "Psychological tests, psychometric tests, Psychologische Tests, Psychologische Testverfahren, tests psychologiques". Various test procedures, searched for via university-websites, private websites, and scholarly publications, were found and scrutinized. Additionally, the entire 'psychological tests' section of Geneva University’s Psychology Department's library was examined. The four most complete compendia of tests (Bouvard, M., 2009, Bouvard, M., Cottraux, J., 2010, Brähler, E., Holling, H., Leutner, D., Petermann, F., 2002, Kline, P. 1993) were selected and methodically searched for tests addressing mental states, well-being (‘Befindlichkeit’) and PTSD-trauma clusters.

From all these sources, two procedures were chosen according to the following criteria: the two selected tests must be validated, compact and yet comprehensive, as well as containing subtle but ‘revealing’ and easily understandable questions and must be applicable across cultures. Two axes have been investigated via psychometric tests: PTSD via the Impact of Event Scale-Revised (IES-R) by Weiss & Marmar (1997) and the wellbeing 'Befindlichkeits-Skala' by Hobi (1985). The BBS Befindlichkeits-Skala as well as the IES-R test are both self-rating procedures, which persons were able to fill out by themselves.

3.10.3. Basler Befindlichkeits Scale

The Befindlichkeits-Skala (BBS, Hobi, 1985) allows the 'examination of [psychological] processes, in order to determine changes in the subjective perception [of persons’] mental states' The wellbeing scale has been used since this test covers a wide spectrum of inner psychological states (e.g. inner balance, fearlessness), quantifies the spread of values (from lacking in concentration to fully focused) and provides both complementary information to, as well as possibly having some degree of overlap with, the PTSD IES-R test. The BBS is a self-rating procedure with a limited numerical range; the possible answers are thus restricted.

The test includes 16 items addressing VT Vitalität (vitality), IG Intrapsychischer Gleichgewichtszustand (inner state regarding psychological balance), SE Soziale Extravertiertheit (social extroversion), VG Vigilität (vigility/vigilance). The oppositional adjectives range, e.g. from ‘calm’ to ‘nervous’ within a bandwidth between one to seven.

3.10.4. Impact of Event Scale-Revised

The Impact of Event Scale-Revised by Weiss & Marmar (IES-R,1997), consists of 22 questions addressing intrusion, avoidance, and hyperarousal. The IES-R Test is a self-rating questionnaire with five answer possibilities ranging from ‘not at all’ (below 24 points) to ‘extremely’ (37 points and above). It is a procedure that identifies the possible occurrence of post-traumatic stress disorder (PTSD). Persons suffering from PTSD symptoms have experienced one, or several traumatic events

during their lifetime, which according to the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (1994) consists of the following criteria:

> 'A (Exposure to a traumatic event),
> B (Intrusive symptoms),
> C (Avoidance and numbing symptoms),
> D (Symptoms of increased physiological arousal),
> E (Duration of the disturbance),
> F (significant distress or impairment)'.

The IES-R test also consists of a self-rating questionnaire including five answer possibilities ranging from ‘not at all’ to ‘extremely’. Validated German, French, English and Japanese versions were sought.

Detailed IES-R score ranges point to non-clinical, clinical, to mental and physical health issues:

24 or more	PTSD is a clinical concern. Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms.
33 and above	This represents the best cut-off for a probable diagnosis of PTSD.
37 or more	This is high enough to suppress your immune system's functioning (even 10 years after an impact event).

The overall linked thesis question is whether, or not, PTSD-phenomena would become apparent in participants’ *house* related aesthetic works and, or narratives.

Regarding cultural awareness and PTSD-related procedures, Maercker, Heim and Kirmayer (2019, p. VII-VIII) point out that,

> '...the application of a cultural clinical perspective to understanding the experience of survivors of potentially traumatic events from a genuinely cultural perspective remains the exception rather than the rule. [...] The vast

> majority of contributions take for granted the Western notion of autonomous individuals who are self-reflective and can readily express their inner mental states. [...] More generally, the cultural clinical perspective poses questions about the extent to which our knowledge in the field of traumatic stress can be universally applied, and which aspects of theory and practice need to be adapted − or even set aside − to respond adequately to specific contexts.'

Addressing this point, von Lersner, while discussing 'culture-sensitive interventions in PTSD' (2019, p. 182), refers to Sue and Sue's (2013) 'concept of intercultural competence in clinical settings', which consist of:

- '*Awareness*: Exploration and reflection of one's own cultural embeddedness as well as its influence on the perception of the client and the formation of the therapeutic relationship;

- *Knowledge*: Knowledge about the cultural background of the client and possible implications for worldview;

- *Skills*: The development of culturally sensitive interventions strategies and techniques'.

Von Lersner's, and Sue and Sue's highlighted recommendations regarding cultural sensitivity seem to be in-line with my own stance, procedures, and art therapy recommendations regarding culture-aware art therapy (section 3.8.1. and 9.6.).

Finally, it is legitimate to question whether psychometric test procedures (IES-R and BBS) that have been developed in the West and are hence based on Western cultures (if one could generalize), are appropriate for Japan. Given that a validated IES-R Japanese version exists (Asukai et al., 2002) I consider that the test has indeed been validated for Japanese people. However, the Basler Befindlichkeitsskala (BBS, mental state scale, Hobi, 1985) has not been tested before by and for Japanese persons. The procedure has thus been utilized based

on my own judgement regarding its suitability by considering, on the one hand, my own familiarity with Japanese culture and its people, and on the other hand, by examining what the test questions include in detail.

3.10.5. Relative Validity of Psychometric Test Results

Each clinical situation of patients filling out of the IES-R forms was different as the overall circumstances (e.g. 'studio' space, culture and language, duration of my fieldwork) were dissimilar. Hence, the moment when I asked the patients to fill out the test was not the same. This difference is explained by the fact that following my ethical approach of considering patients as human beings and not 'just' as objects serving my study, it was (is) fundamental to my stance to first establish a rapport of trust and a sense of safety with each participating person. Therefore, the logic behind my procedure was to follow in a way my 'gut feeling' of when I subjectively judged that patients might be 'ready', or hopefully experience the least distress whilst filling out the IES-R-test. Nevertheless, and perhaps unavoidably, some few patients (two out of 32 overall) did verbally and emotionally express distress, which was addressed by me during the same session.

More fundamentally, however, test results need generally to be viewed with some precaution and there is, in my view, no quantitative test result that can be considered as being fully reliable. There are several rationales for my opinion regarding tests. For example, one of the Japanese patients (she was not the only one) clearly erased (as it was written in pencil) her initial score to a less 'extreme' rating; the IES-R-test consists of twenty-two self-rating items of which she erased five. The obvious question then is *why* and *for what reasons* she changed her initial scoring? Did she, according to herself, make a *mistake* in her initial answer and after a brief reflection decided to adapt it to another score? Or one could hypothesize, which I think is important to consider: is perhaps the first version the more coherent one *because* she *didn't* reflect on it? *Why* would participants change the score? Could it be that they can't live with what it would *signify* in the context of trauma and PTSD? Could it also be possible that they wish to give a different impression to the art therapy researcher?

Consequently, there are two IES-R test results for some patients; the corrected, together with the initial version. As pointed out earlier, I rather believe that twofold results can be a starting point for a critical reflection relative to the patient, but also concerning quantitative test results in general. Naturally, I have no answer to the above points as it seemed impossible to me that I would intervene in whatever form (except for crisis) during the process of filling out the questionnaire. Nonetheless, having additional findings stemming from the combination of the thematic analysis of patients' aesthetic works, narratives and my observational field notes, patients' IES-R-score seemed in most cases to be coherent.

3.10.6. Semi-Structured Interview

The semi-structured interview (Wyder, 2016) including 29 questions was developed by myself in accordance with my director of studies (DOS) and thereafter going through the University of Derby's ethics committee (see ethics section 3.13). It was administered individually and was recorded with the participants' agreement. The main cluster areas of the semi-structured questionnaire design are:

- Trauma / PTSD
- Mental States
- Creative Process
- Materiality
- Perception of Space
- Culture

The semi-structured interview approach was chosen since, according to Bryman (2012, p. 13), 'the interviewee has a great deal of leeway in how to reply […] given that the interview process is flexible'. The aim of this interview was to obtain supplemental or intersecting data, which could be complementary to the patients' aesthetic works and narratives.

As the fieldwork took place in several countries, participants' linguistic backgrounds were diverse. Hence, my semi-structured questionnaire was translated from

English to German, French and Japanese. The Japanese translation was carried out by a Japanese scholar of the Geneva University.

3.11. Participants' Semi-Structured Interview Locations

The interviews were carried out mostly in the same space as that in which the art therapy workshops took place. The location was hence familiar to the participants, which hopefully reduced possible stress. However, part of the interviews had to be carried out in a different space (a music room) than the usual art therapy workshops within the psychiatric clinic in Wil. Thereupon, one patient reacted with initial irritation, which might have been due to the unfamiliar space, but perhaps also because of the more formal interview format.

3.11.1. Issues of Languages, Transcriptions and Translations

The languages used in the clinical interview situations (Paris, Wil, Ohmiya), were to a large extent in line with the locally spoken languages, that is French, Swiss-German and Japanese. Hence, the procedures comprised the same languages spoken by the patients and me during the interviews, as well as throughout the art therapy workshops.

All of the study's semi-structured interviews (Wyder, 2016) were digitally recorded by me. To ensure the best possible translation of the questions from English to Japanese I had asked for a Japanese academic's assistance (PhD specialising in 'sociolinguistics, discourse and semiotic analysis'). However, I came to realize that some of the translation was not completely consistent with my original questions, and hence the thereafter resulting patients' answers may not be fully in line with my purpose. These findings are hence most likely slightly dissimilar to what I had intended to investigate. Clearly, I should have checked the translation beforehand in more detail.

Regarding the Japanese context, the Ohmiya clinic's psychiatrist insisted on either the chief-nurse's, or a psychologist's presence during the interviews. The level of 'control' I had over the interviewing process was thus,

a) partial,
b) modified (the nurse intervened in ways that went at times beyond the content of my primary questions),
c) and she sometimes added additional terms not included in my Japanese questionnaire.

This clearly represents a limitation, or possible divergence from findings that I would have been able to obtain alone.

The semi-structured interview transcriptions were carried out by the same Japanese scholar, an additional Japanese academic lecturer, and occasionally by their Japanese MA-student, all of Geneva University. The translations from Japanese to English have also been elaborated by a Japanese academic carrying a MA-degree. Potential errors in transcriptions from Japanese-to-Japanese written language, and thereafter into English were difficult to discover given my level of Japanese language. On the other hand, since participants' language was rather plain, I was able to identify and correct some mistranslations, or perhaps contextual misunderstandings.

Transcription processes regarding the French, English, Swiss-German to German semi-structured interviews (Wyder, 2016) were straightforward without causing too many issues. Main problems were related to acoustics, or 'over-talking' between participants and me.

Clearly, the level of accuracy of the translations and transcriptions can lead to some degree of limitation regarding the proper restitution of participants' narratives during the interviews, which can influence the final analysis, and ultimately, the study's findings.

3.12. Overall Analytical Strategies

The overall analytical strategy included both qualitative and quantitative procedures. The carried out qualitative procedures consisted of scrutinizing and phenomenologically coding (see section 3.12.1) my phenomenological observational field

notes (recorded retrospectively from memory, including patients' narratives and self-reflexive observation), material from patients' recorded, transcribed and translated semi-structured interviews (Wyder, 2016), and patients' aesthetic works (paintings and drawings) for each patient separately.

The quantitative strategies were based on analysing data gained from the two psychometric tests, the Impact of Events Scale-Revised (Weiss & Marmar, 1997) to evaluate possibly existing PTSD, and the 'Basler Befindlichkeitsskala' by Hobi (1985) to shed light on possibly occurring shifts of patients' inner mental states over time, although in practice, the single administration of this test resulted in a single snapshot. Besides the quantitative score based on the PTSD IES-R-test results, additional procedures consisted of investigating whether, or not, possible PTSD-content emerged in their narratives (e.g. "almost rape", 2016) and, or their aesthetic works (e.g. 'bombed house'), and by including obtained psychiatric diagnoses (if applicable) in order to determine the psychiatric context.

In particular, the procedure also included qualitative phenomenological analysis of the produced aesthetic works and of my field notes based on participants' narratives concerning their works, and on their meaning-making of their aesthetic works (with myself and among themselves). Further, interactive group dynamics, participants' mental and/or physical states, use of space and selected art, and other materials (e.g. use of water), as well as integrating possibly occurring cultural specificities were taken into account.

3.12.1. Phenomenological Analysis (Coding)

Van Manen (2011) explicates the process of phenomenological analysis as follows:

> '[...] "analyzing" thematic meanings of a phenomenon (a lived experience) is a complex and creative process of insightful invention, discovery and disclosure. Grasping and formulating a thematic understanding is not a rule-bound process but a free act of "seeing" meaning. In other words, phenomenological themes are not objects or generalizations; metaphorically speaking, they are more like knots in the webs of our experiences, around which

> certain lived experiences are spun and thus lived through as meaningful wholes.' [...] 'However, the thematic meanings of human experience are self-constituted. They reflect the ways that we tend to make sense of life as human beings – as human beings who are embedded within certain linguistic, historical and cultural contexts. That is why we can say that human meanings are discovered but also self-disclosing, constructed by us but also constructed of us.'

Consequently, this thesis' procedure of phenomenological analysis (coding) comprised scrutinising patients' semi-structured recorded, transcribed and translated interviews together with my observational field-notes (recorded after each clinical art therapy workshop session) and looking for emerging themes, which were coded with initials as, for example,

- 'E' for Experience
- 'EM' for Emotion
- 'R' for reality
- 'Dr' for Dream (night and/or daydreams)
- 'T' for Time

and many others. These were thereafter regrouped into overall clusters by following thematic phenomenological procedures. A total of seven clusters were identified, consisting of 'House/Home', 'Human Relationship', 'Inner Life', 'Physical/Mental Health', 'Culture', 'Nature', and 'Aesthetic'. Thus, each participant was attributed several tags (with relative weights) based on an overall analysis of the emerged themes. An overview of the emerged narrative themes and identified overarching clusters for each venue can be found in sections 6.5.2., 7.5. and 8.8..

This results in high-level patient-specific 'fingerprints' of the importance each patient accorded to the discovered cluster themes. These in turn are represented as tables or graphically as histograms. These graphs represent the individual patient-based characteristics over the course of their attendance to the art therapy workshops.

Additionally, by combining the graphs of groups of patients, this procedure also allowed obtaining the ‘full picture’ regarding specific patient groups. In other words, these clusters visualize the emphasis given by each patient, and each patient group, regarding the aforementioned clusters.

This allowed extracting commonalities among members of a specific group or identifying differences. Thanks to the multiple tags of each patient, groupings corresponding to geographic origin and culture, but also to age, gender, PTSD-score, or other axes could be constructed and differences and commonalities along these axes corresponding to such groupings could be investigated. It should be noted that to some extent, this approach of ‘pooling’, or grouping patients by sub-groups reduces the impact of incomplete date (e.g. absence of IES-R scores), allowing subtle differences and commonalities to be detected.

To summarize, the analysis resulted in multiple levels of structured data:

a) Each clinical art therapy fieldwork's individual patient's (e.g. cultural, house related) overall specificities.
b) from this, personal, as well as overall patterns based on emergent themes could be identified.
c) The pooling of these three clinical fieldworks' tables (Ohmiya, Paris, and Wil) forms the basis for establishing overall distinct individual, regional and cultural and *house*-specific patterns, which is at the heart of the thesis' discussion *chapter nine* together with,
d) the phenomenological description, and a selection of the photographed house-based material (patients' aesthetic works).

The overall analysis consequently allowed to obtain results based on individual patients, but also allowed to extract cues regarding specific focus groups, and ultimately, served to illustrate and discuss cross-cultural findings based on the European, and Japanese participants’ material and data-based findings, as will be covered in *chapters six* to *eight*.

3.13. Ethics

Various ethical procedures have been sought in accordance with good practice within art therapy research. According to Gilroy (2006, p. 90) ethical procedures are defined as follows: ‘Research ethics address matters such as the protection of research participants, the nature of the researcher or researcher/clinician’s role, where the data comes from and what happens to it and to the findings after the research has ended. Considerations of ethical issues in the conduct of all research, whether or not the research is clinically based, is an important part of the research process and a matter of increasingly rigorous regulation and legislative change’. Having had these notions in mind, the following sections detail my procedures and stance.

3.13.1. Ethical Approval by the University of Derby’s Ethics Committee, the Psychiatric Clinics and Patients

Ethical approval has been obtained by the University of Derby’s ethics’ committee in accordance with their guidelines before the start of the various fieldworks. Subsequently, for each of the research locations in Europe and Japan a separate approval was sought. A further step consisted of the verification by the patients’ treating psychiatrists prior to submitting the consent form to the former. There have been no issues regarding these three procedures.

3.13.2. Participants’ Written Informed Consent

A first participant's written informed consent form (in English, appendix 6) was established, and was accepted by the University of Derby’s ethics’ committee. Depending on the languages spoken at the fieldwork locations, translations into German and French were carried out by myself. The translation into Japanese was carried out by a Japanese scholar of the University of Geneva.

Written informed consent was received from all the patients. If participants’ questions occurred in the process of filling out the form, they were addressed and

clarified by me. The forms were usually signed in the space where the art therapy workshops took place.

3.13.3. Ethical Considerations regarding Cultures

Depending on the cultural context and perhaps also the age of the participants the concept of a completely ‘free decision’ to participate can be questioned. Also, ethical clinical consent procedures seem to depend on the legal, cultural, or clinical usage of specific countries. I nevertheless proceeded with the submission of my consent form in all clinics.

In the case of the art therapy workshops at the Hôpital Pitié-Salpêtrière in Paris, patients were adolescents within a closed ward. Based on the leading psychiatrist's information an additional consent form didn't seem to be necessary, as when patients enter this hospital, their parents apparently sign a general consent form.

Regarding the obtained consent forms from the Japanese patients, a possible hierarchical influence stemming from the clinical context cannot be excluded. Depending on the socio-cultural context a certain pressure stemming from the psychiatric context is, in my view, a reality of every research carried out within psychiatry. However, there might additionally be some degree of difference depending on the cultural context, which can have an influence on patients’ ‘free choice’ in partaking, signing a consent form, or not.

Based on the clinical situation and the out-patient structure I encountered at the psychiatric hospital in Wil, Switzerland, I assume that these patients’ choice to partake, and sign the consent form was the most unconstrained in comparison with the two former groups. Patients had the occasion to meet me first on an individual basis without any additional health personnel present and could take the time to decide whether, or not, to participate in my art therapy workshops. Hierarchal psychiatric issues were thus practically absent; attendance, and hence signing the consent form was based on a personal choice.

3.13.4. Ethical Aspects of Completing the IES-R Test

The IES-R test (Weiss & Marmar, 1997) allowed assaying the potential presence of traumatic experiences leading to PTSD. Since the IES-R test questions can potentially be unsettling my approach was to first establish a sense of trust between the patients and myself. My intention was to make as sure as possible that painful content that might emerge would be 'absorbed' within a safe space. Naturally, I had foreseen possible distress and provided the patients with the necessary support if needed.

3.14. Resume

Chapter three detailed my methodological, ontological, epistemological, and phenomenological stance, with an additional focus put on subjectivity, objectivity and self-reflexivity, including the overall ethical strategies. It also explicated the practical procedures regarding intercultural art therapy, by highlighting the role of images in arts-based research including involved challenges of embracing auto-ethnography, by additionally discussing issues of intercultural, and cross-cultural research.

It further described the rationale for and specifics of the quantitative psychometric procedures and linguistic fieldwork-related issues while highlighting their limitations. Within this framework, the complete research material gathering was described, as were the analytic strategies and procedures that were applied to the obtained data in the three venues described in the fieldwork *chapters six*, *seven* and *eight*, leading to multifaceted findings, which are discussed in *chapters nine* and *ten* (for quantitative findings' results see sections 6.5., 7.5. and 8.8.).

Chapter 4 Art, Art Therapy, Symbol, Representation, Interpretation, Phenomenology, and PTSD

4.1. Introduction

This chapter and the following are closely interlinked. They provide a deepening and extension of some superordinate topics that were touched on in the *introduction* and contextualize further concepts that are relevant for this thesis. Specifically, themes of art and healing, my personal approach to art therapy, symbolism, and representation will be addressed in depth in this chapter, while *chapter five* focuses on cultural questions that are central given the multi-cultural environment of the fieldworks of this thesis.

Art Therapy related Concepts

Given the existence of various theoretical approaches to art therapy, I will examine some and emphasize those most suitable to this study and will then elucidate my approach. My overarching stance is mostly grounded in phenomenology and emphasizes the importance of emerging phenomena and of questions of how and why these are experienced and expressed by the participants within their clinical, and socio-cultural contexts. I will also be looking at the concept of symbolism, which is central to my thesis as symbolic content within art therapy can point to participants' inner worlds via their expressive manifestations and represents an individual itinerary through which a large spectrum of issues can be lived and addressed. Since the term symbolism is defined differently depending on the theoretical approach and in order to deepen the discussion concerning the application of symbolism, I will be elaborating on art therapy, psychoanalytic and philosophical concepts regarding the importance of unconscious content in art therapy and the manifold forms it can take. These notions can serve to address possible shifts and transformations during an individual process, but also representation, interpretation and space.

Thesis' Aims

As a matter of principle, the overall aim of this thesis is not to solely analyse, discuss and theorise my fieldwork findings but to more fundamentally think about philosophical concepts and stances that are of central importance in art therapy. The subsequent implementations into practice that are crucial regarding art therapy, are addressed in *chapter nine* (findings and discussion, section 9.5.). My approach to thinking and writing consists of the integration of scholarship that, to some extent, illustrates or explains the points I wish to stress in conjunction with my own positions. Thus, my procedure does not consist of formally delineating topical scholarship, then criticizing it, and then presenting my own conclusions. Rather, my stance is embedded in scholarship that substantiates my own reflections, incorporating my own considerations that might expand existing field related literature, and contextualising it regarding my thesis' topic by pointing out possible divergent approaches and reasoning.

Ultimately, my thesis' goal is not to come to an exclusive 'result' regarding my art therapy research, nor as discussion in *chapters nine and ten* will show, to demonstrate an ultimate 'truth', be it methodological, or regarding my findings. Instead, I attempt to expand art therapy related concepts and reflections, be they theoretical, methodological or practice related and perhaps stimulate critical, or nonconforming discussions among art therapists.

Cultural Aspects

Related socio-cultural theoretical concepts of *self and culture* in Europe and Japan that can be considered as manifest within the individual and in groups are addressed subsequently, in *chapter five*. There, ideas around *house*, *home* and *space* presented in *chapter two* are deepened by addressing socio-culturally grounded patterns, and by integrating humans' bodily presence seen as an expression of their being.

Also, the idea of materiality, which is highlighted at this point by paintings, or culturally grounded physical objects, will be addressed then, as these are important

witnesses consisting of symbolic manifestations that are individually expressed by art therapy research participants.

4.2. Art and its Relationship to Healing

This section briefly explores historical and socio-cultural origins within the arts and healing, which can be considered as having had a major influence on the emergence and shaping of art therapy. It also demonstrates an appreciation of scholarship outside art therapy stemming from the fields of philosophy, medicine, art, and architecture. This broader embedment of these approaches is crucial to me in order to firstly address my thesis' topic regarding questions of self-representation via the *house*, and secondly, as an interdisciplinary stance better allows, I believe, to more profoundly shed light on my research.

I will now briefly expand on a few historical circumstances that can be considered related to the origins of art therapy. People have used various artistic media (e.g. painting, singing, storytelling, dancing) to express emotional suffering for a long time. Certain peoples have drawn on the arts, often in conjunction with shaman-like intermediaries, to accompany persons through processes of change, which are often linked to crises (Levine, 2009). Art therapy can be regarded as part of this socio-cultural heritage, which historically allowed the incorporation and shaping of culture-specific manifold forms. Extrapolating from these possible origins, the use of the arts during periods of change could therefore be seen as an aesthetic and transformative survival strategy during challenging times, which many cultures have integrated.

One aspect of art making can thus be considered as a profound human expression and celebration of life, as well as a coping strategy in response to crises traditionally expressed within a culture-specific community. For example, Turner (1969, p. 94) by referring to Van Gennep points out that ‘all rites of passage or "transition" are marked by three phases: separation, margin (or *limen*, signifying “threshold” in Latin), and aggregation.’ The importance thus lies in undergoing these three stages whilst being embedded within a 'communitas' (p. 96), which integrates 'a rich variety of symbols in the many societies that ritualize social and cultural transitions' (p.

95). In my view, the traversing of these phases, transferred into contemporary times, can possibly be experienced within art therapy in which the emergence of symbolic material is of great importance because of the illuminating potential it carries, even though the latter is subject to a range of interpretations.

During the twentieth century, an early documented appreciation of patients' creative expressions was observed in psychiatry in Europe. Patients' works aroused a particular interest amongst a handful of psychiatrists such as Walter Morgenthaler in Switzerland, Marcel Réja in France, Hans Prinzhorn in Germany, or Leo Navratil in Austria. Based on their interpretations of patients' creative expressions, they concluded that such works carry the potential to express individual fears, concerns, memories, or trauma, which could perhaps not be verbally addressed, but could, for example, be painted, built, or stitched. However, it was only in 1942 that, according to Hogan (2001, p. 25), the term 'art therapy' was introduced in England by Adrian Hill, who was an artist himself. Interestingly, and similarly to my research, it appears, as Hogan (2001, p. 138) writes, that 'Hill usually invited patients to work on a theme [...] to get them started', an approach mirrored by my topical *house* suggestion, which is maintainable thanks to the multitude of contents that can be explored irrespective of the cultural context (see *findings chapter nine*). The theme thus goes beyond the notion of 'breaking the ice', for which I have implemented the method via the *house* postcards.

In order to explicate my approach, I will draw on some philosophers' and architects' reflections in the following sections. Even though a detailed discussion of numerous related relationships would exceed the framework of this thesis, a small number of relevant points need to be highlighted regarding art-based expressions and mental health so as to contextualise these and to illustrate the impact art making can have on persons' mental states. For example, the twentieth century French philosopher Henry Maldiney points to a link between human suffering and the artistic process, which in the context of art therapy can be addressed and experienced together with the therapist via a symbolizing process aimed at expressing, enabling, and ideally restoring suffering persons' mental health through 'playful' movement via the arts. Maldiney writes (2009, p. 2):

> 'Art and madness are beyond the control of man. [...] Rilke notes, [that] the overabundance of an uncontrollable experience leads to collapse. Mad person or artist, the human being goes to the bottom. From which emerges, surpassing any individual project, here the delirium and there, the work. [...] The constitutive dimension of art is a dimension of existence itself, of existing, in the sense of "stepping outside through an opening" (my translation from French)'.

I interpret this quote to mean that art contains the potential of *ex sistere*, to step outside of one's inner, restricted space into a larger outer space. This self-activating process, in the sense of externalizing, by means of the creative artistic process, that which is potentially locked inside, presupposes the existence of an external space into which one can choose to step, allowing to 'play' more freely.

Linguistic terms in psychiatry occasionally reproduce this spatial connection: the German term *verrückt* (mad) can be seen in this light, as pointing to something that is *dis-placed* (*ver-rücken*), which calls, according to Thoma's explication (2018, p. 43):

> '[…] not only for phenomenological and life world-related reasons, but also for therapeutic reasons: The use of everyday language terms for mental illnesses is to a certain extent an invitation to a conversation between those affected, relatives and professionals about their extraordinary experiences. In contrast to clearly defined [psychiatric] diagnoses, everyday language terms offer a leeway for individual and meaningful appropriations.'

And indeed, being mad, ‘fou’ in French, as used by some philosophers or psychiatrists, does not necessarily have an evaluative, or derogatory character. Ultimately and by reflecting on some linguistic or field-related definitions, what ‘madness’, an artist, or art is, are challenging questions, which would constitute a thesis in itself. Also, whether an artist 'has' to be 'mad' in order to be able, or have the urge, to create art was, and is still debated. Whether or not aesthetic works that are produced during art therapy are art, is yet another thought provoking and unresolved question, on which there are mixed opinions. In my view, simplified generalisations of

these questions do not give credit to human complexity in full due, are potentially reductive and can nourish, or maintain stigma in one way or the other, regarding artists, art therapy patients, or for any person who creates aesthetic works.

4.3. Art Therapy Definitions and My Personal Approach

As previously addressed in *the introduction* and *chapter three* and is also underlined above, there are several approaches to art therapy, arts therapy, or art psychotherapy, denominations utilised in Anglo-American situations. It is however important to highlight that the denomination 'art therapy' depends on the cultural contexts and the linguistic use of the term and its history may comprise divergent definitions and theoretical constructs depending on the culture, personal or specialisation-based context.

In that sense I adopt a rather general use of the term 'art therapy' as meaning a form of psychotherapy, which uses aesthetic expressions on equal grounds with the spoken word within clinical, or non-clinical contexts, as differences *within* a specific denomination, or orientation, might also not be negligible. The overall art therapy approach utilised for this research is grounded in phenomenology and to some extent integrates a Jungian approach with its foci on the symbolic, culturally grounded forms, the personal, as well as the collective unconscious, without however utilising an orthodox Jungian method of interpretation.

Therefore, the most important *scaffolding* to my art therapy approach is situated in phenomenology, that is in 'Husserl's phenomenological method [which] is [...] meant to be a presuppositionless investigation into the nature of experience as it appears, rather than as it is formulated beforehand through some theoretical presupposition, no matter how seemingly obvious the latter may seem to be', as Levine (2005, p. 21) writes. He explicates (p. 21) the phenomenological stance as follows:

> 'When we let go of our prejudice as to the objectivity of the external world, we become free to look at this world as well as our mental life as they appear to us, as they are given in the phenomena of experience in which they

come to show themselves.'

Practically speaking, this approach of 'letting go of our prejudice', or of not being influenced by other mental health professionals' judgements, is exemplified by my observational phenomenological method, and by not wishing to be informed about patients' psychiatric diagnosis *prior* to initiating the clinical fieldworks.

Levine further elaborates on the connection of phenomenology and the arts (2005, p. 31):

> 'Within the framework of a phenomenological analysis of human existence, the arts occupy a central role. If art is understood as a mode of "showing" or "manifesting", then this central role for the aesthetic within a phenomenological philosophy makes sense, since phenomenology is based on the notion of the phenomenon, that which shows itself.'

In other words, art has the potential to bring forth a wide spread of forms that can be shaped individually and that witnesses human ways of experiencing the world. In this sense, the topic of the *house* was the same for all the participants yet resulted in a multitude of related and personal shapes.

More generally, in art therapy an importance is put on patients' inner processes and their shifts that can become manifest in their aesthetic works and narratives, be it in the form of regression or ill health improvements that are actively witnessed and addressed by the art therapist whilst also taking patients' socio-cultural contexts into account. For example, Huss & Samson (2018, p. 2; Huss & Cwikel, 2008; Huss, 2012) explicate the art therapy-based process:

> 'Art provides a concrete and spatial interactive gestalt that can incorporate multiple elements of coping, as compared to the more linear verbal analysis. This enables valuing pictures of coping that have internal compositional coherence in a complex gestalt that incorporates both the stressor, but also the context of the stress, in the relationship between figure and background. This facilitates new, integrative solutions that can include moving

closer or farther away, merging, separating, or changing the size and contours of shapes, and centralizing or decentralizing the overall gestalts of the system as a way to manage them'.

In other words, patients' aesthetic expressions have the potential to alter their form and content in the course of art therapy, in which e.g. *houses'* interior spaces might appear or disappear, doors might be closed or opened; the impact of their sociocultural environment might play a different role or may change, as one's self-conception, or the societal expectations that one considers 'need' to be fulfilled, may shift.

4.4. Representation

Accessing the symbolic plane that patients can use to externalise their suffering selves requires manifesting it either via their narratives, body language, or via aesthetic representations. The notion of representation raises several epistemological questions that deal, among many, with whether, or not an object which is represented *is* or *becomes* the 'real' object which it shows. Can its function be considered as a placeholder of the 'original'? A similar question can be asked regarding paintings: can the painting *represent* the self, a physical object, an idea, or does it become something else? A problem related to my topic is whether the painting of a *house* can stand for the person, thus, can it ultimately be *showing* the self?

Furthermore, what if the painted object is unrecognizable (e.g. an abstraction) to the spectator, but *is*, or *represents* a *house* for the patient? Does it then consist of a *representation* of the *person* and, or can it stand in for the *self*? Subsequent ramifications linked to these questions and possible 'answers' are general issues within themes of *interpretation* regarding art therapy. Also, the question of *representation* (4.4.), or use regarding *house* postcards will be readdressed in the fieldwork chapters and the related findings are broached more generally in the discussion section 9.2.2..

In their article addressing *Depiction*, Hyman and Bantinaki (2021, Stanford Encyclopaedia of philosophy) elaborate on 'resemblance theories of depiction,

> [which] are commonly traced to *Republic*, book X, where Plato suggests that a painting of an object is a *mimesis* (imitation or representation) of its shape and colour. [...] Accordingly, the basic thought that underlies resemblance theories of depiction is that pictures are composed of shapes and colours that resemble the shapes and colours of the visible object they depict. [...] The simplistic claim that *A* depicts *B* and only if *A* appreciably resembles *B* is demonstrably false. [...]'

Importantly, they differentiate *resemblance*, *signposts,* and *symbols*:

> 'Peirce described pictures as *iconic signs*, i.e. 'signs that signify objects by resembling them', and he contrasted iconic signs with indices, which signify objects by standing in spatial, temporal or causal relations to them, and with symbols, which signify objects by means of conventions (Peirce, 1982, Vol. 2, 53 - 56). But this classification depends on the basic idea of signification, which Peirce holds is a three-termed relation between a sign, its object, and an "interpretant", i.e. a thought of the object or a translation of the sign. Moreover Peirce acknowledges that these three categories of signs are not mutually exclusive, and that the signification of a picture can also depend on iconographic conventions, and on its context of use.'

Therefore, Peirce's, Hyman's and Bantinaki's reasoning clearly illustrates the complexity and challenges of interpretation, which calls for a relativization of attributed meanings of e.g. paintings' content, but crucially, of mental health-related diagnostic attributions.

For instance, coming back to my thesis' topic, an early rather illustrative example of *house*-based pictorial representation consists of the woodblock print named 'Ma'a'seh Toviyah' (Venice, 1708, fig. 4), which comes from a Hebrew encyclopaedia [and] 'pairs the human [bodily] interior with the interior of a house, [the later serving as] a visual metaphor: the organs, are like rooms in a house, [which have] different functions' (NIH, U.S. National Library of Medicine website, 2015).



Fig. 4, ‘Ma’a’seh Toviyah’, Toviyah Kats (ca. 1652-1729), Venice, 1708. Woodcut.
U.S. National Library of Medicine.

Does the *house* thus become the *body* or vice versa? Do the two *represent* a human body through an artistic two-dimensional woodcut? There is certainly no resemblance present in these two depictions, yet they mutually point to the other's body by a visually symbolizing aesthetic and narrative form.

Moving on to the 20th Century and to Zeki's notions of *representation*; he illustrates his neurological perspective by alluding to the arts and specifically, to Surrealist artists' conceptions (1999, pp. 47 - 48):

> '[...] the Surrealists, throw into doubt the whole idea of representation in painting through the intuitive knowledge that the object depicted cannot match the richness of the representation in the brain. The Surrealists often supposed that the artist can find the models that he depicts in his mind, his inner vision, not the external world. They hence emphasised factors such as spontaneity, speed, dreams and so on. But this naturally ignores the fact that the models of the internal world of the brain, and from which the artist draws, are themselves heavily derived from what the brain observes, categorises in what it sees in the external world. When artists try to fool the brain and its record, they can only do so with respect to its stored memory.'

In other words, what can be expressed aesthetically, had previously to be experienced within the reality of human experience, as the brain would (most likely) not be able to produce art without an exterior input as it can only be created by retrieving previously recorded content. Extrapolating from Zeki's concept, my study's participants' aesthetic works would then need to be somehow related to genuine life occurrences, which will be discussed in *chapters six, seven* and *eight*. I do however believe that one needs to consider Surrealist artists' influence on and interest in psychoanalysis and hence it is most likely zeitgeist that played an important role in their theoretical conceptions and painting styles. Not surprisingly, ‘Surrealists shared with many art therapists an interest in seeing modern art as capable of evincing unconscious processes’ (Hogan, 2001, p. 307).

4.5. Interpretation and 'Meaning' of Paintings

Interpretation is not simply a question of identification of key symbols that point straightforwardly to clearly attributable contents, be these aesthetic or verbal. Considering interpretation as a methodological, as well as art therapeutic challenge, this section highlights some of the complexities around it within the arts therapies as it constitutes an important component of any methodological procedure. It needs to be carried out carefully due to the alluding power the treating and interpreting person has. Hence, a differentiated awareness is required as the identified and interpreted contents may also be related to the interpreter's own life experiences, personal belief systems, or theoretical approaches. That is, possible power structures, potentially involved hierarchies, symbolically and culturally ascribed contents must be critically considered.

For instance, Joy Schaverien (1999, p. 104) in her book *The Revealing Image* suggests 'that the stages of the life of a picture all involve interpretation [...]. However, this is not merely a translation from the visual to the verbal mode; even if this were possible, it would not be desirable. Instead, the image is recognised as a form of articulation in itself.' The consideration that linguistic terms could in principle be interpreted more accurately, with less ambiguity, than aesthetic works, or paintings, represents an on-going challenge which, in my view, points to a central issue: a complete understanding, or 'analysis', based on aesthetic, verbal or written form,

should be regarded as partial and as being shaped by viewers' own appreciation, current circumstances and socio-cultural history.

According to Boehm who addresses pictorial works, Misch highlights an interesting concept that is related to interpretation: that of *evocation*, of content, and emotions, that are elicited, generated, or induced by a painting. Paintings seem to provide an excess of meaning and are thus capable of repeated changes in what they reveal to us. Extrapolating from these considerations, the question of a limited understanding of paintings' substances, of an interpretative analysis, and thus ultimately of the validity of art therapy-based findings needs to be considered as well. Boehm writes (2021, pp. 21 - 22):

> 'Georg Misch introduced the concept of "evocation" of meaning, with which he expanded the activity of explaining and understanding, a continuation of considerations that Dilthey had condensed into the concise sentence: "Only what affects us exists for us". [...] Evocation, on the other hand, describes that excess of meaning that allows images to show themselves and to show themselves differently over and over again.'

In other words, only what triggers something in us has a presence, which again points to possible divergence and limitations of understanding, and as a consequence, interpretation, since *what* might attract somebody’s attention might not elicit the same response in someone else.

If one considers the Latin etymology of the term 'evocation', which is based on 'evocare' meaning 'invitation, calling' and is described by the Oxford English Dictionary (2022) as 'the act of bringing or recalling a feeling, memory or image in the conscious mind' I consider that something that is 'evocated' is to some extent clear only for the person who *recalls*. However, the circumstances of this *recalled* object or situation, might be much less graspable for 'outsiders', as they are literally speaking 'standing outside' this person's particular memory, or remembered image that has emerged to the surface, de facto evolving in a separate 'space-time'. In this sense, Boehm highlights possible ambiguities stemming from the person who *remembers* or *recalls*, and in so doing, implicitly warns against hasty attempts to

interpret. However, given the impact of the unconscious, such content might be easily reachable neither for the person who *recalls*, nor for the one who '*watches*'.

Furthermore, Hogan highlights the importance of integrating a culturally aware stance regarding interpretation of patients' expressions, which is at the core of this thesis. She writes (2015, p. 13): 'In art therapy, we deal with pictorial symbols, metaphors, and analogies in addition to the spoken word, and these may have a particular cultural resonance. Images are fundamentally polysemous, and therefore, inherently open to multiple interpretations. [...] The importance of acknowledging "issues of culture" more broadly in art therapy has been highlighted as crucially important, if we are not inadvertently to oppress others (Hogan, 1997; Hogan 2013; Talwar Iyer & Doby Copeland, 2004)', (Hogan, 2015, p. 14), notions which the present study investigated and aims to stress.

An additional important aspect, which specifically acknowledges patient-based knowledge regarding interpretation, is emphasized by Huss (2015, p. 136), who refers to 'humanistic theories'. These '[...] focus on the phenomenological or subjective experience and insight of the client and therapist as the interpretative zone, in accordance with the theory of the client's potential to know himself. [...] This [...] consists of an intuitive process that occurs on the level of experience rather than only on the level of intellectual understanding (Allen, 1995; Betinsky, 1995; Moon, 2003; Rogers, 2007; Silverstone, 1993).' In my view however, even if a 'phenomenological, subjective and insight-based experience' is at the heart of a partial understanding of patients' aesthetic works (and narratives for that matter), it is, I believe, the combination of the rational, *together* with the phenomenological understanding that is potentially the most adequate and helpful for the patient, as it allows drawing on art therapists' theories, linked to professional experiences, in conjunction with patients' own insights about their works and utterances.

Considering other therapeutic approaches and by reference to symbol and embodiment, Knill (2005, p. 83) addresses interpretation within the arts therapies, by firstly (p. 81) comparing psychotherapy to expressive arts therapy. He states: 'Although we find substantial differences in these methods of interpretation, there is little difference in the belief that an alternative world experience has importance in the

process of therapeutic change. [...] There is a common understanding concerning the importance of the imagination and [...] there is an agreement that the narratives emerging in the imaginary space have an effect on the narratives of distress.' Knill further elaborates:

> 'The alternative world experience has two sources that enter the discourse of interpretation. One is the symbolic content of imagination, and the other is an affective sensory experience. The latter is addressed not only in body-oriented practices but also in many other psychotherapies, from art-oriented, focusing and counselling to various psychodynamic and humanistic schools. Both sources of the alternative experience - symbolic content and affective sensory experience - can be used in the process of interpretation.'

In other words, the interpretative material that emerges in the arts therapies is not exclusively based on the aesthetic material creations (and symbolism within), but additionally integrates observations of patients' ways of being and how they experience processes of change. How these possible shifts are verbally and bodily expressed is thus considered by the art therapist on equal footing.

However, I would argue that therapeutic approaches that incorporate the arts allow a multitude and richness of interpretative material that is inherently distinct, which is exceedingly multi-layered and diverse in contrast to talk therapy. Even though there might be overlap in terms of the findings regarding art therapists' interpretations based on patients' narratives and their aesthetic works, the gathering of multiple types of data sets can also be considered as a methodological way of cross-checking art therapists' interpretations stemming from (to name only some),

a) the aesthetic works,
b) the narratives,
c) the process (tempo),
d) bodily forms of expressions, and
e) psychiatric diagnosis.

The manifold subject matters that can thus be obtained may well represent a challenge for art therapists not solely regarding the interpretative observations offered to the patient, but also in terms of theorizing the applied analytical procedures and the corresponding findings.

4.5.1. Practice-based Example of Aesthetic Works' Interpretation

Regarding art therapists', or researchers' interpretations of participants' aesthetic works, it is of importance, as we have seen, to also incorporate what *participants* have to say about their works and regarding their lives. My applied procedure was hence participative, in which a top-down stance was avoided. For example, patient **J4** drew a structure that resembled the Taj Mahal, which he had pointed out himself and that I had identified as such. If I had remained on the level of what was clearly recognizable in his drawing (the Taj Mahal) and had not heard what he said during the workshop and the semi-structured interview (Wyder, 2016), I would not have learnt that the Taj Mahal was a colourful "cake, since I was hungry" as **Mr J4** jokingly stated.



Fig. 5, Mr J4, "Taj Mahal with strawberries", 2018, © Silvia Wyder

This practice-based example,

a) demonstrates a collaborative understanding of the drawing's meaning,

b) shows a patient's personal way of interpreting the theme of the *house*,

c) clearly showed an ability to integrate humour and a notion of play, and perhaps resilience as a form of coping strategy, and

d) points to a certain ease regarding the patient art therapist relationship.

4.5.2. Image and Word

In art therapy, patients' aesthetic works and words are, in my view, of equal importance and must be considered as an entity of expressions with individually shaped distinct forms. As we have seen earlier, learning about, or getting an understanding of these two realms can be challenging due to general issues of interpretation, which additionally need to consider the socio-cultural environment. For example, Schaverien states (1999, p. 104): 'Words tend to fix meaning and by doing so, they exclude other possible meanings. The artist needs the newly created image to remain ambiguous and to take on additional meanings to the one it originally seemed to bear.' I would however argue that words are less 'fixed' than one might think, even more so if the patient and art therapist have different cultural and linguistic backgrounds. For example, in the present context: for some participants, what a *house* incorporated was exclusively a *house*, an architectural structure, whereas for others, it most importantly incorporated a *home* within a *house.*

In principle, ambiguity of meaning can appear equally in spoken or written language (as the plethora of secondary literature demonstrates) as in art. One might think of the surrealistic artist René Magritte's famous painting and quote "Ceci n'est pas une pipe", which, interestingly, in the present context regarding issues of word and image-based interpretations, is entitled 'La Trahison des images' (1928 - 1929). The title, 'Trahison' then is to mean 'treason, perfidiousness' of the image, which Isabelle Caron (2022) describes as the painting becoming 'un jeu de l'objectif au subjectif où la pipe peinte reçoit sa négation par l'écriture.'



Fig. 6, René Magritte, Renaud Camus**,** *Le Jour ni l'Heure* 9901: René Magritte, 1898-1967, *La Trahison des images* (*Ceci n'est pas une pipe*), 1929, Los Angeles, Paris, exposition Magritte, Centre Georges-Pompidou, 2016. This image was marked with a CC BY-NC-ND 2.0 license.

In other words, the *written text* in reference to the *pipe* indicates that what one sees isn't a pipe, but something else. An image is not the thing it refers to. Thus, one could deduce that what one is given to see as a painting, the pipe, is not what it is meant to be by the artist, which is indicated in words. In this sense, Magritte's painting seems a perfect illustration of the ambiguities that may exist between word and image, which addresses issues of representation and interpretation. As we have seen earlier, crucial issues of interpretation regarding art and therapy were highlighted by Schaverien, which are also supported by Boehm and Hogan. These can be regarded as an encouragement for raising a necessary awareness regarding possibly occurring misinterpretation, or partially adequate interpretations.

Regarding process related procedures Schaverien further explicates an important possibly occurring art therapy patients' inner process-related functioning spanning from *image* to *wor*d and to the *art therapist's interpretation* (1999, p. 105):

> 'When the time is right, the word brings the potential for separation from the undifferentiated state; it may bring insight. Once the client has arrived, so to speak, at the borders of the transition from one level of consciousness, in relation to the picture, to another; at the borders of knowing intuitively, and knowing conceptually, then the interpretation will be experienced as helpful, rather than intrusive. Thus, transition from the undifferentiated state, to

one of differentiation takes place gradually, and through the different symbolic forms which are at the client's disposal.'

Therefore, what Schaverien highlights is the alternating function in the art therapy process between image and word and that each might be based on different stages of unconscious and conscious inner processes, which, depending on the person, may emerge in different orders. It is the therapists' responsibility (relying on their professionalism, and situational contextualisation) to decide when words and image may come together, leading to possible interpretations and to an extension of novel and mutual understanding.

4.6. Definitions regarding the Concept of Symbol

In order to think about the complex symbolism of *houses* in art therapy in further detail, the notion of symbol will be explored more deeply in the following sections. A standard definition of a symbol is that it stands in for something else that is somewhat understood within a specific cultural context (or beyond), but that might not always be fully graspable due to its possibly inaccessible meanings. However, it is a term used in specialist ways within different theoretical directions.

The following definitions regarding notions of the symbol are those which are rather in line with my own thinking and are thus the ones that nourished my approach to art therapy research. These perspectives are, as pointed out earlier, to some extent related to Jungian thought based on the importance given to the unconscious emergence and interpretative potential of symbolic material. However, it matters to highlight that I do not consider myself a Jungian art therapist as the multi-facetted content of participants' paintings, or narratives, cannot, in my view, be grounded within one single theoretical approach. Nevertheless, as Hogan addressing 'analytical (Jungian) art therapy' (2016, p. 45) emphasised, an important notion in art therapy consists of emerging material that can be regarded as symbolic. Such content not only allows pointing to patients' possibly unconscious inner issues, to give form and express such material, but consequently, it also influences art therapists' interpretations. She stated (p. 46):

'Symbols were regarded by Jung as 'the best possible expression for a complex fact not yet apprehended by consciousness' (Jung 1953, p. 75) and 'that [...] Jung felt that good health was best achieved by giving voice to the unconscious aspects of the self, as these could play a regulatory role upon consciousness if they are not repressed' (p. 41).

More explicitly, Jung elaborated on the ramifications of the symbol and highlighted the various inner unconscious levels and external factors that it incorporates. He further refers to the unknown, but possibly common, or ostensible, at times invisible character of symbols even though these may be manifest in our daily life. He explicated (1981, p. 20, my translation from German):

'What we call a symbol is an expression, a name or an image that may be familiar to us in everyday life, but which, in addition to its conventional meaning, has special connotations. It contains something indefinite, unknown or invisible to us. [...] A word or a picture is symbolic if it contains more than can be seen at first glance. It then has another "unconscious" aspect that one can probably never be very specific about.'

Furthermore, by reference to symbolic notions regarding Freudian psychoanalysis with its focus on the unconsciously repressed material, Laplanche and Pontalis (dt. 1973, orig. 1967, p. 483) elucidate (my translation from German):

'More generally, the term "symbolic" is used to describe the relationship that links the manifest content of a behaviour, a thought, a word with its latent meaning. One uses it all the more where the manifest meaning is largely absent (e.g. as a treatment of symptoms, of which it is clear that it cannot be reduced to the conscious motivations of the subject). Several authors (Rank and Sachs, Ferenczi, Jones) firmly hold that in psychoanalysis one can only speak of symbolism in the cases in which the symbolized is unconscious: 'Not all analogies (similes) however are symbols, but only those in which one element of the equation is repressed into the unconscious'.'

Similarly, the following quote by Hogan confirms the above statement regarding the psychoanalytic approach-based definition of the symbol. She states (2016, p. 30):

> 'In psychoanalytic theory, symbolism is seen as arising out of inter-psychic conflict between the repressing tendencies of the unconscious mind and the repressed so in psychoanalytic writing the term 'symbolic' has this very specific meaning and connotation which is rather different to that of other approaches'.

Furthermore, and in the same vein, Rank and Sachs (quoted by Lorenzer, 1970, pp. 28 - 29) write:

> 'One last form of expression, used universally with predilection because of its suitability to veil the unconscious and its adaptability (formation of compromises) to new conscious content, is the symbol. [...] it is a deputy illustrative substitute expression for something hidden, it has sensible characteristics in common or is associatively connected by internal relationships' (my translation from German).

My own interpretation of the notion of symbol is less exclusive; while I mainly consider the term to refer to unconscious content, I believe that it is important to allow ambiguity and avoid automatic associations between symbol, meaning and repression. Thus, a more fluid definition better allows encompassing cultural and individual variations, and can help prevent personally influenced, or biased readings, and orthodoxy. A symbol thus permits a range of interpretations and is not straightforwardly 'readable' as pre-determined scheme. Crucially, cultural awareness is also required in order to gain an appropriate understanding of the symbol and its use regarding culturally grounded objects. For example, the symbolic use of the colour white in textiles denotes purity for some Western, and death in certain Eastern cultures.

4.6.1. The Symbolic in Group Art Therapy

In the context of art therapy, additional implications of the concept of symbols will

be highlighted, such as the importance and high potential of the symbolizing process that art therapy enables. Pictorial content that emerges during art therapy can permit patients, often unconsciously, to externalise and creatively express inner, past or current issues that are suggestive regarding patients' life experiences. Such material can be addressed and can evolve during the art therapy process in collaboration with the art therapist. The role of the art therapists (and the group) in this process is not negligible as it is they who *witness* not 'only' the aesthetic work, but also interact with patients throughout. The professional empathic presence of art therapists, and regarding this study, the patient group, is additionally of crucial importance, as all these elements allow a more global, most likely more integrated socio-cultural perception of the patients themselves in their entirety. Hence, this contextualised situation and the resulting potential health benefits are fundamentally different from e.g. persons who would be painting alone in their studio spaces as there would be no threefold therapy-based interaction (between patients, aesthetic works and the art therapist) happening. In such studio situations, *who* might be present to consider a component of a painting as *symbolic*, and *who* would be able to collaboratively come to a certain level of understanding of it, or witness possible transformations and thereafter share and discuss these situations with the client?

As pointed out earlier, interpretation and the relevance of symbolic aesthetic forms in art therapy are constitutive and distinct elements within this approach. The interpretative structure and function of the symbol in various fields is described by the philosopher Ernst Cassirer. He emphasises the broad content attribution and backgrounds in patients' expressions, which may alternate between the realistic, symbolic, cultural, or unconscious realms. All these components are situated, he states (2009, p. 67), in the realm of the *Geist* (spirit), perhaps in contrast to manifestations resulting from individuals' experiences that might instead be suppressed.

> 'A "symbolic form" is to be understood as any energy of the spirit through which a spiritual meaning is linked to a concrete sensual sign and is internally assigned to this sign. In this sense, we encounter language, we encounter the mythical-religious world and art as specific symbolic forms. In each of them the basic phenomenon is expressed that our consciousness is not satisfied with receiving the impression of the outside, but that it

> connects and permeates every impression with a free activity of expression. A world of self-created signs and images confronts what we call objective reality and asserts itself against it in an independent abundance and original strength' (my translation from German).

Furthermore, regarding *group dynamics*, not only are specific symbolic impressions and expressions of aesthetic works and words shared, but the entire experience of the patient, together with the art therapist, the group; all these elements that simultaneously occur and influence each other, are shared and possibly affect each other within a given space-time situation. What is then considered as *symbolic* is probably firstly perceived by the art therapists based on their theoretical stance and external perception. Practically, the reception of and discussions around symbolic forms initially take place on an individual level between the art therapist and the patient, but happen thereafter also at a group level, which can influence the symbols' understanding. Waller in her book focussing on *Group Interactive Art Therapy* (2015) refers to McNeilly's and Roberts' (1984) 'concept of resonance'.' This concept is described as 'an analogical term derived from the science of acoustics and [is] defined as the reinforcement or prolongation of sound by reflection or synchronous vibration' (2015, p. 18). Regarding similar group interacting phenomena (observed during my fieldworks), Waller provides the following definition (2015, p. 18): 'The term is used [...] to describe a group process which appears to be determined by two factors: the interactions between people and the reactions of individual people to the current theme of the group'. This definition allows to visualise a group interactive process (like pebbles creating overlapping waves in water), which I refer to as *abfärben*, or 'staining', which implies that something can only stain *if* it has previously been absorbed by a substance. However, it is difficult to disentangle these simultaneously occurring processes and the causative elements. Also, what might be perceived as *symbolic* might to some extent diverge from one art therapist and participant to another, not to mention possible interpretations of such phenomena.

4.6.2. Difference and Similarities between Symbol and Metaphor

As the terms *symbol* and *metaphor* are often utilised indiscriminately, it seems important to briefly highlight some of the respective meanings. A clear distinction between what a metaphor consists of, and definitions of symbol seem to be rather difficult to pin down, even more so as distinct definitions vary depending on the scholarship, and as the two notions are often conflated.

Hogan's explication of metaphor (2016, p. 147), by reference to Henzell (1984) states that 'he defines a metaphor as the illumination of one realm of related facts, associations, history, and orderings in terms of another. This is accomplished by the interaction of at least two conceptions of different things in one symbol which refers to them both.' [...] Hogan then writes regarding art therapy (2016, p. 147): 'The use of a metaphor to produce new combinations of ideas is important in art therapy, where multiple metaphors can interlink to produce manifold meanings'.

Moreover, according to the Centre National de Ressources Textuelles et Lexicales's (2012) definition, metaphor consists of a, '[...] Figure of expression by which one designates a conceptual entity by means of a term which, in language, signifies another by virtue of an analogy between the two entities brought together and finally merged (Rey Sémiot. 1979)' (my translation from French). Finally, for the Cambridge Dictionary (2021) 'metaphor, [is] an expression, often found in literature, that describes a person or object by referring to something that is considered to have similar characteristics to that person or object: "The mind is an ocean" and "the city is a jungle" are both metaphors.'

Historically, field-based definitions regarding *metaphor* by the romance linguist, cultural scientist and semiotician Kimminich (2015) of the Universität Potsdam in Germany, differentiate between a literature-based use of this notion, in contrast to linguistic and philosophical ones:

> 'The metaphor is generally defined as a figuratively comparative linguistic usage and is primarily associated with literary writing. Philosophy and linguistics, on the other hand, emphasize the importance of the metaphor for

> productive thinking. Etymologically, the term is derived from metaphorà (Greek), transference. This aspect of the transfer makes it clear that it is a phenomenon that goes far beyond a linguistic comparison' (my translation from German).

Kimminich further elaborates on *visual* metaphorical expressions via paintings (2015), which are useful considerations regarding representational contexts of aesthetic works in therapy:

> '[...] Visual metaphors belong to the field of the science of imagery. It is based on the representation of a pictorial element through the attributes of another element, which is paraphrased by the expression 'seeing as' or 'representation as'. For example, Napoleon can be depicted as a Roman emperor on a painting. [...]' In this process the attributes of a Roman emperor are metaphorically transferred to Napoleon (see Danto 1984:256).'

Regarding my own research, I mostly don't use the term *metaphor* as I rather contextualise the notions of *symbol* in relation to the patients' expressive manifestations via paintings and its historical links to psychodynamic approaches. However, I considered it important to highlight metaphor, and symbol-based characteristics and the commensurate ambiguities. Yet, even if in the context of psychoanalysis and art therapy the notion of *symbol, symbolic* is perhaps more often applied because of its manifold perspectives, it seems to me that also within these fields, the two sets of terms, *metaphorical*, *metaphor*, *symbol* and *symbolic*, are often used interchangeably. Nevertheless, while a deeper elaboration of their similarities and overlaps would go beyond the scope of this thesis, the concept of *metaphor* - characterized by the importance of more 'narrowly' associated attributes - lacks the additional, multidimensional and layered-on, and often more intangible meanings and spectrum that the notion of *symbol* implies.

4.6.3. Process of Symbolising and Notion of AS IF

It is important to acknowledge that processes of symbolisation are understood and theorised heterogeneously by different psychologists, psychoanalysts, and

philosophers. However, the process of symbolisation allows, as indicated above, to give form to personal material and to potentially experience and further develop inner issues during art therapy. It also permits to live 'as if' experiences in expressive ways in unthreatening manners within a safe therapeutic environment. Processes of symbolization and 'as if' allow distancing oneself from real life events, via e.g., painting a *house* instead of directly referring to the suffering body. Consequently, this process can lead persons into a state of helpful cognitive detachment from their sufferings. Furthermore, it can allow to temporarily extricate patients' issues (to greater or lesser extent) from possible oppression from what they are encapsulated in. In this way, creative processes via the arts can permit the experience of alternative ways of being. For example, in reference to the theme of the *house*, art therapists could suggest imagining a wide-open door: would patients feel *as if* too many persons could enter their house? Historically, scholarship of several fields is based on the perspectives of, for example, Vaihinger's "Als-Ob" (conceptualized in 1877; in Bouriau (2016)), later theorized by Helene Deutsch (1934), and D.W. Winnicott (1971) as the "as-if" function (AIF).

Bringing this concept into the domain of the arts and of art therapy, Fuchs (see also Winnicott's approach, section 6.4.2.3.), writes (2017, p. 83):

> 'Being able to distinguish between the factual and the fictional, or between the real and the virtual' (which Fuchs defines as 'the character of an object, image, or impression, which only appears, pretends, or simulates to be something else') 'is a fundamental capacity of the human mind. It allows us to take things to mean or represent something other than themselves. It enables us to put our own body-centred position into brackets and to take the perspective of the other person (or a self-object becoming subject [that is in this specific case the *house*], 'as-if' we were in their place [or space]). This function is arguably one of the highest of the human mind, and it seems not overstated to say that it is the foundation of the cultural development of humankind as the "symbolic species"' (Fuchs, p. 83, 2017 quoting Deacon, 1997).

In other words, choices of how to aesthetically represent the *house* and, or to

replenish its interior space, the self, persons becoming a *house as if* they would be solidly built, provide numerous opportunities within the realm of art therapy, which might be difficult to achieve if relying only on verbal means, or psychotherapy, as, I would argue, the later do not permit the same amount of multi-levelled, and expressive symbolic possibilities.

Yet, undergoing a process of aesthetic symbolisation alone does not, I suggest, necessarily lead to an inner helpful transformation. For change to occur, aesthetic symbolic expressions need to take place together with cognitive and self-reflexive understandings. Even if incorporation of both spheres can't occur the person will probably nevertheless find relief whilst residing temporarily in the *as-if*-world, which is a non-negligible means for survival allowing to experience joy, satisfaction and perhaps improved self-confidence. However, the result might lie more in the realm of survival, than of living life fully and the question of either *vivre* ou *survivre*, *leben* oder *überleben*, remains.

If, however, both levels can merge, and can start to cohabit (which is, I believe, a goal of art therapy), a process of self-restructuring via symbolising, aesthetic processes can lead to more helpful ways of living. Coming back to the topic of the *house*, one could say that the *house* and the *home* would have been integrated within one and the same 'Baukörper' (architectural built body), the outer and inner worlds would have come together, a split ideally overcome, potentially resulting in a healthier and more fully embodied life.

4.7. Posttraumatic Stress Disorder (PTSD)

Exposure to traumatic events can lead to damages within persons' inner space. Posttraumatic Stress Disorder (PTSD) phenomena thus form an integral part of my research as its 'detection' might at times be challenging and is often overlooked (or not fully addressed) in psychiatry. This section provides a more detailed overview of PTSD-phenomena ranging from formal classifications (see appendix eight for further definitions regarding classic and complex PTSD) to the specific contexts of my *house*-based art therapy research.

With the introduction in 1980 of the Posttraumatic Stress Disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), PTSD has been acknowledged as a specific category in its own right. A traumatic event can since then be considered as occurring ‘outside the individual’ rather than being accounted for as an ‘inherent weakness (i.e., traumatic neurosis)’, (U.S. Department of Veteran Affairs, 2012). The World Health Organisation (WHO) states: 'Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor […]', (WHO, ICD-10, 2010). According to the IDC-10 (WHO, 2010), this disorder refers to the '[…] existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions'.

4.7.1. Art Therapy and PTSD Treatment

Addressing PTSD-issues in art therapy can be regarded as a constructive method as it possibly allows PTSD sufferers to externalise their pain creatively. It also permits to emerge, with time, from a victim-like passive state to a pro-active, self-regulating position. For example, Schouten et al.'s research by reference to various scholarship documents several helpful aspects of art therapy for PTSD-sufferers. They write (2019, pp. 115, 118 - 119):

> 'The visual and tangible characteristics of art therapy and PTSD treatment appear to be consistent with the often wordless, image-based, sensory-perceptual nature of traumatic memories (Ehlers, Hackmann, & Michael, 2004; Herman, 1992; Holmes & Bourne, 2008; van der Kolk, 1994). It is posited that art making in art therapy may provide relaxation and decrease arousal (Collie, Backos, Malchiodi, & Spiegel, 2006). It may also provide a more gradual access to traumatic as well as positive memories and emotions, and therefore reduce avoidance (Collie et al., 2006). According to art therapy experts, it enables patients to express and externalize memories and emotions in visual art and to connect implicit and explicit memory (Collie et al., 2006; Malchiodi, 2012; Smeijsters, 2008)'.

In art therapy process-related terms, Schouten et al. recommend the following PTSD-specific therapeutic procedure. I remain however critical regarding the suggested timeframe, which seems rather brief to me.

> 'The first phase of the protocol is directed to stabilization and symptom reduction [four sessions], the second phase [five sessions] is trauma-focused, and the third phase [ten-eleven sessions] is directed to integration and meaning making'.

Furthermore, the rationale for the appropriateness of art therapy for patients' suffering from trauma or PTSD can be found in Avrahami's (2006, p. 35) statement in Gerge and Nygaard Pedersen (2017, p. 58) who wrote: 'The symbolic image spontaneously emerging in client's artwork is the core of the healing process and it has the ability to contain and ameliorate the dissociative character of the trauma [...], it has a dissociative character, like the traumatic memories themselves.' Emotional, or cognitive dissociation then is defined as a 'defence mechanism that kicks in when life situations arise that we cannot cope with and whose impact on us our body tries to reduce by distancing itself from what is going on. In this way we avoid feeling pain, fear and being aware of what is going on around us' (psychologue.net (2020), my translation from French). In other words, Avrahami is referring to the art making process, which can lead to an unconscious externalisation of traumatic content and in that sense to a 'healthy' distancing and hopefully positive transformation of inner painful experiences even though his view is perhaps a bit too optimistic.

Additionally, the integration of formal PTSD-test procedures in art therapy is, in my view, crucial as it allows gaining further information regarding patients' possible traumatic life experiences that may not become apparent in their narratives, and, or aesthetic works. Possible prevalence of participants' trauma or PTSD symptoms were hence complementary variables addressed by my research procedures, since, if unaddressed patients would potentially suffer long-lasting health-related consequences. Besides, therapists’ unawareness of such sufferings and of possible antecedents could be expected to jeopardise a positive therapeutic outcome. For example, exclusive treatment for substance use disorder could ignore possible underlying causes stemming from PTSD (Wyder, 2012).

Practically speaking, and to build another bridge to the topic of this thesis, persons who have experienced trauma, and are suffering from PTSD symptoms might be subjected to sensations of constriction or collapse through physically enclosed spaces in the form of fear-inducing, threatening, anxiogenic reactions regarding exterior (*house*) and, or interior (*home*) situations. In an interconnectedness of physical, architectural and mental spaces, an interior architectural space, which is (ideally) protective (shelter or *home*) can suddenly transform itself into a threat in the case of e.g. panic attacks, or experienced rape. That is, persons chronically experiencing angst (in the psychiatric sense, e.g. claustrophobia) are thus doubly locked-in, as they are not only trapped within a physical, architectural space, but also caged in within their own mind and body. The term 'angst' derives from the German word 'Angst' (fear), going back to 'Latin 'angustia(e), "Enge [constriction], Beengung [oppression], Bedrängnis" [affliction]' (Bettlé, 2018, my translation from German) where a person is, for example, 'der Angst ausgesetzt', meaning being exposed to angst. Angst, in the clinical, or philosophical context, goes beyond the concept of fear (Kagan & Schulkin, 1995), and is used here in the clinical sense (e.g. phobias, panic attacks).

Finally, and as already addressed in *chapter three*, section 3.10, in-line with Gerge and Nygaard Pedersen (2017, p. 57), 'clinicians including art therapists ought to be able to screen and preferably diagnose the level of traumatization and dissociation before initiating treatment (Courtois & Ford, 2009).' I remain however critical of assessing trauma and PTSD *before* starting art therapy as testing clients might provoke distress, and my recommendation is thus to assess them after some level of habituation and confidence could be established. As a matter of principle, what is crucial is art therapists' being aware of and having patients' possible previous traumatisation, or PTSD related expressions of symptoms in whatever form in mind during their initial, and on-going art therapy sessions.

4.7.2. Posttraumatic Stress Disorder and Memory

The problem of a potential presence of PTSD raises several questions, one of which is related to researchers' and participants' access to retrieval and interpretations of memories. It also points to issues concerning the reliability of patients’

recollections, and thus their 'accuracy'. One might ask who can possibly 'judge' the correctness of somebody's memory, and what would ensue if these were 'incorrect'? What would this mean to suffering persons themselves, and for art therapy practice? Would a 'false memory' not need to be treated *as if* it were 'true', or would one, by doing so, exacerbate patients' mental health as they might maintain their 'false' beliefs? And what if the 'false' beliefs, or memories were 'better' ones than reality, and serve as a survival, or coping strategy?

Expanding the concept of memory even further into the cultural realm, Brown and Reavey (2016, pp. 1, 3) write: 'Work on Autobiographical Memory (AM) is increasingly concerned with how recollections of the past are shaped by the on-going needs and projects of the present self and with the cultural communities that shape its emergence and development (Berntsen, 2012; Nelson, 2009; Conway & Loveday, 2015). [...] Memories are thus a result of both actual experience and the social construction of those experiences, through joint interaction with others (Pasupathi, 2001).' In other words, memory-forming influences are, according to Brown and Reavey, based on persons' interior and exterior worlds as all humans are embedded in and are subject to their respective socio-cultural contexts.

Furthermore, Assmann (2011, p. 181) points out the importance and complexities involved concerning the 'concept of memory [that] is also trans-disciplinary in the exact sense, as it exceeds all the discipline-specific approaches, [and] can only be researched in an interdisciplinary team approach. [...] This begins with the recognition that from each particular point of view only part of the complex topic can be grasped and that each discipline must therefore develop a sense of what falls outside of its respective focus and for which contributions from other subject areas are necessary' (my translation from German). This stance is in my view not only valid regarding research, but additionally constitutes an essential feature for providing patients with differentiated, personalised, and hence culture-aware assessments and therapy. Stated differently: in a clinical environment, trans- and interdisciplinary approaches are ideally integrated on equal standing in order to provide the most individually optimal care, which takes patients' specifics into account.

Issues of memory have also been addressed in philosophy. Specifically, and in reference to the theme of the *house*, the French philosopher Gaston Bachelard (1957, p. 42) in *La poétique de l'espace*, establishes a link between dreaming, reverie and memory in, symbolically, referring to the *house* and the variety of symbolic potentials it accommodates, ranging from cellar to attic:

> '[...] psychoanalysis is more apt to study dreams than reverie. The phenomenology of reverie can disentangle the complex of memory and imagination. It necessarily makes itself sensitive to the differentiations of the symbol. The poetic reverie, creating symbols, gives our intimacy a polysymbolic activity. And the memories are sophisticated. The dreamlike house, in reverie, takes on an extreme sensitivity. Sometimes, a few steps have inscribed in the memory a slight difference in slope of the birthplace' (my translation from French).

Here as well, the question of what 'real' memories are, whether the remembered occurrence, the felt authenticity of specific circumstances in a person's life genuinely correspond to reality, or if (and how) painful reveries alone should be addressed in therapy, can be raised.

4.8. Resume

Chapter four commenced by highlighting some origins of healing by integrating the arts. Ramifications and cross-field connections of art therapy, including my phenomenological stance, were explicated. The concept and importance of the symbol in art therapy was outlined by elucidating the potential it holds for patients undergoing art therapy thanks to the emergence of unconscious material. Similarities and differences between the symbol and the metaphor were explored and the higher-ranking usefulness of the *symbol* in art therapy, for me, through the metaphor, was explained. A methodological extension, or use of notions of the symbol via the concept of 'as if' was introduced. Furthermore, and importantly within an art therapy approach, issues concerning interpretation of patients' aesthetic works and narratives, were stressed and explicated.

The particular situation in which art therapy occurs was explained with respect to the mental and physical spaces it offers, be it the experience of a specific space-time situation involving the patient, the art therapist and the work, but also by pointing to the latter's notion of the expressive and emotive spaces. These were generalised and a bridge built to philosophical and architectural notions of space in the context of *house* and *home* and life experiences. Overlap and distinctions between the concepts of *house* and *home* were also highlighted.

Finally, the importance of diagnosing PTSD in general and with reference to art therapy was highlighted. Issues of memory in conjunction with PTSD were raised.

Chapter 5 Self, Identity, Culture, Materiality, Word and Painting

5.1. Introduction

Chapter five complements *chapter four*, addressing further overarching concepts that are crucial to this thesis, specifically culture. A range of topics connected to these *concepts*, and the role that culture plays in defining them are covered. In particular I investigate notions of *self* and *culture* and argue that culture is superordinate in regards to the notion of the self, the later thus being considered as an entity that is shaped by prevalent socio-cultural circumstances that are grounded within a particular historical context even though, naturally, changes emerge over time. Culturally grounded topical scholarship is detailed regarding concepts of the self, with an emphasis on Japanese and some European cultures as these are the targeted locations of this research. An additional focus is put on definitions of the self as individual and self-formation as a part of socio-cultural group dynamics and group-identity, in which the suffering self, as well as trans-generational socio-culturally based phenomena of trauma, are addressed.

Investigating notions of culturally grounded selves is crucial as culturally grounded circumstances that are specific to a geographical and cultural context influence the ways in which participants' personalities were shaped. Furthermore, the concept of a culturally grounded self is important given the range of possible expressions of human suffering that are, to some extent, distinct for different cultures even though painful life events cause similar suffering patterns. However, the *form* these may take and *how* they are regarded and treated in specific cultural contexts, is to some degree heterogeneous. Hence*, chapter five* attempts to raise awareness of such characteristics that would otherwise potentially be either overlooked or lead to incorrect interpretations and procedures by art therapists, especially in multi-cultural patient contexts.

Connected to culture is the question of materiality, which also includes culturally grounded objects as they are regarded as manifestations of affiliations and belonging. In the framework of the present study, the objects take the form of aesthetic works. Therefore, these objects and the related overarching notion of the *painting*

in general and within art therapy specifically, is discussed in order to demonstrate that the expressive nature of these objects can, to a large extent, be situated within an idiosyncratic environment, which thus reflects subsisting cultural influences. Similarly, given the multiple contexts of this research, linguistic aspects must be addressed especially with regards to the languages used in this research, but also with respect to the socio-cultural connotations surrounding the use of the term *house* within the different clinical and socio-cultural contexts.

Overall, this chapter aims to highlight notions of how culture shapes the self, and how it influences the resulting human-made aesthetic objects, material and architectural forms, body and language. It is hoped that an appreciation of, and a greater acquaintance with regards to these concepts will allow a deeper understanding of the clinical field work-based findings and discussion, and additionally will help raise awareness for art therapy practice.

5.2. Self and Culture

One cannot talk about the *self* without considering that it is grounded and constructed within a *cultural context*. I suggest that notions of the self need to be apprehended in a hierarchical order in which culture is situated on a higher-ranking level within societies. The dominant influence is thus that of the prevailing *culture*, which is what constitutes and shapes the *self*, and not the opposite. Therefore, before approaching the self, it is crucial to first consider the concept of culture.

This discussion is relevant because in the context of art therapy, expressions related to a specific socio-cultural environment might be, on the one hand, mistakenly interpreted as being personality-based (even though culture itself is naturally subject to shifts and fluctuations). On the other hand, patients' modes of expressions might also be related to more individualistic inner traits. Because of their entanglement, these two notions are difficult to separate out. Barber (2007, p. 36), referring to further scholarship, describes the definitional challenges regarding culture as follows:

> 'All these approaches do away with the idea of 'a' culture as a stable, integrated structure shared by all the members of the relevant group. Instead, culture is treated more like a population, a congeries of individual elements, which move around, mutate, cluster in certain areas and are more or less successful in reproducing themselves. Describing culture is more like giving a statistical profile of a population than drawing an architectural plan.'

Interestingly, Barber seems to prefer a graphical statistical description in reference to society, which is usually understood as a methodological resume of concrete findings expressed in numbers. In the present context, I would however suggest that an 'architectural plan', or perhaps rather a *sketch*, would allow a richer two-dimensional meta-overview of a given phenomenon. Such a drawing-related explorative procedure may better lend itself to reconsidering movement and change. Nevertheless, she refers to notions of clusters, to which I would add patterns, as there exists a certain 'cultural identity' that can, I believe, still be detected and observed even though it is neither stable, nor a 'one size fits all' phenomenon. The relevance of these considerations is that they challenge overarching theories of self, as will be subsequently explored. The practical implications of this ‘cultural instability’ for art therapy are twofold: firstly, awareness of overarching cultural patterns need to be considered, and secondly, possible shifts within or induced by external influences regarding culture must be incorporated.

There are various definitions of *culture*, which earlier were rather general as Prinz's (2020) reference to Tylor (1871, p. 1) demonstrates. The latter implies that culture consists of 'that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society.' Prinz’s elaboration is more differentiated:

> 'Those who advance definitions of culture do not necessarily assume that a good analysis must be faithful to the colloquial understanding of the term. Rather, these definitions are normative, insofar as they can be used to guide research. A focus on artefacts might orient research towards manufactured objects and institutions, a focus on behavior might promote exploration of human activities, a focus on symbols might take language as a

> principal subject of study, a materialist orientation might shift toward ecology, and a focus on mental states might encourage psychological testing. Philosophically, definitions that focus on external variables tend to imply that culture is not reducible to the mental states of individuals, whereas psychological definitions may imply the opposite'.

Prinz's statement clearly demonstrates the inherent definitional challenges of what culture is or can encompass, and that its understanding, as well as the selection of appropriate methods, might depend on the field of research, which then shapes, or at least potentially influences, the subsequent findings. Therefore, what culture consists of is an amalgam of philosophical, psychological, spiritual, material and geographical components, and it is additionally difficult to establish a chronology. In other words, the question is whether there was, or still is, an overarching structure that governs the other culturally grounded way of expression, especially because it is so multi-facetted and in permanent flux. Hence, all these components (e.g. behavioural, material, symbolic, artistic and so forth), within which aspects of *culture* seem to be interdependent, historically most likely also served as socio-culturally co-dependent group-based bonding structures and ultimately as societal survival strategies.

For instance, the study of a certain type of e.g. food or dish (that is prevalent in a specific culture) must consider geographical conditions that result in a certain material form, but it must also address socio-cultural specificities. Let us for example take wheat bread. One should, in order to make sense of the predominant cultural and geographical conditions, also study the socio-cultural contexts of *how* it is produced and prepared and *how*, or at what moments it is shared within a community. For example, taking bread as a starting point, investigations of multiple facets of bread-related customs or bread-related forms must also incorporate e.g. symbolic and spiritual usage (e.g. catholic rituals). Hence, studying a material object can allow inferences on how to define (to some extent) or highlight certain aspects of a specific culture within a given space-time frame in which individuals within that culture are affected, and to some degree defined, by it. Practically, as an art therapy practitioner it is important to understand possible reasons and origins of culturally based forms because patients' aesthetic and inner material are influenced by their

earlier and currently experienced circumstances, and cultural contexts which then can be related with their idiosyncratic ways of being and suffering.

5.2.1. The Self, Selfhood and Identity

There is a wide range of definitions of what the *self* may incorporate. What one might be able to claim is, however, that the self belongs to a realm which allows (under healthy conditions) to differentiate between what could be considered as me, and what is *not* me, that is, it is my-self who experiences life and nobody else. Generally, my reflection is related to Gallagher and Zahavi's (2008, 2012, p. 225) elaboration, by reference to Sartre: 'When Sartre speaks of the self, he is referring to something very basic, something characterizing (phenomenal) consciousness as such. It is something that characterizes my very mode of existence, and although I can fail to articulate it, it is not something I can fail to be.' They further refer to phenomenological definitions of the self by stating (p. 226)': [...] what it means to be a self calls for an examination of the structure of experience, and vice versa. Thus, the self is not something that stands opposed to the stream of consciousness, it is not an ineffable transcendental precondition, nor is it a mere social construct that evolves through time; it is taken to be an integral part of the structure of our conscious lives.'

Various scholars delineate the self in regard to experiential notions of interiorities, and exteriorities, to dynamic changes that can occur in people's lives and to self-perception. Jung, an important proponent of art as therapy, highlights this conscious, and simultaneously unconscious sphere by additionally highlighting the limitations of knowledge. He wrote (1970, p. 460):

> 'As an empirical concept, the self designates the whole range of psychic phenomena in man. It expresses the unity of the personality as a whole. But insofar as the total personality, on account of its unconscious component, can be only in part conscious, the concept of the self is, in part, only *potentially* empirical and is to that extent a *postulate.* In other words, it encompasses both the experienceable and the inexperienceable (or the not experienced). [...] Insofar as psychic totality, consisting of both conscious

> and unconscious contents, is a postulate, it is a *transcendental* concept for it presupposes the existence of unconscious factors on empirical grounds and thus characterizes an entity that can be described only in part but, for the other part, remains to present unknowable and illimitable.'

In other words, what Gallagher, Zahavi and Jung seem to highlight is that one cannot seem to fail *experiencing* who we are as a self, but *without* necessarily coming to a *full understanding* of who we are. Extrapolating from these scholars and in line with my research question regarding symbolic self-representations, the highlighted definitions and observations rather indicate a spectrum of notions of *self*, which incorporates both conscious and unconscious parts. It can thus be assumed that aesthetic representations via the *house* can, to some extent, be regarded as self-representations even if personal motivations and contents might partially reside in an unconscious realm.

To come back to my thesis, it is necessary to think further about concepts of self, selfhood and identity as these are fundamental properties of personhood and demonstrate human complexity. As suggested earlier, depending on the academic field theoretical definitions can be rather diverse. According to Dorsch's online 'Lexikon der Psychologie' (2021),

> 'Identity [...] describes the way in which people perceive and understand themselves based on their biographical development (biography) in the constant confrontation with their social environment. Important determinants that go into the constitution of one's own identity are e.g. gender, age and social origin, ethnicity, nationality and group affiliations, occupation and social status, but also personal characteristics and skills. The constitution of identity requires the comparison of a reflective consideration of one's own self with the feedback from the social environment [...]' (my translation from German).

Interestingly, definitional challenges seemed to correspond, initially, to Carl Rogers' (1959/1987) conception of the self as he considered it 'too vague and unsuitable for scientific research' (Höger, 2006, p. 1). However, attributions to interior and exterior

perceptions of the self have also been highlighted by him. 'According to Rogers, the self-concept applies when it refers specifically to the person's own view of him-her-self, while self-structure applies when we look at the self from an external frame of reference [...]' (Höger, 2006, p. 1, my translation from German). In other words, Rogers' approach distinguishes between self-concept (a rather conscious sense of self) and self-structure, consisting of an outer, an overarching identity, which acknowledges social determinants.

Fundamentally, recent phenomenological questions regarding the *self* are addressed by Gallagher and Zahavi (2008) who ask (p. 219): 'What is the self? Does it exist for real, or is it a mere social construct or perhaps a neurologically induced illusion? If something like a self exists, what role does it play in our conscious lives, and when and how does it emerge in the development of the infant?' As these questions are challenging to answer, they state that 'the scientific community is rather split on the issue concerning the scientific and philosophical legitimacy of the notion of self'. Gallagher and Zahavi refer to some academics' definitions regarding the self (pp. 220/221), which illustrate this concept's complexity and the radius of its perspectives. Some of these realms are as follows:

- 'Material self, social self, spiritual self (James 1890/1950).'
- 'Ecological self, interpersonal self, extended self, private self, conceptual self (Neisser 1988).'
- 'Autobiographical self, cognitive self, contextualized self, core self, dialogical self, embodied self, empirical self, fictional self, minimal self, neural self (see, for example, Damasio 1999; Strawson 1999).'

Finally, Fuchs describes persons' selves in the context of ill mental health of those who are suffering from schizophrenia from a phenomenological perspective. He portrays their shifts regarding self-perception via bodily and inner unhelpful conceptions (2005, p. 100):

> 'In contrast to the melancholic corporealization, phenomenological analyses suggest that the schizophrenic person suffers from what may be called a *disembodiment* of the self. She does not "inhabit" her body

> anymore, in the sense of using as taken for granted its implicit structure, its habits or automatic performances, as a medium for relating to the world. Parnas and Sass have analysed [...] how the schizophrenic psychopathology may be derived from a diminished self-affection on the one hand, and a compensatory “hyperreflexivity” on the other (Parnas 2000; Parnas and Sass 2001; Sass 2000). The tacit self-awareness or self-referentiality present in every experience is weakened or lost, and an alienation of perception and action results. The result may be described as a fragmentation of the intentional arcs of perceiving, feeling, thinking, and acting. This in turn leads to a pathologic explication of the implicit or transparent structure of the body'.

In other words, *how* the self is experienced and felt by human beings themselves can point, on the one hand, as being in good, or ill health, which as a result, can impact the body as a whole. More generally, issues of self-perception and self-expression can thus be seen as mirroring potential earlier causes, including PTSD (addressed in *chapter four*). How then this body, the person is perceived by mental health workers is however yet another question.

5.2.2. Self and Culture in Japan and the West

A cross-cultural study has intrinsic interest. Defining culture is, as we have seen, a rather challenging endeavour given its complexity, and so is the question of how the self is, consequently, shaped by its socio-cultural environment. Nonetheless, I will attempt to explicate some theoretical notions of what culture can imply in more general terms, but also more specifically regarding 'Eastern' and 'Western' cultures. A definition which is rather in line with cultural psychiatrist and researcher Kamaldeep Bhui's (2012) approach who stated:

> 'Similarities across cultures should never be underestimated, and generalizations have dangers particularly in that it leads to stereotyping of individuals. I don't see any other way of exploring this without generalizing, saying "Western", and "Eastern". However, by doing so I am not implying that East and West are any more than traditions from the past. These are current states of mind rather than the geographical regions, and there is

East in the West, and West in the East'.

For example, in my study's fieldworks that took place in Europe, and Japan I observed that the participants' psychological suffering, the ways in which it was lived via their bodies and psyche (e.g. depression or self-harm), was expressed in very similar manners. In contrast, different culturally grounded distinctions *did* become apparent in the 'East' and the 'West', or by persons' being affiliated to 'Eastern' or 'Western' cultures wherever they may be living. However profound ways of human internal functioning seem to a large extent, and not surprisingly, to be quite alike.

In attempting to further explicate socio-culturally grounded patterns of human interaction, and by addressing 'independent' and 'interdependent' societal functioning by contrasting 'Western' and 'Eastern' conceptions, Kühnen in his chapter "Kultur und Kognition" writes that 'individuals' understanding of their ego, or the self, plays a central role in the emergence of cultural differences in thinking'. According to him, 'culture influences our understanding of ourselves, and the mental representation of one's own person […] (2014, p. 190)'. Whilst addressing 'Eastern' and 'Western' cultures he specifically refers to Markus' and Kitayama's theory (1991) and writes: 'The extent of individualism, respectively the collectivism of a culture is accompanied by differences in the self-conception of its members, that is along the dimension of independency and interdependence'. Hence, in line with Markus and Kitayama (1991, p. 225) he states: 'Western notions of the self as an entity containing significant dispositional attributes, and as detached from context, are simply not an adequate description of selfhood'. According to Markus and Kitayama, 'independent construals', are also referred to as 'individualistic, egocentric, separate, autonomous, idiocentric, and self-contained'; they link it to a rather 'Cartesian, dualistic tradition in Western thinking'. In contrast the 'interdependent construal of the self' shares notions of 'socio-centric, holistic, collective, allo-centric, ensembled, constitutive, contextualist, connected, and relational. This kind of selfhood is considered to be grounded in Confucian, Hindu, or monistic philosophical traditions (pp. 227 - 228)' (in Wyder, 2018, p. 81).

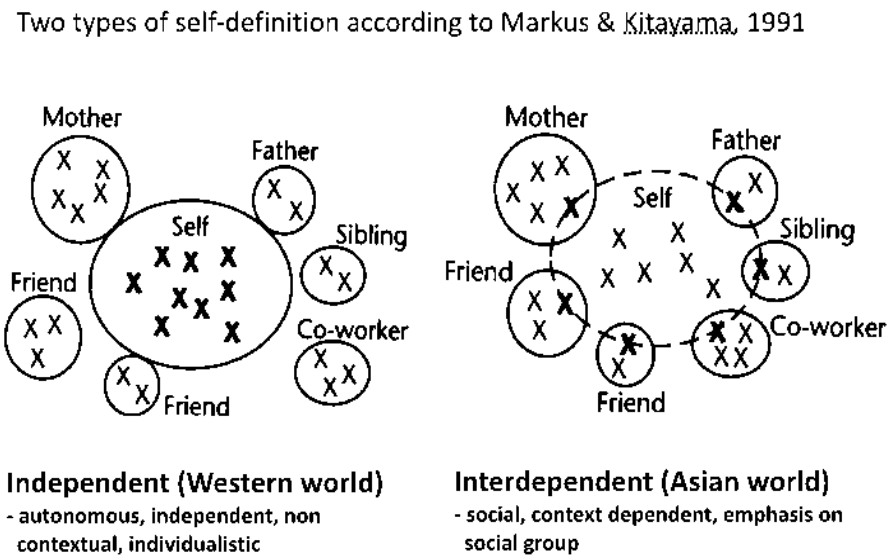


Fig. 7: Ulrich Kühnen, 2014. In: *Kultur und Kognition. Wie das Selbst das Denken formt*.

Consequently, care must be taken when considering the concept of the *self* cross-culturally. Looking at the embedded self within society from a phenomenological perspective by addressing 'Eastern' and 'Western' cultures, Tanaka (2018, p. 273) states: '[…] the embodied self is the "acting self" engaged in the world and finds its identity through its interaction with the environment'. He continues discussing ‘Eastern’ and ‘Western’ notions integrating the concept of ‘independent and interdependent’ (Markus and Kitayama, 1991) states with regards to Japanese persons' behavioural and interactive patterns (2018, p. 277 - 278): […] 'the self in Japanese culture has diverse characteristics ranging from "collective" to "individual".’ In his view, ‘an emphasis on subtle nonverbal behaviours in interpersonal communication is crucially important’. […] 'In Japanese culture there is a tendency to deal with *interactional synchrony* in a conscious manner.'

Another distinction of Japanese’ ways of being within their societal context is highlighted by the Japanese psychiatrist and psychoanalyst Doi Takeo in his chapter: 'The individual and the group' (1971, p. 166). According to him, Japanese selfhood, be it alone or within the group is based on the concept of 'amae'. Doi’s definition of 'amae' is, ‘first and foremost, an emotion ["to depend and presume upon another's benevolence" (Doi, 1962, p. 1), or of attachment, active or passive love] which

partakes of the nature of a drive and with something instinctive at its base'. He further explicates:

> 'The Japanese are often said to be group-minded, to be strong as a group but weak as individuals. It is also said that the freedom of the individual is still not firmly established in Japanese society. Where general trends are concerned, these statements would seem to be true, and they accord well with the prominence of *amae* in Japanese society (1971, p. 173)'. [...] Without some kind of group life, it is doubtful in fact whether man could survive at all. One proof of this is seen in the mentally disturbed patient, whose misfortune is a result of isolation consequent on his failure in some way or other to adjust to group life. Even the West with its well-known freedom of the individual has its own forms of group life; indeed, the mental patient in the West can be said to be a failure within the group in just the same way as his counterpart in Japan (1971, p. 174)'.

It is however important to point out that the above considerations and those in the next sections address scholarship which has been developed around thirty years ago. Hence, current research might show a more 'individualistic' trend as Japanese society underwent a number of changes and was also exposed to exterior influences, via e.g. U.S. mass media, in recent years. These patterns described by Doi and Tanaka were still rather present during my first stay in Japan (1988 to 1991) and are thus consistent with my own observations, but were perhaps less pronounced during my art therapy fieldwork in 2018.

Despite possible societal shifts over time, developing an awareness of the likely influences of the cultural environment on the specifics of the self in the different venues of this thesis' research is crucial when analysing the gathered material in the various locations. Most cultures have always been subject to ‘external’ influences stemming from other cultures. One might think, for example, of the late 19th, early 20th Century Art Nouveau style found in Western cultures whose origins can, to some extent be found in Asia. However, even if, over the years, cultural influences literally 'travelled' from one place to another, this is not to say that there cannot be a

presence of specific culturally based and recognisable forms, albeit these specifics consist of a 'melting pot'.

Ultimately, Degnen (2007, p. 224) considers that '[s]elf formation is not a uniform nor a necessarily chronological process (Boyarin and Boyarin, 1985, p. 28), but is rather experienced as a cyclical, multi-stranded web of relations. Senses of self vary depending on whom they are being performed for, and the self is forged in a dialectical relationship with others.' This rather general statement underlines complex chronological and socio-cultural relationships, which can, I believe, be regarded as overarching structures of *self and culture*.

5.2.3. Definitions of Cultural Selves

As we have seen earlier, various scholars distinguish cultural patterns between European and Japanese cultures. This underlines the need to consider the link between culture and self more generally to avoid discussing these notions through a potentially reductive and bipartite lens. Kühnen (2014, p. 190) in his reflections on culture and cognition states: 'Culture influences our understanding of ourselves, and the mental representation of ourselves has important consequences - also for basic thought processes'. Culture thus has a profound influence on the perception of self, and hence by extension, on the interactional patterns with others. He further explicates ways of self-perception by highlighting culturally based distinctions regarding the personal, as well as the societal realm.

> 'Our individual understanding of ourselves (our self-concept) can be understood as the totality of a person's answers to the question "Who am I?" [...] Such an inner self-representation is necessary in order to be able to coordinate our actions, because without it taking on the perspective of others would not be possible. [...] Numerous studies now show that members of different cultures systematically differ from one another in the answers to the questions "Who am I and where do I belong?". The way in which the relationship between the individual and the social, between the individual and society, is understood forms the core of central dimensions in which cultures differ from one another (2014, p. 190)' (my translation from German).

Asking the question of "who am I" might already display an occidental mindset which could be understood as delimiting the *self within the self*, and not, as conceptualised earlier regarding Eastern cultures, the *self within a socio-cultural group*. The "who am I" question implies, in my view, an exclusivity, like a tree standing alone in a field, whereas the approach to the self conceptualised rather as Eastern could be seen as an individual tree belonging to a forest. Yet, the ‘Western’ 'independent' construal of the self does not, I believe, pay sufficient justice to the fact, to come back to the example of the tree, that the isolated tree would not be there without the other trees to which it is 'related' through its closer, or more distant surroundings.

One can thus consider that the distinct patterns that the *self* shows are dependent on the *socio-cultural environment*, which follow Mauss' theory (1934) of 'cultural moulding' (see 7.8.), which was later further developed by Bourdieu (1972) with his concept of 'habitus'. Even though definitions of self are numerous, the self can be said to be influenced by its socio-cultural surroundings regardless of the philosophical approach to this question. However, as the *self* (and cultural customs it is subjected to) are to some extent reproduced, and go far back in time, akin to repeated patterns (self and culture) the question remains of *who is actually forming whom:* the self the culture, or the culture the self, and to what extent. Bourdieu's (1972, p. 257) sociological approach considers that the *habitus* is related to persons' successive acts as being unplanned and, I suppose, unconscious procedures, that are based on pre-existing and assimilated structures:

> 'The habitus is the principle of a sequence of "actions", which are objectively organized as strategies without being in any way the product of a real strategic intention (which would suppose, for example, that they are understood as one strategy among other possibilities)' (my translation from French).

Bourdieu provides an example of his research in the context of the Kabyle house (1972, p. 43): 'What we call the feeling of honor is nothing other than the cultivated disposition, the *habitus*, which allows each agent to generate, from a small number of implicit principles, all the behaviours conforming to the rules of logic of challenge

and response and those only, thanks to the many inventions that the stereotypical unfolding of a ritual would in no way require.'

In that sense, *how*, or *if* the *self* can be defined is intimately bound to most likely unconsciously adopted, and culture-based adaptive and transmitted super-imposed behaviours, which provide some practical explanations of what the culturally shaped *self* may incorporate. Starting from a sociological perspective, a challenging question remains, namely whether one is able to identify *if* there is ultimately something like a *self*, which is, e.g. able to make 'free choices' independently, and to what extent it is, or can be, self-determined, as one of the characteristics of the *habitus* is structure-providing within a societal tissue, which implies ‘interwoven threads', and a necessity for governing 'rules'.

5.2.4. The Suffering Self

As notions of the *self* encompass perspectives from 'healthy' to 'ill' mental health, definitions of suffering selves are briefly addressed here. This is relevant since many of this study's participants were in somewhat unsound mental health depending on their own, or their psychiatrists' evaluations.

According to Thoma, Schwänzl, and Galbusera schizophrenia-based disturbances are mostly conceptualized as being situated '*within* a person' [...]. The rationale for this understanding is, they claim, that 'the *phenomenology of schizophrenia*, as an individualistic perspective, is still predominant' (2021, p. 2), which inaccurately considers the person as a 'self' within the 'self', and not as being part of a societal environment by which it has been shaped. Hence, they argue in favour of taking persons' embeddedness within their socio-cultural tissue into account, as its interfering and potentially negative factors also stem from the *outside* of patients' experiencing bodies. This position, which is in opposition to the view of schizophrenia as being exclusively located *within* the body, stresses the necessity of contextualising persons' suffering from schizophrenia (and any other suffering) within a larger context of a given society.

Also Goffman talked about a "beschädigte Identität" (damaged identity) and the

stigma attached to persons qualified as such. Stockmeyer (2004, pp. 75/76), elaborates that for Goffman: 'Stigmatized are those [...] people who cannot meet standardized expectations, and this is also and precisely because of certain physical characteristics such as "disabilities".' Then, what is considered 'normal', or 'ill' depends on societal overarching and imposed expectations and rules, which, whether these are applicable to the former or the later notion, are subordinate to 'stereotypical expectations' (Stockmeyer, 2004, p. 76, my translation from German). Hence, Goffman's stance against stigmatization could be put in context with Thoma et al.'s, and Maldiney's refusal (highlighted below), of classifying persons into dual categories of either normalcy, or psychopathology. This oppositional conception can indeed be qualified as reductionist as it doesn't do justice to human complexity, which ideally is rather conceptualized as perspectives along 'malady' and 'health', nor does it integrate a critical stance towards binary definitions, or diagnostic judgement.

Regarding phenomena experienced in schizophrenia, or rather in absentia, Thoma et al. refer to the French philosopher Henry Maldiney's conception of *openness* and *closeness*, with the former consisting of the 'condition for us to move [being ourselves in movement] and to be moved by the world.' My interpretation of Maldiney's quote is that he points out the crucial ability of *being moved internally*, thus within one-self, in conjunction with the *external* surrounding and experiential situations. The conception of schizophrenia then was for Maldiney 'the result of the world having lost its openness, leaving no room to move or to move on.' Furthermore, and most importantly, Maldiney repudiated 'massive *a priori* [differentiation] between normal, and ill beings' (Brunel, 2012, p. 53, my translation from French) and by doing so perhaps emphasised the significance of considering mental health as embedded within a *flux* of existential possibilities, which implies once more, movement.

Expanding on Maldiney's concept regarding the importance of movement as a positive and thriving life force, an illustration of the total opposition of this capacity in regard to internal, and external movement, can be physically identified in the cast concrete *house*-based sculptures of the artist Rachel Whiteread (fig. 8). One of her earliest sculptures in this series was 'The House' (1993, demolished in London in

1994), in which literally 'no room' could be accessed anymore, nor was there a possibility 'to move on' within the house. While one could move *around*, or perhaps *away* from it, due to its hermetical form, the entirety of the *internal* spatial world remained hidden and inaccessible. The internal space is thus literally and deliberately densely blocked off by its very massive material quality via concrete.

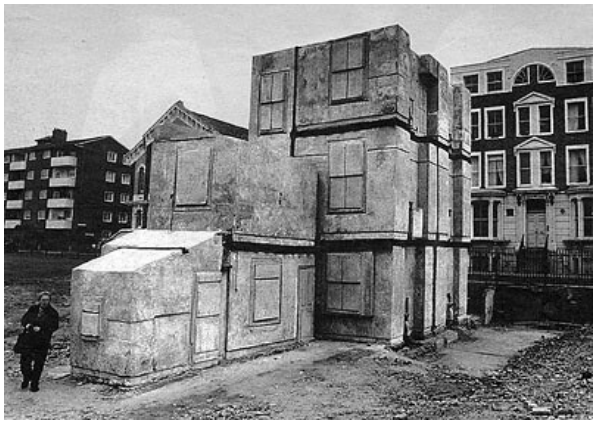


Fig. 8, “Rachel Whiteread, House, London, UK, 1993-94" by Bianca.Maggio is marked with Public Domain Mark 1.0

In that sense, my interpretation of Whiteread's sculpture echoes somewhat Thoma's, Schwänzl's and Galbusera's (2021, p. 5) conclusions regarding 'trauma and migration': they consider that in such situations the 'self, as a reaction, withdrew from, or [is] sealed off from the social world, with delusional incomprehensible convictions, which might be understood as a "defensive counter-manifestation" towards a world that had become uninhabitable, without "communication, because there is no room to move".' Consequences of such experiential immobility can then be observed 'in the self's reactive freezing and closing up or loss of openness in relation to a world that has become terrifying [...]' (ibid.). Specifically, one of the common PTSD responses (*freezing*) demonstrates another impossibility of movement when fight or flight modes are no longer accessible. Thus, Whiteread's cast concrete *house* sculptures could be seen in that light; yet, moments of movement did, I suppose, briefly exist during the *process* of pouring the concrete *into* the originally existing *house* and did recur again during the *process* of destruction.

5.3. Architectural and Cultural Notions of Space and Body within Society

As we have seen earlier, notions of *space* have been, and are studied by various scholars coming from a wide range of fields including, for example, phenomenology, culture, therapy, or architecture. Buchli (2002, p. 208) contextualised the latter by reference to the anthropologist Lévi-Strauss: '[He] placed architecture back into the centre of the study of human society in his work on *house* societies. Architecture was brought to the foreground and understood as the social blueprint by which societies organized themselves: an empirical and durable expression of its more abstracted forms of 'social structure'.

In other words, architecture, or in this case, the *house*, can serve as a means to investigate not only culturally grounded distinctiveness, be it aesthetic, or psychological, but also allows obtaining additional information regarding material manifestations and their historic, or contemporary forms. Thanks to the data obtained in this thesis, and thus linking Buchli's statement to my research, 'comparisons' between European and Japanese ways of building became possible. For example, the forms of expressions of patients' paintings point to socio-cultural specificities even though a direct comparison, contrasting A with B, would be too simple. Concretely, several *house* depictions can clearly be located in a Japanese historical context due to their material form and could thus hardly be situated in Europe. In other words, analysis of any observed differences or similarities in images needs to be embedded in the broader context of the full amount of the data.

Regarding notions of the social tissue respective architectural forms, Steets (2015, p. 36) alludes to,

> ‘Erving Goffman who presented an [...] interaction-theoretical approach. [He] is particularly interested in the situational application of socially created experiential schemes, that he calls “Rahmen" (frameworks), which he empirically records through the reconstruction of "Interaktionsordnungen" ("interactional orders"). By this he understands "those spaces, opportunities and get-togethers in which individuals - in the immediate physical

presence of others or in orientation and interaction with these - create a working consensus on the nature of their reality.'"

Steets (2015, p. 37) then gives an example of practice relevant situations as follows: '[...] situational definitions depend on the design of the room and thus on architectural elements that can also be consciously used to manipulate a situation. From the descriptions it becomes clear that artefacts and buildings are sociologically relevant for Goffman in terms of their symbolism (and not because of their materiality)'. In other words, Buchli, Lévi-Strauss, Mauss, Goffman and Steets, and as we shall see, Mary Douglas, all consider and analyse architectural space as human existential expressions that are considered as manifestations of socio-culturally-grounded forms that carry the potential for symbolizing expressions. One could thus say that humans' socio-cultural groups are held together via Goffman's 'interactional orders' through the establishment of 'frameworks', Volkan's 'tent'-structure (Volkan, 1998), or my image of an 'interdependent' woven tissue, all of which have previously been shaped by Mauss' concept of 'cultural moulding' (1934), and Bourdieu's 'habitus' (1972, p. 257).

Deepening the link between architecture and the social body, Foucault draws attention to societal power structures, which become manifest in architecture. In his book *surveiller et punir* this is exemplified by the prison architecture of Jeremy Bentham's *panopticum*, or in the radically imposing style of fascist architecture in Italy. Buchli too refers to Foucault (2013*,* p. 94): 'Foucault's writing presents the means by which such subtle, powerful reconfigurations of space produced new forms of power and control and, more significantly, how these forms of power pervaded every level, not just from the top down but from the bottom up, and could be employed subtly and with equal tactical effect to subvert power – whereby power is seen by Foucault as pervasive, not just hierarchical (see Foucault 1986, 1991).' Clearly, past and current history shows: architecture is used to demonstrate power either towards cities' own citizens and to impress other peoples' states.

Furthermore, the anthropologist Mary Douglas (1970, 1973, p. 65) underlines the link between social context, physical body and symbolisation when she writes

about the notion of the 'body as a system of "natural symbols" (Science Encyclopaedia, 2022)' in the societal space:

> 'The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression.'

In reference to Mauss' 'techniques of the body' (1936) Douglas further highlights the link to symbolic manifestations, which become apparent in societal behaviours and learning, in which 'the study of bodily techniques would have to take place within a study of symbolic systems' (1970, 1973, p. 65). In that sense and coming back to my thesis' topic and patients' overall expressions, one could indeed say that their *house*-based narrative and aesthetic manifestations refer to participants' bodies, which are to some extent represented symbolically by individually shaped *house* forms, of which some point to socio-cultural grounded behavioural patterns, materiality, expectations, imaginary projections, or survival mechanisms.

5.4. Materiality

Materiality in the present context must be understood on several levels and this section touches on some examples and concepts. In my view, it firstly refers to material culture in the context of architecture, art, and aesthetic works (and beyond) that are created by humans. Specifically, participants' *house* drawings and paintings can be regarded as two-dimensional, and occasionally three-dimensional, material forms. These objects are emotionally charged manifestations as they encompass inner personal content via a choice of material substances such as e.g. paper and paint. Secondly, material objects that are *not* created by humans are also an integral part of material presence (e.g. mountains, trees, the sea) and play an important role due to not only their physical presence, but also for carrying potential symbolic culturally-grounded content, which is created by the mind. Following to some extent Harman's object-oriented ontology (OOO) (2015) Hoppe and Lemke

explicate (2021, p. 27) that 'Harman's version of OOO goes back to an original reading of the works of Edmund Husserl and Martin Heidegger. It takes up the phenomenological demand for a return "to the things themselves" (Husserl) in order to establish a "new kind of philosophy" (Harman 2015, p. 64)' (my translation from German).

For Hoppe and Lemke (2021, p. 28):

> 'The OOO no longer sees people as subjects who face the world of objects and who observe or use them, but rather as an integral part of it. A "flat ontology" (Morton, 2011, p. 154) is proposed that does not distinguish between different ontological layers or hierarchically ordered spheres. The term 'object' is applied equally to real and imaginary, natural and artificial, living and non-living, human and non-human entities.'

Within this approach, even ancient animistic spiritual beliefs as Shintô in which also material objects such as stones can be ensouled, enlivened, and possess immaterial qualities and not only humans, enter the framework of OOO.

Such a conjunction of material architectural form and immaterial qualities are illustrated by the architect Peter Zumthor (2010, p. 10): 'I believe that materials can take on poetic qualities in the context of an architectural object. To do this, it is necessary to generate a corresponding context of form and meaning within the object itself; because materials in themselves are not poetic.' One might think of his famous *Therme Vals* (1996), built in the Swiss alps using locally extracted *gneiss*. Already visually, the rock itself has a very compact presence and dense material quality. However, the way this thermal bathing complex has been constructed, embedded in nature, the atmosphere emanating from it can be regarded as having a poetic, almost zen-like quality. Moreover, integrating Harman's definition of 'materiality' into the natural realm, I would argue that also nature-made objects *can* be poetic: wooden beams or bamboo, can, on the one hand, be used for building houses and walls, but on the other, can also be appreciated for their sculptural and sensuous material qualities, an aspect that also builds a bridge to the importance that such objects play in Japanese aesthetics, symbolism and thus culture.

Furthermore, Asmuth by reference to the art historian Belting, establishes a link between *images* and the *human body* by additionally expanding the material image into the realm of *memory*. Belting repudiates a separation between 'internal' and 'external images' by interconnecting these two notions to a whole. Asmuth writes (2011, p. 101):

> 'For Belting, the main focus is primarily on the body when thinking about images. [...] Belting insists on the significance of the material image support ('Bildträger') against its devaluation through the splitting of form and matter, an equation that he relates to the opposition of spirit and matter. According to Belting, this gives the material back its ancestral rights in the discourse on the image. [...] Belting, […] opposes the idea that images are disembodied. On the contrary, they always have a body. This also applies to remembered images that occupy a place in our own body. In the same vein, Belting turns against the separation of inner and outer images' (my translation from German).

Extrapolating from Harman's, Belting's and Asmuth's approaches, I believe that one could indeed consider that paintings are incorporations and manifestations of embodied human experience made visible as they take on a bodily, material form, consisting of objects which hold experiential contents expressed in artistic form and thus often deal with remembered symbolised issues.

Finally, within societally and culturally based art therapy research, a contextual fluidity is emphasised by Hills de Zárate (2020, p. 13) who refers to Koptyoff and Arjung when arguing that 'things' or objects, can have a 'social life' by drawing 'attention to the ways in which objects are continually moved about and recontextualized, in a process of commodification and decommodification.' If 'objects', can have a 'social life' and I suppose can consist of 'things' to which culturally based, as well as personal meanings can be attached, it seems to me that the topic of the *house* could indeed be considered as a virtual, immaterial and aesthetic 'object'. Based on its universal quality, it can be similarly shaped as an object that exists in reality, or it can be re-contextualised within a predominant culture or may lend itself to ‘go beyond’ culturally grounded material forms.

5.4.1. Paintings and Drawings

Given this thesis' approach, participants' narratives, paintings and drawings are on equal footing. This highlights the importance of carefully considering ramifications of the latter's roles and physical manifestation. I will thus draw on several authors' conceptions of what paintings may encompass. This is crucial as paintings, in the context of art therapy, offer major sources of visually expressed individual and symbolic contents. Besides the relevance of the symbolic elements for the researcher, the act of painting, or drawing, what it can represent for participants in terms of self-expression, experience of joy, satisfaction and beauty, coping mechanisms, sharing with others, frustration, destruction, and so forth, should never be neglected.

A painting, a drawing can be considered as an expressive space that has been fashioned during an individual process over time, which was 'filled' with personal, often emotive content. Even though the creative expressions are based on the individual's interpretation of a theme (that can be conscious or unconscious), the provided art materials can also play a role in the way how or when which specific contents emerge. For example, whether participants' chose to use thick acrylic paint, pencils, or water colours will lead to different aesthetic outcomes, and perhaps different contents. As is often highlighted in the context of art therapy, this expressive externalising act allows a creative and active space-time that is potentially diverse from everyday life. It consists of a time *outside* 'normal' life, a timeout that can be utilized to experience oneself differently, which can also be related to the notion of 'as if' (see section 4.6.3.).

Tüpker explains the process of painting in symbolic and contextual terms as follows (2011, p. 94): 'If someone paints a picture, he does not simply set something out on its own terms, but by painting he creates a representation of himself, of the world, [and] of the relationship between the two.' In other words, one could say that painting allows entering a particular 'Erlebnisraum', an experiential space, which produces a dialogue between the interior and exterior spheres of a person. Additionally, it can be regarded as a communicative socio-cultural potential between the patient, the other members of a focus group and the art therapist.

To come back to the topic of the *house*, Didi-Huberman provides a very illustrative example in his chapter *Maison brulée* (*murs*, *flammes*, *cendres*) of what the breadth of the process of painting can refer to thanks to its existential quality. He writes (2001, p. 16):

> 'If the sphere ('les choses') of art often starts in opposition to the sphere of life, it is because probably the *image*, better than anything else, manifests this state of having *continual survival* ('*survivance*') which does not quite belong to life, nor to death altogether, but to a kind of equally paradoxical state as that of the spectres which, relentlessly, put our memory in motion from within. The image should be thought of as *living ash* ' (my translation from French).

Following Didi-Huberman one could thus consider that art making can be both a kind of survival strategy, but can result in something, the painting, the object, that has been transformed, has changed shape, which is not the lived substance, nor does it belong to the realm of the forgotten. For example, the 'ashes' should thus not be considered as 'dead' material, but as bearing potential, containing the necessary ingredients that form, e.g. in the case of ceramics, the glaze which thereafter protects the inner, and outer physical form.

Boehm then, by reference to Cassirer focuses on the historical symbolic content of images in regard to their reception. As with the above example of the *house* and the ashes by Didi-Huberman, here, the breaking of an object, and its restoration carries a specific symbolic meaning regarding the maintenance of relationships. Boehm writes (2021, pp. 19, 20):

> 'Only the mutual participation (Greek: Methexis), in which the viewer's perception connects to the material image, completes the integral intention of the image, which Ernst Cassirer called a symbolic form. Whereby the word symbol regains its descriptiveness when one assures oneself of its original meaning. When saying goodbye, the Greeks called the broken friendship ring a symbol, because the joining (Greek: symballein) of the scattered

parts ensured the return of the friendly guest even after a long time' (my translation from German).

A further quality of paintings is established by Graw (2012, p. 20) regarding the relationship between the person *and* the painting, whereas the latter is contextualised in the realm of the *sign*, of something that points to something. She writes: 'Painting as a *semiotic activity* [...] [goes back to] the indexical character of painting in the visual arts with its ability to tie a particularly tenacious bond between the already closely linked concepts of "person" and "product". [...] [T]he proposal is to understand painting as a process of "making signs", which gives your product subjective traits, if not even the traits of a quasi-subject' (my translation from German).

Furthermore, Sinapius, professor of intermodal expressive art therapy, elaborates on important concepts regarding images within therapy, by distinguishing three fundamental aspects, of which I have included two (2007, p. 8).

'Paintings are places where we can gain experiences about our own identity and history. [...] A picture is always realized in the context of individual experiences and conceptions. In the sense of an immediate sensory experience that can be connected with images, they are not only a reference to reality, but are also themselves a construction of reality. They are part of our biographical experience. Paintings are places where we gain certainty about ourselves. Without them we would sink into a stream of impressions that we could not relate to our existence: I is an image.'

Finally, Sinapius (2007, p. 1) relates to the experiential quality of a painting in reference to *Dasein*, that is to existence, but also to notions of *self*, or rather, ways in which the self can be revealed in a similar manner:

'When examining the anthropological dimensions of the pictorial experience, the question is, simply put, what do images have to do with our existence? Basically, there is no image without someone who can recognize an image in something else. When I look into the mirror and say: "This is me", it is about such an image. I recognize myself in something else, in a mirror

> image, for which I may be the cause, but with which I am not identical. Between what I see as a reflection and myself, I create a relationship and say: "This is me". We experience identity in something else. This does not only apply to visual experiences such as our reflection in the mirror. Every sensual experience of something else also gives us an experience of our own identity' (my translations from German).

In other words, creating, seeing and experiencing one's own painting carries the potential to imply a notion of self. Thus, aesthetic processes in art therapy allow gaining a perspective of one's identity, which may be similar, related to, or not to the reflection that is thrown back to us by a ‘mirror’ picture.

Even though Sinapius refers to images, or mirror images (in reference to Lacan, 1938) he considers that (2007, p. 3) 'the picture thus represents something, and representing is already an interpretation of the viewer, insofar as it goes beyond a mere similarity' (my translation from German). Following Sinapius, *interpretation* is potentially not only in the hands of the viewer, but is also carried out by the creators of the painting themselves. Yet, what the participant may see may not necessarily be what the researcher perceives; there might be overlap and mutual consistency of interpretative content, or not.

The above considerations highlight that painting consists of a pictorial space that can be personally shaped expressing culturally grounded and symbolic contents. Tüpker (2011) points out that a painting can be regarded not only as means of *self-representation*, but also as an extension into the *world* and as creating a dialogue between the two. For Didi-Huberman (2001) painting, or art in general, can be seen, or serves as forms of *existential survival expression* that are linked to *memory*. Furthermore, Boehm (2021), in reference to Cassirer highlights the strong *symbolic potential* that images carry in human relationships by historical illustrations via *objects*, all of which are still valid concepts in contemporary society. Graw (2012) for her part highlights the *semiotic quality* of paintings that point to something that is situated in the realm of *signs*. Finally, Sinapius (2007) as an art therapy specialist emphasises the importance of the *process of painting as a sensory experiential and identity-stimulating activity*, which allows self-recognition, which is not,

according to him, identical to a mirror image, as the reflection of the self is aesthetically created by the person her, or himself.

5.5. Cultures and Languages

Culture and language are intertwined; each is part of the other and both are components of on-going processes of change based on global socio-cultural transformations that occurred throughout time, currently however at a pace that has never previously existed in human history.

Since language can be regarded as a semiotic as well as a cultural expression, taking participants' distinct verbal expressions into account constitutes an integral part of my research. One can refer to De Saussure's contribution, a founding members of French language 'structuralism', which consists of, according to Assmann (2011, p. 35), '[...] a consistently constructivist conception of language as a system of signs that does not depict the world, but rather creates the world in the first place.' Constructivism implies that knowledge is shaped by persons themselves, a view which might be in contrast to Mauss' (1934) concept of 'moulding' as what one can learn is influenced by unconsciously integrated and transmitted patterns. Nonetheless and in order to rightly so attribute importance to language, Assmann further refers to Mead (1993, p. 117), with his statement which highlights the contextual potential and form-giving nature of language:

> 'Language does not just symbolize situations or objects which are given, on the contrary, it makes the existence and the emergence of situations or objects possible because it is part of the mechanism through which these situations or objects are being created'.

Regarding the situational aspects of my research, cultures, languages and geographical regions that were integrated in the clinical part of this study are those whose languages I speak and whose cultural contexts are to a large extent familiar to me. From a methodological perspective it was essential that I could address patients in their own language (most critically in the case of Japan) in attempting to

establish a more trusting relationship thanks to the aptitude to directly interact with them, which also allowed an increased access to their issues.

For instance, an example of art therapy research in which multi-linguistic and cultural aspects were examined is described by Bird. In his investigation of art therapists' use of foreign (non-English) language with non-British clients, he reports (2008, p. 12): 'Where first-language has an air of neutrality, mother tongue implies bodily connexions to the mother of conception and birth and to one's mother country; it also implies birth. The infant is born out of a maternal mother as well of a maternal culture and of a maternal language.' Furthermore, and in contrast, Bird (2008, p. 13) refers to 'Motomura [who] claims that "[l]anguage, or the mother tongue, is not an immutable, pure, and fixed origin to which one can go home" (2003, p. 305) and that '[n]obody is completely "at home" in any language, even in our mother tongue.' Clearly, already the unborn, and thereafter the child, is exposed to the language the mother (or caregiver) speaks and is surrounded by their cultural environment. However, in contemporary times (perhaps less so in the past) also mothers may not exclusively speak one language as e.g. their partner might be of a different cultural and linguistic origin, and, or mothers' themselves might have multi-cultural backgrounds. Furthermore, given such immediate multi-cultural surroundings in which the child grows up, it might well be, as Motomura points out, that the child, the adult is 'not [exclusively] at home' in one language, but in several, and thus *home* can incorporate various socio-cultural concepts.

Interestingly, research shows that brains of children who grow up in bi- or trilingual families seem to develop differently from monolingually brought up ones. For example, Pliatsikas et al.'s (2020, p. 2130) findings demonstrate 'that there may be a developmental basis to the well-documented structural differences in the brain between bilingual and monolingual adults. [...] Bilingualism entails the learning of the knowledge and skills involved in the use of the languages (including phonology, lexico-semantics, and grammar), as well as the (apparently constant) control between them (Green and Abutalebi, 2013). Thus, bilingualism may be expected to affect the structure of cortical and subcortical regions involved in (perhaps among other functions) language learning, processing, and control, as well as the white matter tracts that provide connectivity between these regions.' Thus, growing up

with multiple languages appears to have rather far-reaching consequences, not to mention the possible influences of e.g. culturally grounded customs, behaviours and artefacts. Ultimately, it is evident that in the context of human development, cultural belonging and mental health, language plays an important role as an expression of individuals' culture(s) and their shaping.

Crucially, all these aspects underline the importance of - wherever possible – therapists' being able to communicate in patients' mother tongue or tongues, an ansatz which is also at the heart of the design and implementation of this study, as will be discussed in the following.

5.5.1. House-Based Linguistic and Cultural Contextualisation

As pointed out above, language is not simply about the use of specific terms; it also is a means of expressing, and of looking behind culture-based patterns. Utilized terms can point to, for example, socio-culturally grounded gender issues in the form of roles and expectations attributed to women. In the present context emphasizing participants' application of specific *house*-based terms, the way a particular type of the word *house* is used can indicate forms of self-perception. For example, one Swiss German patient very often used the diminutive for *house*, that is "Hüsli" (the 'li' being the diminutive) in the context of talking about her very difficult and painful life. Thus, and in order to continue with this linguistic example, a consistent use of the diminutive usage of this term may point to several possibilities that have to do with self-perception, and how she possibly wishes to present her life situations outwardly.

In regards to the Japanese patients' usage of *house*-related terms, there are several Japanese words that denote *house*, or *home*, but there is also the 'Japanized' English word *house,* pronounced as *housu* (ハウス ha-u-su). Hence, depending on the applied word, it may also point, as above, to a spectrum of house-related notions ranging from, for example, the personal, inner world, to real-life, or gender-related situations. It can relate to modern architecture, or even to a differentiation

between what some participants consider their own, in opposition to a foreign cultural identity.

Some notions of these linguistic *house*-specific usages are further addressed and contextualised in the fieldwork *chapters six*, *seven* and *eight* and issues of speech (or speechlessness) will be developed in the discussion *chapter nine*.

5.5.2. Languages Used and Issues of Translations

The languages used (German, Swiss German, French, English and Japanese) in this study, as well as processes of, and issues of translations have already been addressed in *chapter two* (section 2.9.1.), which focuses on methods. The importance of associations between cultures, languages and aesthetic works in art therapy is highlighted by Bird (2008, p. 29): 'From [his study's] findings it is also clear that separating language from culture or language from image is not possible. [...] Regardless of the form of communication, it is the quality of the relationship that emerges between client and Art Therapist, where the clarification and construction of meaning can take place, that is of most importance.' Even though I completely adhere to this statement, it is in my view crucial that art therapy researchers have not solely studied a specific language but have also (ideally) been exposed to patients' specific cultural contexts as certain linguistic terms do not 'translate' the whole picture. Hence, there is a culturally grounded meaning *behind* a specific term, and unawareness of this meaning might lead to misunderstandings, or incorrect *interpretations.* For example, a Japanese person might answer a question investigating a possibility with: "Muzukashii desu ne" (it is difficult, isn't it). From a Western perspective this might understood as, yes, it is difficult but there might be a way. However, for Japanese persons this is usually understood as 'clearly' suggesting a negative answer, which the inquirer is not supposed to insist on. Ultimately, having been immerged in foreign cultures can lead to a more culture-sensitive and aware art therapy accompaniment.

5.6. Resume

In this chapter I have highlighted the importance of *culture* and the *self*, which are inseparable concepts, as the former continuously influences the latter and vice-versa. Several definitions of *self* addressing Western and Japanese cultures were explored by drawing on psychiatric, philosophical, sociological, and anthropological scholarship. As conceptions of *self* and *culture* are challenging, an interdisciplinary approach imposes itself as a unilateral stance might end up in simplified and reductionist reasoning regarding human beings' complexity and hence would potentially lead to unhelpful mental health treatments. More specifically, notions of *self* and *culture* within individual or group-based contexts are addressed (and extended into the realm of 'sound' or 'ill' health).

Chapter five further expanded on *space* related questions regarding the realm of the physical space, the body, art and therapy or architecture by considering these as distinct spatial forms. A particular focus is put on notions of the therapeutic space, and the image or painting by considering these as mental and material spaces, which are especially of importance in the context of art therapy. Hence, how to allow and provide these kinds of spaces, how these are mentally and physically inhabitable by the patient as well as for the art therapist, is examined. An example of a hermetically closed space created by an artist serves as a counterexample, in which no inner movement is possible anymore.

Furthermore, material questions were addressed in the context of object-based art therapy research; the importance of considering culturally attached meanings to such objects as, for example, a sense of socio-cultural belonging, is explicated. That is, objects' properties regarding their physical and mental space in general, and in particular within art therapy via paintings, are explicated as their material presence, or shifts are crucial regarding patients’ inner processes.

Additionally, this study's specific use and integration of Japanese and some European languages is detailed and a selection of, and possible reasons behind, linguistic *house* terms were briefly presented. The importance of cultural awareness regarding linguistic usages in the context of art therapy is highlighted as particular

applications can point to e.g. patients' sense of self or can also point to questions of gender. Furthermore, encountered, and possible issues of linguistic translations are equally addressed.

Finally, even though the goal of *chapters four* and *five* was to further clarify topics and approaches related to this thesis' concepts, a personal choice had to be made regarding scholarship that is particularly germane. Consequently, further related scholarship had to be left out in the interest of focusing on aspects most closely linked to this thesis' topic. Nevertheless, the key ramifications of the meanings of the central terms involved in this thesis could be explored.

Chapter 6 Psychiatrische Klinik St. Gallen Nord, Ateliers - Living Museum

This section addresses fieldwork at one of the three psychiatric clinics at which my art therapy and cultural studies research has been carried out. Other than the clinical fieldwork periods at the Hôpital Pitié-Salpêtrière in Paris, and the Ohmiya Kousei Byoin [Hospital] close to Tokyo, the research reported below also allowed for longitudinal, process-related observations based on patients' aesthetic works and narratives. A special analytical focus will thus be placed on how patients used the topic of the *house* over the course of several months, and whether the theme was helpful as a therapeutic suggestion in general, and PTSD-sufferers in particular.

As will be the case also for *chapters seven* and *eight*, this chapter will present qualitative material that was obtained in the context of art therapy workshops in form of patient vignettes and quantitative data for the same patients which will be drawn upon to complement the qualitative material, both for the cohort-specific discussion at the end of each chapter as well as in *chapters nine* and ten in which different fieldwork findings are compared.

6.1. Introduction

This chapter discusses six months of art therapy fieldwork in 2016 at the public psychiatric clinic Psychiatrie St. Gallen Nord in Wil in Eastern Swiss German speaking Switzerland. An invitation by the two section heads Dr phil. Nicole Ottiger and Dr paed. Rose Ehemann of the psychiatric clinic's *Living Museum* enabled this fieldwork. The Living Museum ateliers consist of big open space studios in which patients are invited to create aesthetic works in various media.

My art therapy workshops (120 minutes each) were held twice a week for a total of 24 sessions with eight patients (four women and four men) who were invited to express themselves via the topic of the *house* through painting, or drawing. Outpatients' ages were between 28 and 61 years (in 2016).

6.2. Clinical Context

Ateliers - Living Museum New York, USA and Wil, Switzerland

The two following sections describe the *Living Museum* approach in New York, through definitions by the originator, Dr János Marton, and the objectives given concerning the Swiss branch at the Psychiatrie St. Gallen Nord in Wil.

Living Museum in New York

The first *Living Museum* was founded in 1983 in New York by Polish artist Bolek Greczynski and Dr János Marton, psychologist, who still directs it. Dr Marton defined the structure during an interview with Stavsky and Astor (ART Break OUT, 2019):

> 'Modern art and mental illness are almost identical. And people with mental illness have far too much time on their hands. The same energy that fuels destructive and self-destructive tendencies can be channelled and used to create great art. And living with an identity as an artist — rather than simply as a mentally ill patient — is, in itself, healing. Also, mentally ill people tend to be extremely nice, nicer than most people. And this allows a supportive community of artists to develop and thrive. We've come to resemble a family'.

It is interesting to note that an identity change from patient to artist is considered as 'healing', which is rather disputable. This identity change seems to be implemented in a 'top down' manner, whereby the Living Museum's founders impose an 'artist' identity onto the 'patient'. In addition, to consider that an artistic activity is *per se* healing is rather dubious and assumes an understanding of art and of mental suffering that does not cover the full complexity of a broad range of personality traits and psychopathologies, be it for artists or patients. Finally, the characterization of mentally ill individuals as 'extremely nice, nicer than most people' in the quote simplifies the range of personalities and behavioural patterns amongst patients to a breath-taking extent in a reductionist manner.

In this interview, Dr Marton further points out the importance of a safe space together with the administration of medication for mentally ill people (in the Living Museum New York) as they are very sensitive to stress, according to him. The concept of a *safe space* in art therapy is important as it provides, as Levine (2009, p. 173) puts it: 'A place for exploration, that I can relax into it and let go of my customary defences against the new'. Hence safety is related to the patient-therapist alliance and the holding atmosphere that can be established among persons using this space. However, the kind of space, the size, the individual working situations are equally important. For example, several of ‘my’ Wil patients told of their problematic experiences regarding these big open studio spaces that were occasionally perceived as perturbing *because* of their size and on-going physical and acoustic exposure. Hence, what a *safe space* (open or 'closed') should incorporate, for whom, when and for how long, needs to be carefully investigated.

The Living Museum at the Psychiatrie St. Gallen Nord

The Swiss branch of the Living Museum's website statement (*Living Museum Society*, 2020) reads as follows:

> 'A Living Museum is an open art studio and day care centre for people with mental disabilities and at the same time a museum of modern art. Our mission is to create a stress-free, supportive and appreciative space for people with mental illness, where they can pursue a self-determined and meaningful activity. These people have a proven enormous artistic potential, which is promoted in the Living Museum and made visible in exhibitions. Social recognition and the salutary effect of artistic creation itself contribute to the development of a positive identity as an artist. Our attitude is characterized by impartiality, tolerance and appreciation of all living beings. Our interaction is characterized by peaceful coexistence and mutual respect. We promote the artistic potential of people with psychological impairments. In this way we recognize the claim for a meaningful activity of all people, as well as their right to self-determination and dignity. Stable relationships and long-term integration into a supporting network counteract social isolation' (my translation from German).

Once more in this excerpt an emphasis is put on the 'identity as an artist', or rather, on a 'positive' identity. Provided that there is a 'positive identity as an artist' one could then ask if there is a negative one, and what the former *and* the latter consist of? This conception seems rather clichéd, like the belief that art making, or being an artist necessarily has a rescuing function; yet regrettably too many artists ended their lives through suicide.

The Living Museum concept should be evaluated critically since it might not be beneficial for some, because attending patients can indulge in being artists within this, nevertheless, psychiatry related community. Consequently, an unhealthy attachment to the clinic might result, from which the 'artists' might be unable to free themselves. Having said that, I am nonetheless convinced of the usefulness of the Living Museum ateliers structure, but

a) not necessarily for all patients' psychopathologies,
b) during a certain time of their specific inner process only,
c) it might be very well suited for chronically ill persons, and
d) it is, in my view, based on a non-art therapy conception even though attendance may have a therapeutic, beneficial effect through its occupational activity via the various expressive media, together with the social contextualisation that the studio structure allows.

6.3. My Art Therapy Research's Clinical Approach

As described in more detail in the methodology *chapter three* my research method consisted of art therapy focus group settings. Hence, my art therapy fieldwork sessions took place (upon my specific request) within a closed but rather spacious studio in order to create a sense of containment and privacy.



Fig. 9, Wil studio space, © Silvia Wyder, 2016

6.3.1. Method and Patients' Selection Procedure

My art therapy research method involved a closed session focus-group format, putting the emphasis on a safe space in line with good practice guidelines for art therapy. Closed art therapy sessions were unfamiliar to the patients, as they were used to the Living Museum's open studio spaces.

After receiving ethical clearance, a preselection of possible workshop participants was made by the two Living Museum's heads and clinicians based on patients' mental health and possible interest. During an individual first meeting with interested patients, I introduced the topic of the *house*. Thereafter, I handed out the information sheet (Wyder, 2016, appendix five) that I had produced, which had been accepted by the University of Derby's ethics committee and the clinical staff of the Psychiatrie Wil Nord. In order to give some theme-related visual content it showed four photographs: two women artists' paintings, one male sculptor's work and one female architect's drawing. However, this handout was not used in the two additional clinical fieldwork places (Paris and Ohmiya), as on the one hand I did not have the opportunity to meet the patients before starting the workshops, but also since the psychiatrists preferred to directly discuss a possible attendance with their patients first without using my handout.

Interestingly, it turned out that the handout photographs of the artists' and architect's works served already as a form of stimulation, which seemed to trigger

different reactions during the first meeting. For example, one patient strongly reacted to Andro Wekua's sculpture (fig. 10) where the upper part of a human body is inside the *house*. This artwork painfully reminded patient Ms **W2** of her undergoing an MRI-scan related to her diagnosis of Multiple Sclerosis. In contrast, for another patient, the same sculpture felt like a shelter, as a good way to protect herself (she was suffering from alcoholism and from physical male partner violence).

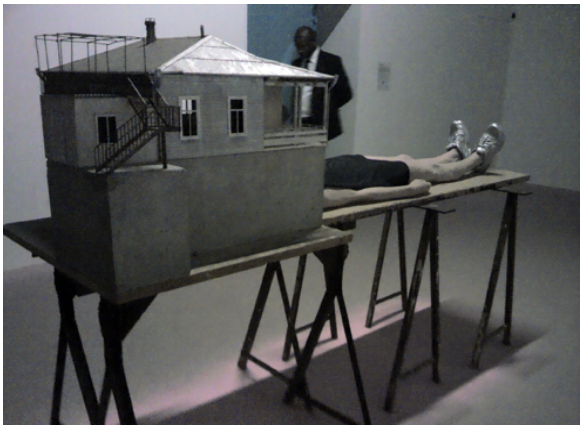


Fig. 10, Andro Wekua, "no title", 2011, Palais de Tokyo, Paris, © Silvia Wyder, 2015

Patients could take their time to consider attendance but generally the decision in partaking (or not) was made instantly. Three patients out of twelve decided not to take part in the study. Thereupon, after having received written informed consent, the majority started attending my art therapy focus-group sessions. Two groups were formed consisting of up to five persons per group, with overall equal numbers of women and men.

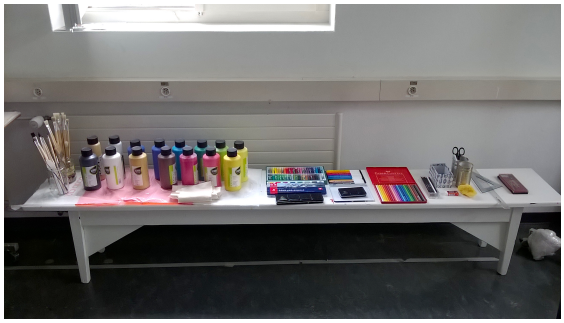


Fig. 11, Part of the art material on a bench, 2016. © Silvia Wyder

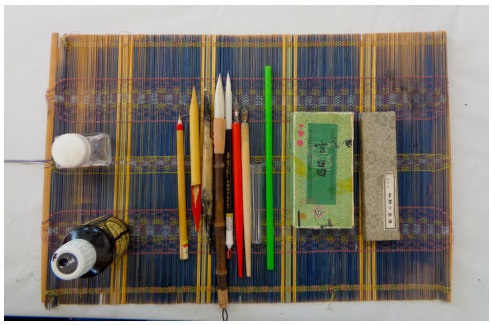


Fig. 12, Japanese calligraphy tools, 2016, © Silvia Wyder

Practically, I introduced the topic via the 31 *house* postcards as detailed in the methods' section (3.9, p. 64) I observed that some patients would 'visit' these postcards once during the session, while others would go by several times. It seemed

as if these cards would provide something like an 'anchor'; an additional physical, projective, and visual permanence − perhaps provoking a reassuring *house* manifestation in space. Additionally, the placement of the postcards in proximity of my chair could have been of importance, as it allowed the patients to approach the cards and subsequently easily start a conversation with me.

6.3.2. Focus Group Art Therapy Sessions

The following paragraphs address questions of group dynamics, structure and processes during the art therapy workshops including my presence and interaction with the patients. The start of the two art therapy focus group sessions took place in mid-April 2016; one ran on Tuesday afternoons, the other on Wednesday mornings. Each workshop lasted 120 minutes, with a total of 24 sessions.

Structure of Sessions

Workshops started upon arrival of each patient through initial verbal exchanges. Informal conversations would thereafter happen whilst they would be sitting at their working tables but facing each other.

Drawings/paintings were safely stored in a big folder in the Living Museum’s head’s office. Patients could freely either take out their artwork from the folder or would start a new piece in line with their wish.

Verbal exchanges between themselves, with or without me, would naturally happen during the sessions; these consisted of discussions around the drawings, and paintings, art techniques, ideas, or addressing personal issues. Depending on the individual, some would talk more, others less.

During every session I 'visited' each person addressing, appreciating the aesthetic work(s), or discussing possible issues whilst sitting next to her/him to avoid hierarchy as best as possible. Physical proximity was individually adapted based on my intuition.

Closure of sessions comprised final verbal exchanges, cleaning up the art material and carrying the wooden table boards to the exterior space to make room once more for the "theatre atelier", and aesthetic works were stored by me.

Breaks during Sessions

Following my method, I initially didn't foresee breaks during the workshops. However, patients were used to take breaks, as this appeared to be customary of Atelier Living Museum's approach. Consequently, the precept was that each patient could have a break and would inform me. Some patients regularly took a ten-minute-long break. Others who at first had insisted on being able "to have their break" (2016) thereafter sometimes forgot to take it and continued working on their paintings. Interestingly, some patients 'used' the absence of their co-patients during that break to discuss more intimate or painful contents with me. These intermissions happened very smoothly and respectfully, never leading to any disruptions of the sessions.

My Presence During the Sessions

My stance was to provide a reassuring permanence during the sessions in order to create a containing space. Practically, I sat always at the same spot in the studio space on a chair. Note taking happened after the session in my private room onsite in the personnel building.

Following the approach of 'observant participation' (Moeran, 2007) I did not create any personal artworks during the sessions, nor did I collaborate with patients on theirs. However, if patients asked art-related questions, be it technical or regarding art-related knowledge, I did assist them.

Generally, I went and sat next to patients' tables (if they sat) to discuss their issues (art related, or psychological). There were three main reasons for me to leave my chair:

- In case a patient called me for assistance or discussion, or any other personal issue she/he might have.
- If I felt (following my intuition) that an exchange or attendance might be useful or necessary for a specific patient. For example, in the case of facial or bodily expressions of a patient (e.g. distress, being lost, joy...), even though my 'intuition' might at times have been inaccurate.
- To discuss and honour patients' aesthetic works, which additionally allowed them to express various emerging inner contents verbally, and consequently granted me access to their lives' experiences.

Observations on Group Interactions Related to Art Making

In the beginning there had been very little interaction and mutual influencing among the patients. Some already knew each other from attending the Living Museum studio spaces, others had never met before. After around six weeks of participating in the sessions, art-related discussions or questions started to emerge within the group. For example, although the aesthetic expressions of the male patients were very diverse, all three were occasionally concerned with the "right" *perspective* of their *house* drawings. Alternatively, one male patient was very impressed by Ms **W2**'s *creativity*, in how she used the various kinds of art materials, or even how she integrated 'accidents' (ripping of paper) into her aesthetic works.

Group Dynamics, Socializing Process, Trust Building

Approximately at the same time, or slightly after these work-related exchanges, sharing of emotional, and sometimes painful, content started to occur. Since I had pointed out guidelines concerning mutual respect in terms of patients' narratives as well as regarding critiquing their aesthetic works, very supportive, respectful, and intimate relationships emerged. This involved caring responses and a holding atmosphere if somebody was e.g. in tears, but it also included light-hearted chatting and laughter.

6.3.3. Observations on Patients' Reactions regarding the House Topic

Following my stance that patients' may proceed according to their own personal rhythm, all seemed to have carried out their paintings, or drawings in line with their inner needs. Hence, the number of works produced varied greatly from one person to another. For example, it was not uncommon for Mr **W1** to produce two to three large sized paintings per session; Ms **W2** often made one or two paintings per workshop. In contrast, Mr **W3** continued working on the same painting during several weeks.

There have been a multitude of very individual issues, personal styles, various backgrounds and reasons *how* and *why* the topic of the *house* has been aesthetically addressed by the patients. Some arrived with a clear idea how they intended to approach it, whereas others seemed to get inspired by certain postcards



Fig. 13, Jerry N. Uelsmann, untitled, 1982

(often Uelsmann's *house* on roots, fig. 13) but they didn't reproduce these. Others referred to the patient information sheet's photographs, or some to their current or past life's issues (e.g. the war in Serbia, Mr **W3**), diagnosis of Multiple Sclerosis (Ms **W2**), or the conceptualisation of "neighbourhoods" (Mr **W5**)).

6.3.4. Posttraumatic Stress Disorder Related Aspects

My observation was that patients, whilst depicting themes that might possibly be based on their traumatic experiences as, for example Mr **W3**'s "old broken house" (possibly related to the war in Serbia), Ms **W2**'s "shaky house" (representing herself having Multiple Sclerosis), or Ms **W4**'s "woman lying in a snail" ("almost rape") did not show any emotive reactions. That is, they did not exhibit irritation, anger, sadness, or fear whilst they were working on their potentially trauma- or PTSD-loaded aesthetic works. Hence, the engagement with the arts seemed to have put the emphasis on the expression; their focus was thus (unconsciously I suppose) on the art making and not on the trauma.

The filling out of the IES-R Posttraumatic Stress Disorder-test happened in the studio space the patients were familiar with several weeks after the start of the workshops. Whilst patients were filling out the IES-R PTSD questionnaire, Ms **W4** got irritated and Mr **W3** became angry based on some test questions. Fortunately, we were able to address these, including my rationale for having them undergo such a questionnaire. In Ms **W4**'s case, it triggered flashbacks of her "being almost raped in front of her house" (2016) years ago. She became rather loud and explicit about this occurrence and talked openly about it. Therefore, Mr **W1** briefly left the studio space since her outbreak was not bearable for him. His reaction might also have been related to the fact that during the same week, he had started to question his own issues of whether he had been sexually abused by his father as a child. Ms **W6** on the other hand refused to fill out the IES-R-test altogether but did fill out the BBS-test.

It could be argued that the relation of trust that had by then been built with me, and the holding environment during the workshops, resulted in lower stress on the patients than would have been in the case if those tests had been carried out in the more clinical context, for example, a formal office space.

6.4. Results

The material and data which form the quantitative and qualitative based findings of my research are grounded in my observational field notes, the semi-structured registered and transcribed interviews (Wyder, 2016), the final discussions and integrate the patients' aesthetic works in conjunction with their own narratives.

Additional material and data findings are represented via psychometric tests such as the IES-R PTSD-test and the BBS-test. Further tables indicate patients' individual data (age, psychiatric diagnosis), the duration of attendance of the art therapy workshops, and their types of *house* depictions. This material is discussed in section 6.5.

6.4.1. Patients' Vignettes

At the moment of this research in 2016, all patients were outpatients. Subsequently requested ICD-10 psychiatric diagnoses are based on clinic Wil's mental health workers' evaluations. They must be seen in the light of mental health professionals who carry out their assessment at a specific moment in time. According to some patients no formal re-evaluations took place that would up-date patients' potentially evolving mental states.

The vignettes section also includes patients' aesthetic works and excerpts from their narratives, which are listed in the chronological order of their appearance (for a more complete overview regarding additional data, see *tables 1* - *5*). If the drawing or painting had been given a title by the patients, this will be indicated by quotation marks. Any patients' quotes cited here below are a selection of the much larger material that forms the basis within the *phenomenological coding* (*table 3*), and the analysis section 6.4.2.1. and discussion section 6.6..

Generally, I refer to the term 'drawing' if graphite, colour pencils, dry, or oil crayons were used by patients. 'Paintings' indicate the use of acrylic, or aquarelle paints including (or not) crayons. Paper sizes are indicated by A3 (297 x 420 mm), 500 x 700 mm or A0 (841 x 1189 mm).

All patients' narratives were in Swiss German. I have translated patients' quotes from the semi-structured interview (Wyder, 2016), the closing session narratives, and my field notes into English; I will thus not highlight this every time.

6.4.1.1. Mr W1, 34 years

Psychiatric diagnosis: F33.0 Major depressive disorder, recurrent, F60.6 Avoidant personality disorder. IES-R score: 36.

Mr **W1** apprenticed as an electrician and had worked in this profession for one year. Thereafter he worked in industry for eight years. He had a previous sojourn in a psychiatric clinic after a breakdown. Mr **W1** expressed feelings of shame, and aggression, sleeplessness, obsessive 'circling thoughts' [Gedankenkreisen]. According to Mr **W1**'s personal communication (Wyder, 2016) there might have been a sexual abuse when he was a child by his alcohol dependent father. His mother got pregnant by an additional partner whilst being married to the patient's father, which resulted in the birth of his half-sister, and to a collapse of the father who had to be hospitalized in a psychiatry clinic. Mr **W1**'s parents divorced. He felt neglected and pressured by his father regarding the choice of his profession (electrician) and for undergoing military service (which is mandatory in Switzerland). Mr **W1** sensed that he was the "replacement" of his father towards his mother. Therefore, he left the communal living situation with his mother rather late (at the age of 30).

Throughout the art therapy workshops in 2016 he lived with his female partner in their flat. Mr **W1** had no job at the beginning of the fieldwork in 2016. However, towards the end he began a new crafts-based position in a protected work situation in Wil, which is related to the clinic St. Gallen Psychiatrie Nord's reintegration program.

Drawings, Paintings and Objects

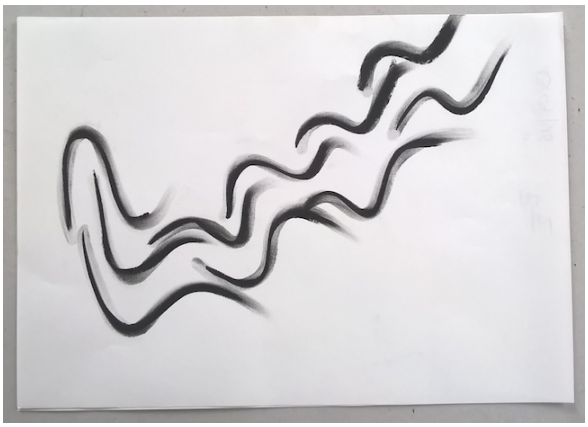


Fig. 14, Mr W1, A3, 13.4.2016



Fig. 15, Mr W1, A3, 13.4.2016

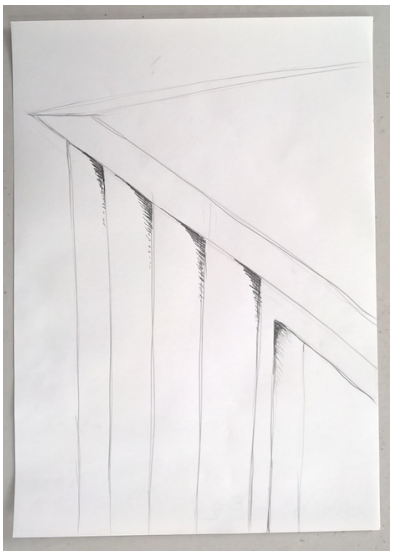


Fig. 16, Mr W1, A3, 13.4.2016

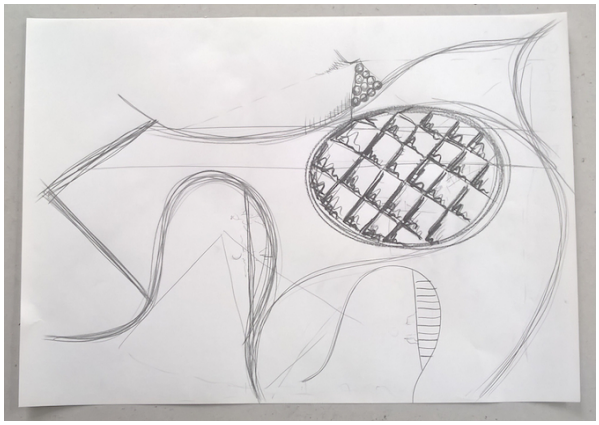


Fig. 17, Mr W1, A3, 13.4.2016



Fig. 18, Mr W1, A3, 26.4.2016

From the very beginning Mr **W1** expressed a strong interest in natural light (fig. 18). Another focus was to create his own company building (figs. 26 - 28). Hence, for Mr **W1** the pictorial use of the topic of the *house* had a clear forward-looking function, a concern with his future, and not, with the past. Interestingly, issues of the latter were however intensely verbally expressed throughout the workshops.

After having drawn various shapes of *houses,* sometimes including plant-based pergolas allowing "natural shade" (2016), Mr **W1** continued drawing forms alternating between organic and geometrical forms, where the *house* per se was not always necessarily perceivable.



Fig. 19, Mr W1, "Testbild", A3, 26.4.2016

Further, geometrical (e.g. fig. 16), organic, painterly, and material (see test-drawings figs. 19, 24, 25) related explorations played a big role in Mr **W1**'s creative process. He made references to material objects such as tiles, cloth, silk, glass, or scaffolding. There was also a preoccupation with the notion of *perspective* (e.g. figs. 20 - 21) below, or via his "company" (figs. 26 - 28) drawings.

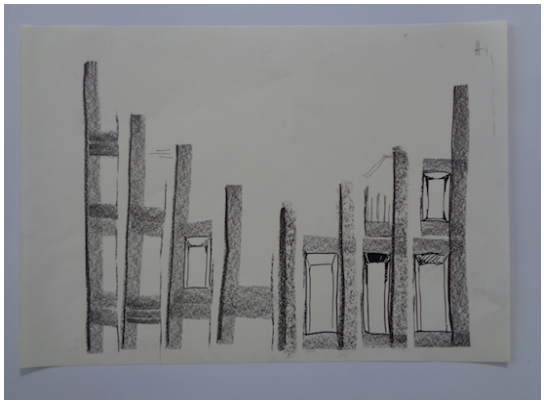


Fig. 20, Mr W1, vertical structure with windows, A3, 27.4.2016

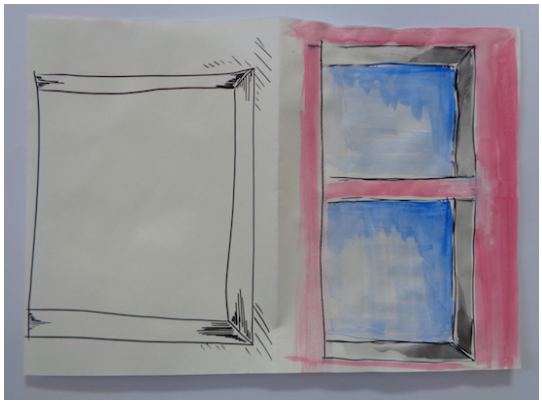


Fig. 21, Mr W1, "Fenster", A3, 26.4.2016

Regarding Mr **W1**'s verbally expressed emotions, many addressed "feeling", "sensing", "insecurity", "well-being", "Geborgenheit" [feeling safe in a homely way], "beauty of forms", or a "Baustelle", which literally means "construction site", and which is also used regarding oneself whilst undergoing a process of inner 'construction' (or reconstruction), from which a personal development may ensue.



Fig. 22, Mr W1, A0, 3.5.2016



Fig. 23, Mr W1, A0, 4.5.2016

Concerning the drawings figs. 22 and 27 Mr **W1** indicated his interest in façades, or textile structures, which to him have 'a certain resemblance to the Twin Towers, thus to high-rises', which he considered an 'unattractive living situation'; he 'preferr[ed] to live "erdbezogen" (2016), that is close to the earth.



Fig. 24, Mr W1, test drawing, A3, 10.5.2016



Fig. 25, Mr W1, test drawing, A3, 10.5.2016



Fig. 26, Mr W1, “Firma”, A0, 10.5016

Regarding his “Firma” [company] drawings (figs. 26 - 28) Mr **W1** stated it would be great since it would allow him to go on business trips. He added: “But these are dreams, [...] or visions, but they shall exist, otherwise one doesn’t give these [the dreams, visions] a chance to come into existence” (2016).

Whilst drafting his “company” Mr **W1** exclusively focused on the frontal and lateral façades of the building and added that he drew the *perspective* incorrectly (2016). The square forms, which he tested in sketches figs. 26 - 28, were the exterior decorative elements, an inspiration which was based on a shower curtain, as he stated. Regarding his choice of colours, he said to like yellow a lot, to be the “yellow type” and not be fond of red. Based on my question why he chose to paint these

elements in red he said (2016): “I don’t know why I have this reluctance. Well, my mother often told me, well, she is red-haired and has freckles, and her mother didn’t consider herself to be a beauty, […] but yes, red hair, just this thing with *red* is somehow strange”.

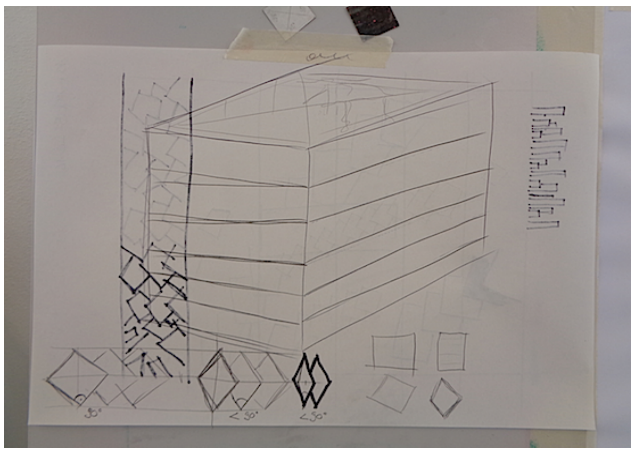


Fig. 27, Mr W1, “Firma”, A0, 17.5.2016

For Mr **W1** questions of materiality were also of importance; his interest ranged from fluorescent Plexiglas to the incidence of light and the resulting reflections. He said the building “should firstly attract attention, it should kind of prompt curiosity in what this company does, it should raise interest, not like the grey, static, [...] it is related to creativity, where one sees that creative work is done here” (2016).

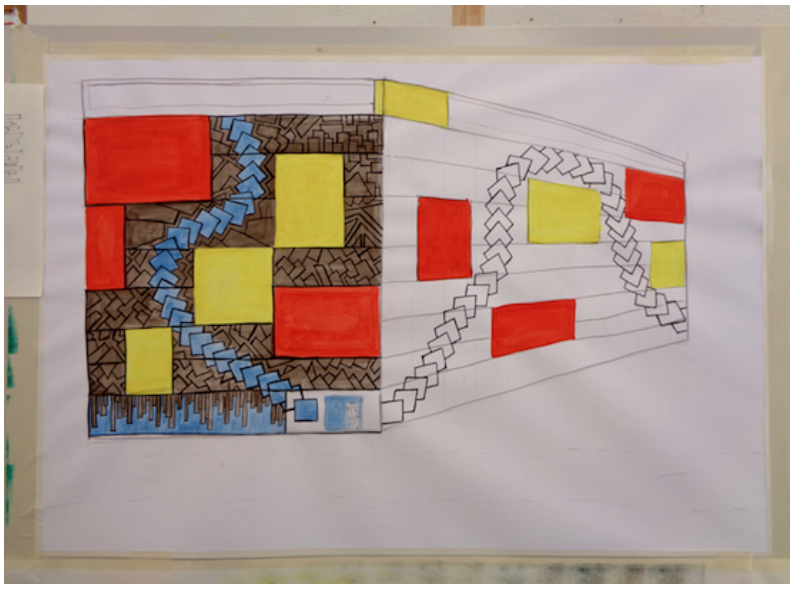


Fig. 28, Mr W1, “Firma”, A0, 17./18.5.2016

Further, **Mr W1** imagined what kinds of interior structures would be important for his company; he pointed out the importance of having a “canteen, or a personnel

restaurant and spaces to retreat to, that all these areas should not be sterile, but consist of niches incorporating a sense of wellbeing" (2016).

Subsequently, Mr **W1** got a fax-roll from the Ateliers Living Museum. Regarding the plant-like pencil-drawn forms (figs. 29 - 34) he said (2016): "I don't remember, is it a tree, […]? The way it is impacting me now is, well, the environment, which feels to me like made of concrete, hard, well, very clearly structured, organized, and I try to grow roots, on this subsoil" [he laughed quietly]. Regarding the rectangular shapes that are present throughout the fax-roll-drawing he stated: "… then again there are these "Panzer"-like [carapace] overlaps, that also could be coming from a reptile,

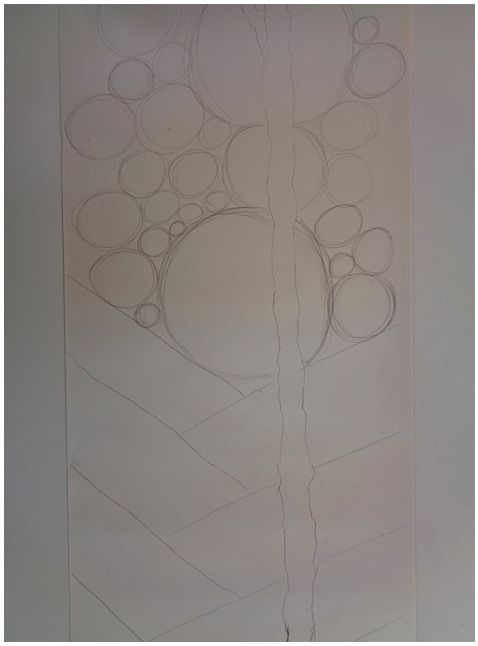


Fig. 29, Mr W1, "Fax-Bild", long drawing on fax-paper roll, pencil, 24.5.2016

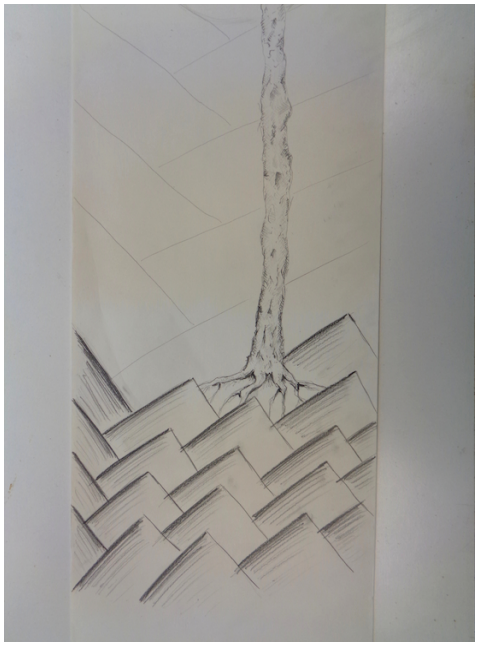


Fig. 30, Mr W1, "Fax-Bild", pencil, 24.5.2016

a grasshopper, then again something round, then something which is visually interesting, because it converges and then comes straight, and then corners that emerge […] and then these elements, these round forms, which always have parallel opposite lines" (2016).



Fig. 31, Mr W1, “Fax-Bild”, pencil, 24.5.2016

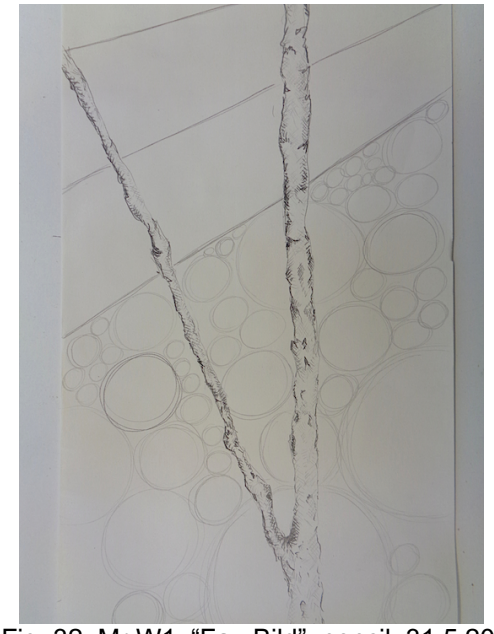


Fig. 32, Mr W1, “Fax-Bild”, pencil, 31.5.2016

He stated during the interview (2016): “It was a period in which I did not feel so well in the space so I held on a little bit to it […] I was holding on to the trunk […] because of the people here, everything together […] it doesn’t make sense what I’m doing here, it is meaningless, I have no idea at all how I should look like as a



Fig. 33, Mr W1, “Fax-Bild”, pencil, 31.5.2016

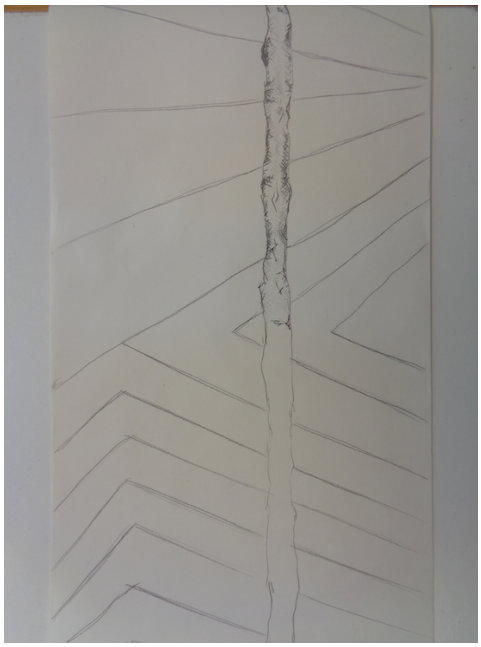


Fig. 34, Mr W1, “Fax-Bild”, pencil, 31.5.2016

house, [...] and instead of saying, Ms Wyder this is all crap [laughs slightly], I started working on the paper object (figs. 38 - 39). […] Now I consider it good, that I confronted myself to this situation nevertheless, that I still came and that I could withstand it”.



Fig. 35, Mr W1, A3, 21.6.2016

The above and the two further drawings below (figs. 35-37) were made after Mr **W1** came back from his summer holidays in Sardinia, which did not proceed as he had wished, he said. He seemed to have experienced several anxiety attacks, being afraid of deep waters, but still managing to go to the beach alone in the early mornings. Now being back he didn't feel like thinking about the *house*, he said: "So I decided to just freely draw and choose these colours, which I liked, to let go the frustration. But I consider it to be a fascinating combination […] to firstly use the pastel crayons, which then again got smeared by the fingers, to feel that" (2016).



Fig. 36, Mr W1, A3, 21.6.2016



Fig. 37, Mr W1, A3, 21.6.2016

Regarding the big paper sculpture (figs. 38 - 39), Mr **W1** said: "As you have pointed out there seem to be parallels with the drawings, there have also been many phases […] often there was a period where I asked myself, *what am I actually*

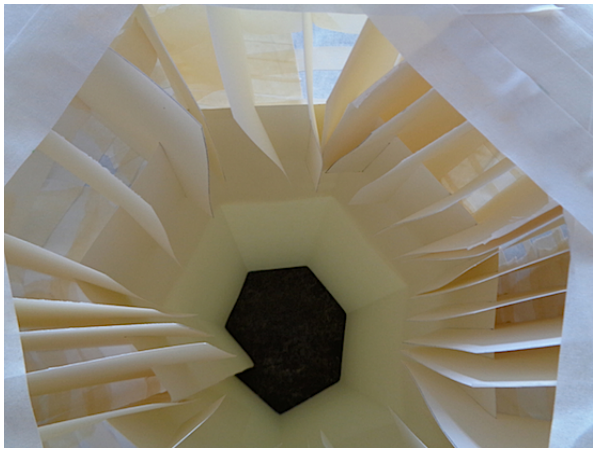


Fig. 38, Mr W1, paper and scotch object, top view, 13.9.2016

doing here, that it is useless, and I have continued nevertheless and there have been exciting perspectives, and fascinating sensations if one lifts it up [the sculpture], or if one touches it" (2016).



Fig. 39, Mr W1, paper and scotch object, circa 70cm, 13.9.2016

Based on my question regarding the absence of a ground, Mr **W1** said that he didn't know, that "it would also have been interesting if one would turn it upside down […] like swimming on water".

With respect to Mr **W1**'s *house*-related process over time, he stated: "In the beginning I have been very interested, then there came a period where I was *hanging in there* [long silence], since it had not been clear to me *how* I would look like as a *house* […] I don't know, somehow, I wish to keep this still a bit open, I don't want to determine it. I can perhaps define elements, or forms, which you always recognize. For me it was a bit like, a process of cutting the umbilical cord from this workshop. I would not have dared to say, Ms Wyder, I won't be coming back. That's how it was for me and that's what I still have to learn. Yes, it is the atmosphere, that reigned here, which I very much appreciated, that's why I came back […] you were very much listening to me, and then I 'took' it [laughs]. Also, during the two hours I was initially rather down and insecure, or anxious and afterwards I rather left the workshop with lust for life and self-reliant" (2016).

6.4.1.2. Ms W2, 41 years

Psychiatric diagnosis: F40.01 Agoraphobia with panic disorder, F10.21 Alcohol dependence, Multiple Sclerosis (MS). IES-R score: 35.

Major sources of past and current stressors consisted of parents' divorce, relocation from Germany to Switzerland, death of her mother at age 15, being the oldest daughter of three and being responsible for them. In 2012 Ms **W2** had received the diagnosis of Multiple Sclerosis. She was suffering from tiredness, nerve pains, sweating episodes, dizziness, and physical instability whilst walking.

Ms **W2** had studied law and had received the diagnosis of MS just before taking her final exams. She was unemployed for several years and was a recipient of a disability pension. She had been described as neglecting herself.

After having received the diagnosis of MS she said to her referent of "having become herself for the first time". During an art therapy workshop, she had told me that her current project was focusing on herself, after the many years she had to take care of her siblings. She added, attending several of the clinic's ateliers represented an "Eckpfeiler" [cornerstone] of her life in order to remain stable (2016).

Ms **W2** intensely utilized the theme of the *house* to work through various personal life experiences reaching back to her very early childhood, till her current adult life (see e.g. fig. 50, “Lebenslinie” (lifeline, 2016)).

Drawings and Paintings

Fig. 40 was the initial drawing of Ms **W2**’s “shaky house”, which was followed by an exploration regarding a *house*’s movement (figs. 41 - 42), which were aesthetic explorations expressing her own physical shakiness due to MS, she said (2016).



Fig. 40, Ms W2, A3, 3.5.2016

Ms **W2** didn’t provide any explanations regarding the very prominent roots in the drawing (fig. 40), and in the painting (fig. 43) both called “shaky house”. She seemed to prefer to talk about her and the house’s “instability” and the little, delicate trees to the right in the A0 painting.



Fig. 41, Ms W2, wobbly house test, A3, 10.5.2016

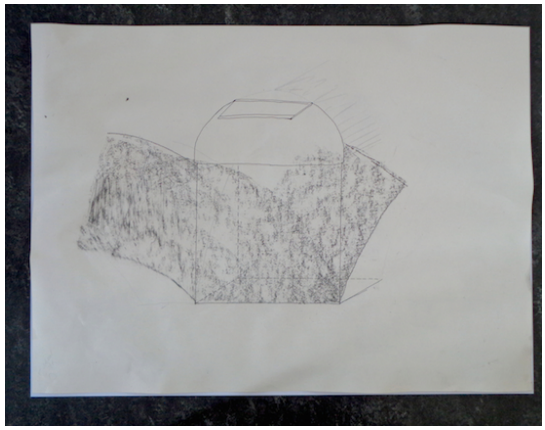


Fig. 42, Ms W2, A3, 10.5.2016

Thus, Ms **W2** very much linked the *house* to her body and the way she experienced it. In the below painting she incorporated her wellbeing levels, ranging from welcoming people (yellow) to her wish for complete retreat (yellow open roof), visualized by the different floors, window shapes (open to grids), and the respective colours (fig. 43).



Fig. 43, Ms W2, “Wackeliges Haus”, A0, 17.5.2016



Fig. 44, Ms W2, “Luftschloss”, A0, 24.5.2016



Fig. 45, Ms W2, A3, 21.6.2016

The “Luftschloss” (fig. 44) originated due to an “accident” where Ms **W2** had folded the paper and some parts of the wet paint got stuck and ripped. This painting is an example of her very creative and resourceful process with form and material, which became the “Luftschloss” (castle in the sky). Painting (fig. 45) was a first exploration using Japanese ink.

Ms **W2**’s “Kartenhaus”-painting (fig. 46) tells of her painful experience after meeting her treating psychologist where her future attendance of the Ateliers Living Museum had been put in doubt. According to Ms **W2** (2016) if she would no longer be able to attend the art therapy studios, one of the fundamental pillars of her life’s support structures would be eliminated and the “Kartenhaus” (house of cards) would collapse. The ‘S’ at the lower left bottom is the initial of her name, which could be seen as a self-identification with the *house.*



Fig. 46, Ms W2, “Kartenhaus”, A3, 28.6.2016



Fig. 47, Ms W2, [anger], A3, 28.6.2016

Fig. 47 was the first painting where she used a ruler and a thick, black felt pen. After the break she completely covered it up with black acrylic paint. She was still rather emotional after her experience of meeting the psychologist.



Fig. 48, Ms W2, A3, 26.7.2016

Thereafter, she drew the contour of a *house* with a thin brush (fig. 48) and continued to fill in many small and later also coloured *house*s. Finally, she enclosed it with a “coloured frame” after having written a text in English starting from top left to underneath: “I’m a House… made of many houses… bigger houses, small ones,

complete ones, ruins, @ construction, older & new houses, … maybe one day my house is complete… but never finished!" (2016).



Fig. 49, Ms W2, "Villa", triptych, 9.8.2016

Fig. 49 shows the old 19th century industrialist's *house* in which Ms **W2** first grew up with her parents in Bavaria, Southern Germany, and which formed the basis of her "Villa" triptych-painting depicting front, middle and backside situations. The middle, yellow painting was the floor where Ms **W2**'s room was, showing a chimney and the bathroom, thus interior spaces. She had started out with the backyard of the villa showing a garden, trees, a pond with "water nymphaea" and stairs going towards the villa's back door. She complained, saying: "I was not able to draw the *perspective* correctly", and added, "I was again not able to stop; I messed up the painting!" (2016). Interestingly, the backyard is in stark contrast to the interior, yellowish floor plan, which gives a rather vacuous impression. In respect to the front (left) façade painting she referred to her father, saying: "Aussen hui, innen pfui!" (all show, no substance).



Fig. 50, Ms W2, “Lebenslinie”, A3, 9.8.2016

The “Lebenslinie” (lifeline)-painting (fig. 50) started with the little *house* on the top left, which according to Ms **W2** was her “rose baby time house” (2016). The next depicts her youth and early adult years. Ms **W2** did not offer any explanation for the little grey house. The last, big *house* shows the current state, of which she said that she was doing fine and corresponded to how she currently felt. None of these *houses* have any windows, nor entry doors, as if they might perhaps be emphasising a physical, symbolic presence of Ms **W2** during her four life stages. Small or large trees, or leafage, are often present next to her *houses*, as in this painting.



Fig. 51, Ms W2, A3, 6.9.2016



Fig. 52, Ms W2, “Ruine”, collage, A3, 6.9.2016

Painting fig. 51 had been started at the Living Museum Atelier. Ms **W2** had brought it since she wished to finish it during my art therapy workshop saying: “It is one of my abstract paintings”. In reply to her statement, I pointed out that it could well be related to her *house*-series paintings; she looked at me in surprise.

The “Ruine”-painting (fig. 52) was, according to Ms **W2**, “a symbolic and hypothetical representation of what might have become of my parents’ place [“villa”] in Southern Germany” (2016). This painting is a mixture between painting and collage and has thus a strong material presence. As before, she added a drawn “frame” around the “Ruine”. After moving to Switzerland, the new family *home* consisted of a flat in an apartment block she said (2016), which she showed me photographic evidence for on her portable phone: her facial expression saddened.



Fig. 53, Ms W2, “rote Türe”, A3, 13.9.2016

The “rote Türe” (red door, fig. 53) painting was Ms **W2**’s last. She seemed upset at me since I was leaving the clinic. In a pouting manner, she said (2016) whilst I came next to her table: “Yes, this is only a door, which is closed. The workshops are over, and the door is hence closed!” Interestingly, the *house* is reduced to a door and a section of a wall; the closed door seems symbolically to demonstrate not only her disappointment at not being able to any longer attend the *house* workshops, but also perhaps the end of our relationship and an uncertain future. According to Goodenough (2011, p. 558): ‘Gates stand between the here and there, the known and the unknown. [...] Thus, gates are places of transition from one state to the other.’

6.4.1.3. Mr W3, 35 years

Psychiatric diagnosis: F60.30 borderline personality disorder, attention-deficit hyperactivity disorder, predominantly inattentive type F90.0, till November 2014 opioid dependence, currently abstinent. IES-R score: 87.

Mr **W3** grew up in Serbia (Novi Sad) the first nine years of his life. Thereafter, his family moved to German speaking Switzerland in 1989 due to political persecution of his father. His hometown was bombarded by NATO in 1999.

Mr **W3** served a prison sentence in Switzerland, the reason for which I am unaware of. He used to work as an assistant nurse but then "screwed up" (2016), he said. He was an in-patient at the clinic Wil during 3.5 months in 2014. At the time of this research Mr **W3** was working at a protected work situation linked to the clinic Wil. He talked about a difficult relationship with his father (experience of anxiety) and self-harming via cutting and burning (cigarettes) during the interview (Wyder, 2016); "I really needed this; it was my "Luftventil" [pressure valve]. So, with that I didn't hurt anybody [...] I only hurt myself with it".

He continued narrating (2016): "It [the house] is something familiar. I used to draw *houses* and *trees* when I was a child [in Serbia] [...] I was in love two years ago and then I used to make *houses* out of clay, was drawing little *houses*, something like a *home*, or the like, I don't know, it just came to my mind [...] I had problems, a crisis".

Drawings, Paintings and Object

After our first meeting, Mr **W3** made an internet search using the terms "old broken house" and had found the below (fig. 54) photograph of an old *house* in Serbia, where parts of the façade have fallen down. He continued saying, the way he *is* he would not choose a castle but searched for an 'old broken house *bei uns*' (*back*



Fig. 54, Mr W3, “Altes, kaputtes Haus”, black-white printout, A4, 26.4.2016

home). He added that he wished to draw a *house* where a part of the wall is missing, with a leather sofa having round buttons, and that this sofa would be covered with sheets (2016). I asked: “You mean like when people leave their *home*?” “Precisely, exactly that”, he answered (2016).

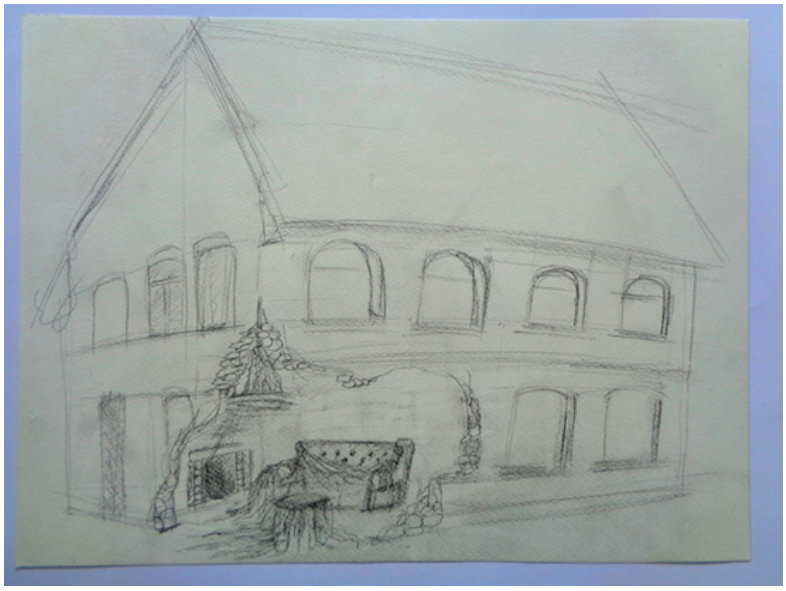


Fig. 55, Mr W3, „Haus bei uns [Serbia]“, A3, 27.4.2016

Later he stated that he had a problem with the corners, in that he would wish to draw it so that one could see the depth of both walls, left and right of the opening of the *house*, an issue which seemed to be related to the *perspective*. He worked on this drawing-painting (figs. 55 - 56) for five weeks.



Fig. 56, Mr W3, „Haus bei uns“, A3, 31.5.2016

During the second art therapy workshop Mr **W3** started to draw grids in some of the windows. Regarding the *perspective* he said he tried to make it better, “but in the end the *house* will be destroyed, I destroy everything, everything gets destroyed” [...] “humans are destructive”. He continued saying that it is difficult to take *houses* down and that it is not possible to rebuild them, as one could do if they had been constructed of individual elements made of concrete. He added that it was difficult for him to trust people (2016). Later, he mentioned several times that he felt watched by me and turned his back on me till I asked whether he wished to turn his table. He confirmed and so we did. One or two weeks later, he turned the table back to its original position. After having spent several weeks on this painting (fig. 56) the roof remained partially open.

Mr **W3** moved on to draw a Hot-Dog booth with a chessboard in front of it, with the knight lying down, and a pawn standing upright. Whilst starting out on the new drawing (fig. 57), he drew very vigorously using a pencil, then again erased parts, continuing these two movements throughout the workshop. He seemed agitated, nervous, and jiggled with his legs a lot. He was very upset that day and did not wish to talk about this drawing.

During the next workshop he pointed out not being able to draw the chess figurine *horse* (fig. 58) correctly, which is lying on the side. The size of these figurines is also incorrect, he said, adding that in his family it would be customary to play chess

(2016). Interestingly, even though Mr **W3** initially didn't wish to speak, we ended up discussing quite a lot.

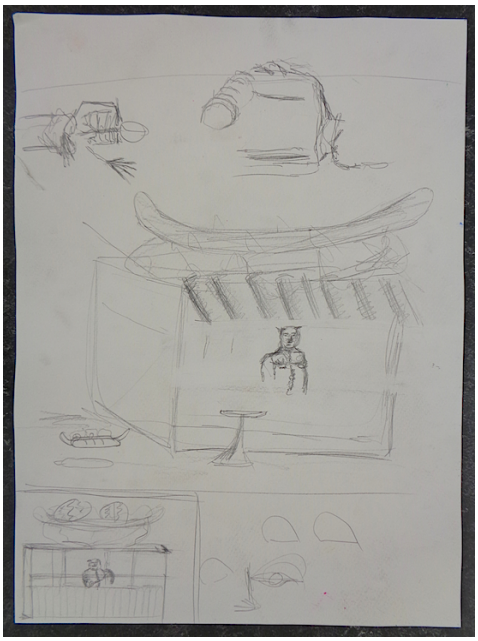


Fig. 57, Mr W3, "Imbissbude/Hot Dog", A3, 7.6.2016

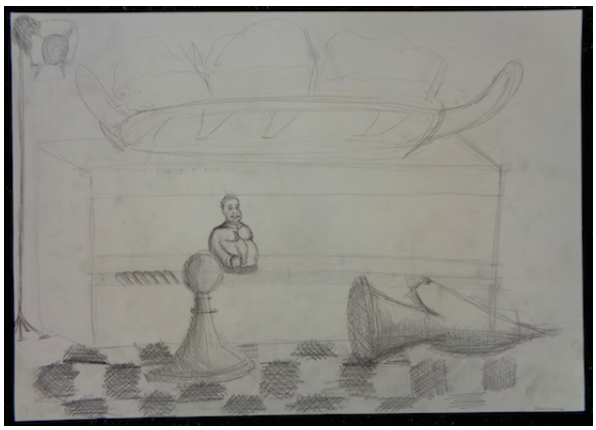


Fig. 58, Mr W3, "Imbissbude", A3, 7.6.2016

Thereafter, Mr **W3** started drawing a male upper body with aquarelle in rather translucent, light rose-sand tones; then, as there was too much water, the paper started partly rubbing off. As he was not satisfied with the result, he said that things were not going well for him recently. Mr **W3** felt the drawing "has to go" (2016). Together with other patients, jokes were made regarding the idea of throwing and flying and so the idea of making an airplane came up. Consequently, Mr **W3** and Mr **W1** started to talk about airplanes. Mr **W3** reacted enthusiastically and thereafter started to fold up his drawing into an airplane (figs. 59 - 60).



Fig. 59, Mr W3, drawing/flying object, A0, 19.7.2016



Fig. 60, Mr W3, drawing/flying object, A0, (upper part), 19.7.2016

Suddenly, Mr **W3** said that he feared his father, that he was very scared of him. At the end of the workshops Mr **W3** told me that he would blindly trust me.

6.4.1.4. Ms W4, 61 years

(Ms **W4**'s situation is discussed in: Wyder, S. (2019) Chapter 10, '*the perilous house'* in *Gender and Difference in the Arts Therapies: Inscribed on the Body* (2019), ed. Susan Hogan).

Psychiatric diagnosis: F10.21 Alcohol dependence. In 2008 she received a diagnosis of 'drug use, besides alcohol and tobacco addiction and personality disorder' (Klinik Wil). 'Later in 2015 her main diagnosis was ICD-10-CM F10.2, which is grouped within Diagnostic Related Group(s) (MS-DRG v34.0) including alcohol, drug abuse or dependence, with or without rehabilitation therapy'.
IES-R score: 54.

Ms **W4** encountered violent aggressions by her (deceased) husband and perhaps also from her current male partner (big bruises, broken foot), including an earlier "almost rape" (2016). She had met her current male partner at the psychiatric clinic Wil. Ms **W4** had two grown-up children and had worked as a graphic designer but

was currently unemployed.

The first of Ms **W4**'s drawings resembles an upright sea snail (fig. 61). After having drawn the exterior line of the *house* and the floor sections, she started to fill in the spaces top-down after having attached the exterior staircase, and the brown, and green ground and meadow. It was important to her that parts of the *house* were painted in gold. She strongly emphasized that the doors are to be open saying "I don't like closed doors" (2016), a situation which she resumed in her next painting.

Ms **W4** had started the country *house* painting (fig. 62) after having filled out the IES-R test, which led her to telling the story of her "almost rape in front of my house" (2016). She continued this painting the following time and said that there were many doors [also open here] for people, a cat and a dog. She then added a "glass"-made rectangular form showing herself inside it on the roof of the *house* which she initially called "light space". Ms **W4** stated that this is *her* space and that she is surveying things. Later she referred to it as "control tower" allowing her to see what was going on outside and permitting her to leave it whenever she would feel like it.

There had been a clinic-imposed interruption of Ms **W4**'s participation in the work-shops since she came to the clinic tipsy. She nevertheless arrived at my workshop once after this decision had been taken in order to vent.

Drawings and Paintings



Fig. 61, Ms W4, A3, 11.5.2016



Fig. 62, Ms W4, A3, 19.7.2016

The next painting shows a woman lying in a snail *house* (fig. 63). Half of the woman's body, that is, from the hips down, is outside this *house*, and a possibility of closure, or protection didn't seem to exist. She mentioned that she is often "nervous", had repeatedly experienced "depression" and whilst feeling down she would go to bed and curl up under a blanket. This bodily position seemed to be linked to her snail-like *house* forms consisting of partial withdrawal.



Fig. 63, Ms W4, [snail house], A3, 3.8.2016



Fig. 64, Ms W4, "Schildkröte", A3, 3.8.2016

Ms **W4**'s last painting was a turtle (fig. 64). During that workshop it seemed as if she would again be slightly inebriated. Since my approach is not to penalise, I did not question her and so she could attend and paint. Her chin was bruised that day and she said she had fallen in her apartment. Ms **W4** didn't say much about this painting. It seemed interesting that her animal choice was one that carries its own *house* constantly with it and hence allowed retreating and protecting itself at any moment. Yet, to freely choose to separate *body* and *house* was impossible.

6.4.1.5. Mr W5, 34 years

Psychiatric diagnosis: F31.2 bipolar disorder, current severe maniac episode with psychotic features. IES-R score: 29.

Mr **W5** wrote on the IES-R test that he had experienced a bicycle accident (still limps) together with his father some years ago. According to a psychiatric information he had committed a suicide attempt by jumping from a bridge. Mr **W5** has been hospitalized in psychiatry numerous times from the age of 16 onwards.

Mr **W5** was very withdrawn with few social interactions with the other patients or myself. He created impressive three-dimensional "neighbourhood" drawings during the workshops based on his imagination. Interestingly, he became more accessible during the workshops. Towards the end of the workshops, he married a West African lady who moved to Switzerland. Mr **W5** was initially unemployed but found a job during the fieldwork, which resulted in an earlier departure.

About the workshops in general, Mr **W5** said: "I liked the work [drawing], it was a bit like a *flow-work* where thoughts can move freely [...]. I felt the workshops calmed me down after two hours; I felt relieved, and relaxed, yes, it was a good experience" (2016).

Drawings and Paintings

Regarding his "Nachbarschaften" (figs. 65-69) Mr **W5** stated during the semi-structured interview (2016): "I would not choose a specific *house*, it is rather about the

relationship, or the tension that exists between these individual apartment buildings, or *houses*." Later based on my question regarding the specific form of depiction, he answered: "I wanted to remove as much as possible from the *house* as it would be like an abstraction [...] so that characteristics would disappear a bit. [...] If one would go into details here and with each of the *houses*, it would be as if one would animate them [...] not only the *house* as "Hülle" (shell), but it would mean to actually give the *house* a real substance ("Inhalt") and life. [...] Regarding my question addressing the *houses'* environment, he said: "Well, the surroundings are actually the only feature in that they *don't* exist. Only the *houses* refer to each

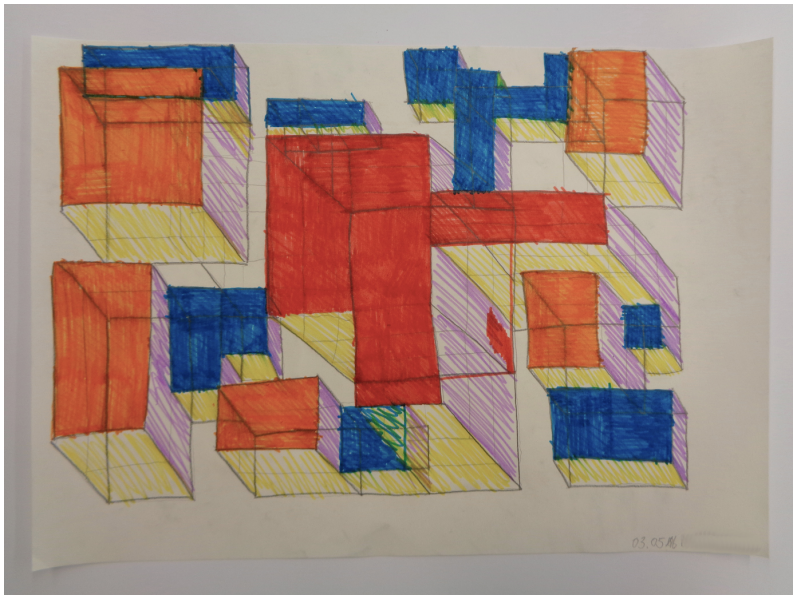


Fig. 65, Mr W5, „Nachbarschaften", A3, 3.5.2016

other and otherwise, it is really an empty space. Well, actually, the environment, yes, is not really present". [...] "It is firstly a "Monoskizze" (mono sketch) [...] it is like a city map, in which people do not yet live" (2016).

Regarding the paintings' *interpretation* Mr **W5** explained his choice of geometric style. He said: "Till today I actually almost never drew in a representational manner ("gegenständlich"), because […] of interpretations carried out by doctors" (semi-structured interview, Wyder, 2016).

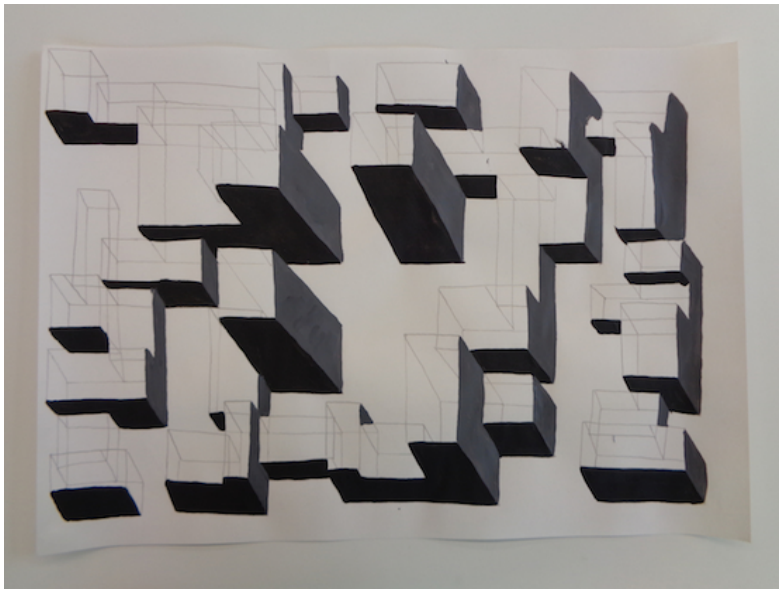


Fig. 66, Mr W5, “Nachbarschaften”, A3, 24.5.2016

Based on my question how Mr **W5** created his drawings, he answered: “I have the drawing in my mind and then I draw it” (2016).

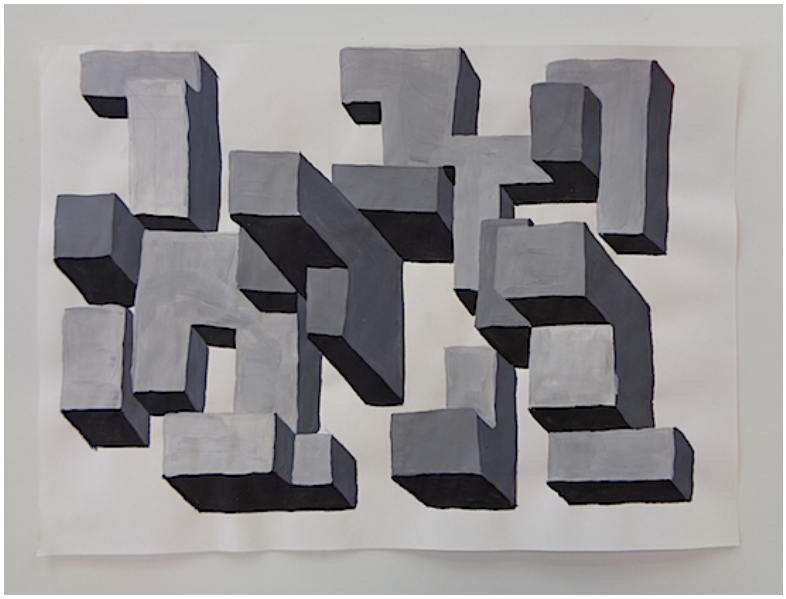


Fig. 67, Mr W5, „Nachbarschaften“, A3, 31.5.2016

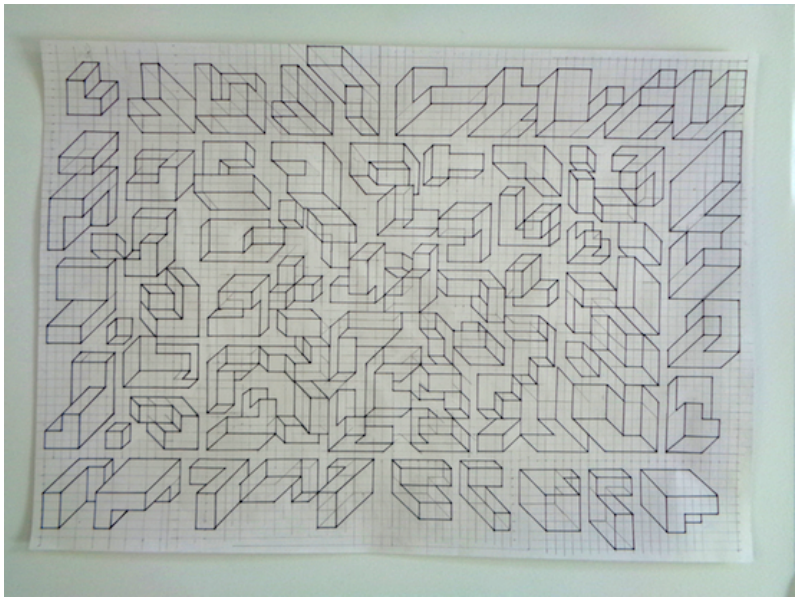


Fig. 68, Mr W5, „Nachbarschaften“, A3, 5.7.2016

Whilst having almost finished the above drawing he seemed nervous and started to scratch with the ruler on the table provoking an unpleasant noise. I noticed that he maintained a rigid body posture. The problem seemed to have been that Mr **W5** wished to add colour to this drawing but felt unable to do so due to his tremor. I suggested to use a computer to carry out this task based on a photograph taken with my smart phone. He seemed very pleased by this possibility and the result can be seen below (fig. 69).

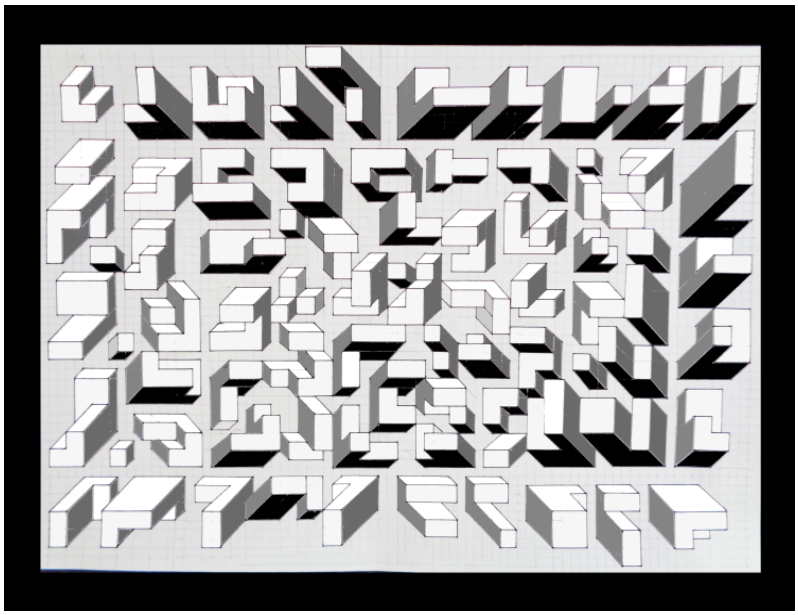


Fig. 69, Mr W5, “Nachbarschaften”, A3, computer aided drawing, 13.7.2016

An interesting aesthetic resemblance seems to exist between the Hungarian French architect *Yona Friedman* (figs. 70 - 71) and Mr **W5**'s drawings. In both cases there is a preoccupation with urban space-related conceptions. The critic Keats (Forbes, 2017) writes that Friedman's *Ville Spatiale* 'was conceived as a solution to the European housing shortage after the Second World War. Friedman proposed to increase their capacity by topping them up with layers of aerial living space. These new units wouldn't come with any amenities. On the contrary, his grid would provide a featureless "spatial infrastructure" for families to adapt as they wished. Moreover, their living quarters could be moved.'

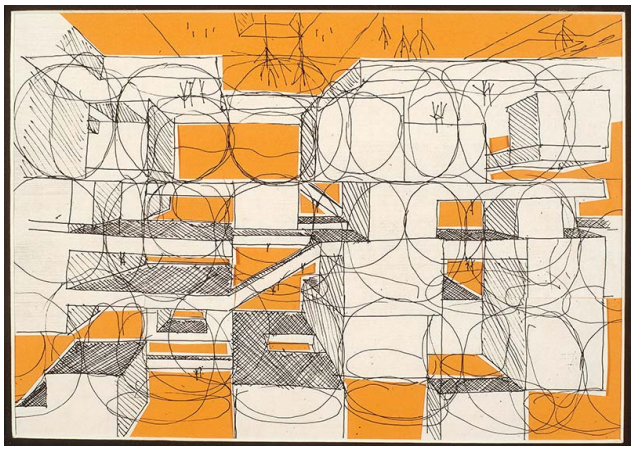


Fig. 70, Yona Friedman, "Ville spatiale", 1959-1960, 'encre et collage sur papier, 21x29.7cm, retrieved from 'www.fraccentre.fr/indexdesautheurs/rub/rubprojets64.html?authID=72&ensembleID164&oeuvreID=10'

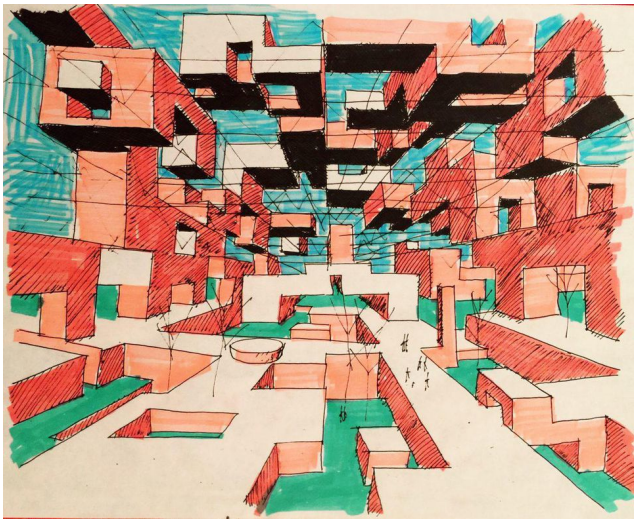


Fig. 71, Yona Friedman, 'Visualization Inside the Ville Spatiale. Drawing in multicolor markers and black ink on white paper. Courtesy Marianne Plonsky Collection/Yona Friedman', retrieved from 'www.forbes.com/sites/jonathonkeats/2017/08/23/yona_friedman-maxxi/?sh=22e6a28603ba

In Friedman's, as well as in Mr **W5**'s drawings, there seems to be a conceptual condensation of what urban space could mean. In my view, it is not exclusively a preoccupation regarding the living areas *per se,* in what concerns the planning and construction of *houses*, or buildings, but rather, as Friedman's denomination 'spatiale' indicates, a more global conceptualization of *space* that seems to go beyond urban questions. In both cases, there seems to be a radical and symbolic conceptualisation through cuboids, even though Friedman additionally projected these via organic, meandering lines.

6.4.1.6. Ms W6, 28 years

Psychiatric diagnosis: F33.1 Major depressive disorder, F50.8 Eating disorder, F61.0 Personality disorder. She refused to take the IES-R test.

According to Ms **W6**'s narrative she felt devalued by her mother as a child. Currently she has neither contact with her mother, nor with her siblings. She had dropped out of an apprenticeship as pastry maker and had graduated from basic art studies at St. Gallen's art university. Thereafter, she had worked as nanny, kitchen help and all-rounder. She lived socially withdrawn and isolated.

Drawings and Paintings

For Ms **W6** a big variety of colours in her paintings was very important: "It can't be just red, or yellow, otherwise I'm quickly bored", she said (2016). Referring to her paintings (figs. 72 and 74), she stated that it is mostly about façades. "I always painted part of a *house* – I just painted straight on what came to my mind", and "I am fascinated with details – then something big, a "Durcheinander" (jumble) appears, and then I must focus on the details once more" (2016).



Fig. 72, Ms W6, A3, 27.4.2016

The main source of inspiration came “from computer games, it’s like a riddle, which one can solve”, she said. Further inputs were: “[…] from what I observe in the environment […], from magazines, the internet, television – I’m interested in that everything is linked, these elements, the doors, the windows, somehow there is a connection between everything”. Then there are “rack-wheels, […], a kind of machine, which functions, that one can switch on and off, where one can open doors […] which provoke a mechanism, where everything continues, where a window is opened, and a door will be closed” (2016).

Most of Ms **W6**’s works seemed to be based on an imaginary world except for the below caravan drawing (fig. 73), which was linked to holidays with her parents and grandparents, seemingly joyful memories for her (2016).



Fig. 73, Ms W6, “Wohnwagen”, A3, 4.5.2016

Ms **W6** later said: “The topic was good for me, it was a cool theme, I would have wished to stay on [she also found a job in this protected situation related to the clinic Wil], so, 3D-*houses* would have been cool as well” (2016). Upon my question whether a different topic, e.g. “mountain” would have been interesting to her, she answered: “I would have had no idea what to do with it” (2016).



Fig. 74, Ms W6, A3, 11.5.2016

The above painting (fig. 74) comprises a “prison” on the top left according to Ms **W6** (2016). There had been large hanging black forms, which she had painted over. She did not wish to elaborate more regarding these two forms; Ms **W6** did however refer to nightmares, which mostly contained *houses*, she said. These seemed to be recurring dreams that were very similar: “I am in a *house* myself, in which a

misfortune had happened […] where a catastrophe occurred, where one must leave, where there is like a labyrinth, where one is in a cellar, […] where one has to escape, […]. I have very often dreamed of such *houses*, which are constructed that one is inside, and that one has to depart." These narratives were answers that appeared during the semi-structured interview (Wyder, 2016) after her ending the art therapy workshops. Questions remained of whether the "nightmares" or the "prison" could be linked to Ms **W6**'s possible traumatic experiences, which might have led her to decline to fill out the IES-R test.

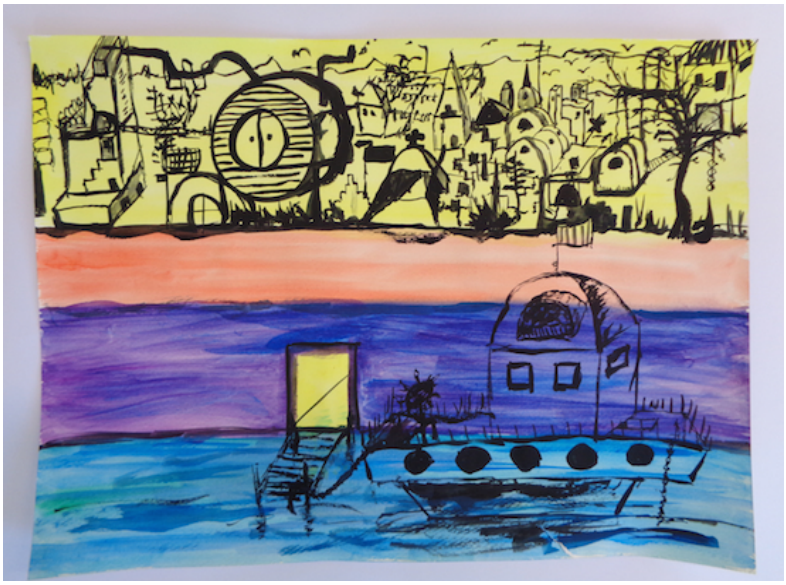


Fig. 75, Ms W6, A3, 25.5.2016



Fig. 76, Ms W6, painting, A3, 25.5.2016



Fig. 77, Ms W6, A3, 1.6.2016

Not surprisingly Ms **W6**'s ink paintings were completely coherent with the style of her previous colour paintings. She seemed to have her own specific vocabulary of forms. Yet, her paintings weren't merely about these e.g. round shapes, or "chains" (2016), suddenly there were little animal heads (e.g. a rabbit) popping up like in this painting. Similar to the "caravan" painting (fig. 73) there were things that looked like worms, or a ladder-body exhibiting a funny head, or Ms **W6** introduced little tables with a parasol. There was a playfulness in her works that seemed surprising considering her withdrawn personality, her rather gothic attire and the perhaps verbally unexpressed contents.



Fig. 78, Ms W6, A3, 1.6.2016

When I asked her what the rectangular prominent forms (fig. 78) were, she answered: “Oh, it could be a road, but it could very well be plumbing!” Again, a similar vocabulary of *house*-related shapes like windows, stairs but also organic, plant or leaf-like forms appeared as in her previous paintings.

6.4.1.7. Mr W7, 45 years

Psychiatric diagnosis: Alcohol dependence, substance misuse F10.24, Cannabis dependence F12.26, Bipolar affective disorder; currently mild to light depressive episode without somatic syndrome F31.30, combined personality disorder F61.0. There seems to be a possibility of immanent decompensation. Diagnosis of Reiter-syndrome [reactive arthritis] M02.39. IES-R score: 63.

Mr **W7** has been an in-patient for three years. At the time of this research, he was an outpatient living alone in his flat in an old house in Wil after a painful separation from his female partner. Mr **W7** used to work as painter, including renovation works in old buildings. He was also an artist, was unemployed and received disability pension. His father was from Southern Italy, his mother was German; Mr **W7** grew up in German speaking Eastern Switzerland. According to Mr **W7** his mother always painted in the kitchen; he said he had liked watching her paint and this had calmed him down. He attended the Living Museum for 9.5 years (2016, on-going).

Mr **W7** had joined the workshops rather late (beginning of August 2016) due to organisational issues in the clinic. He would have been very interested to join much earlier, he stated (2016).

Drawings

According to Mr **W7** the below “Höhle” (cave, figs. 79 - 80) drawing is based on a dream which was about a “big cave being surrounded by very high and steep mountains” (2016). He added that this dream had been unforgettable and very impressive […]. The cave was large and there were chairs, a sofa where he and other people would hang out, he stated (2016). Regarding his choice to draw a cave, he mentioned during the semi-structured interview (Wyder, 2016) that […] evolution

should have stopped at the Stone Age. “It would be my wish to go back in time, to live in a very primitive and simple way [...]. I would like to renounce to all this luxury” (2016). Since his dream was however related to present times, there were modern furniture and a terrace, but the apartment would still be as simple as possible (2016). According to Mr **W7**, *water* was a recurring element in his dreams that is linked to *houses*; it is *inside* these houses, the staircases, the terraces are filled with water, like swimming pools, he said (2016).

During the first workshop Mr **W7** mentioned the importance of getting the *perspective* of the entrance to the cave right. He picked the chunky graphite pens and the pastel crayons which he thereafter rubbed with his fingers.

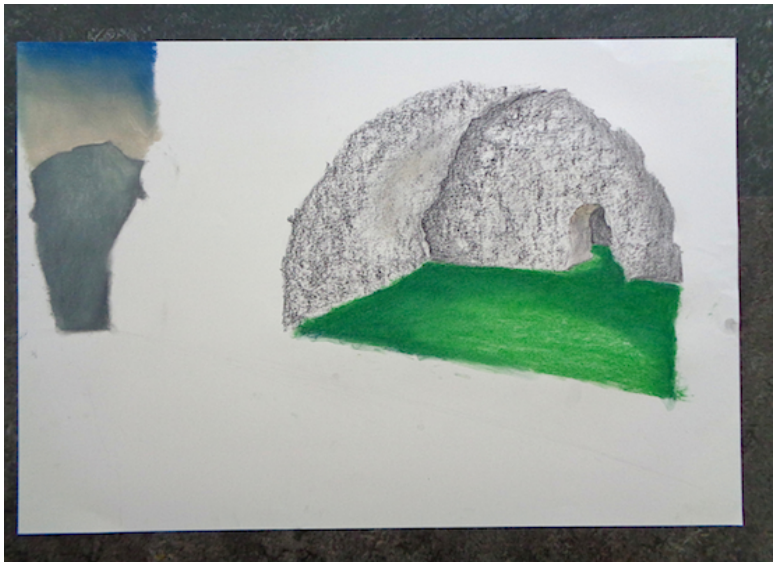


Fig. 79, Mr W7, “Höhle” (cave), 50 x 70 cm, 3.8.2016

Mr **W7**’s drawing process seemed rather interesting as he had firstly started out with the cave, and then simultaneously commenced working on the sky and mountain structure (top left) (fig 79). Upon my question regarding this drawing process, he answered: “This technique allows me to neatly join the different parts (from mountain, rocks to river, grass to river...), which would not be possible otherwise” (2016). Thus, Mr **W7**’s rationale was clearly related to drawing process-related reasons; whether there might have been others remains hypothetical.



Fig. 80, Mr W7, “Höhle”, 50 x 70 cm, 10.8.2016

Regarding the river, Mr **W7** had firstly applied a turquoise-bluish colour and since he wished the water to flow, he thereafter added the little white turbulences, he said. He added that the sharp break at the edge of the water corresponded to a waterfall. According to Mr **W7**, the entrance to the cave is from the back, which is not visible, […] the terrace is the ‘end’ of the apartment, like a balcony, otherwise one would have to access it with a boat” (2016).

The yellow bars on the left side are huge neon lights that illuminate the cave space, which are normally covered with glass boxes. Coming back to his dream he said that he had seen several such lights in his dream and that they were very tall (2016). Without attending the *house* workshop Mr **W7** said that he might perhaps never have painted this *house or* made the *cave* drawing (2016).



Fig. 81, Mr W7, A3, 13.9.2016

On the day he started the above wooden *house* drawing (fig. 81), Mr **W7** said he was not in the mood. When I approach him, he stated: “The *house* is situated within a cliff, but this time, it is completely open” (2016). During the semi-structured interview (Wyder, 2016) he said: “I absolutely wanted to omit the front in order to have everything open […] not only to see inside, but in order to live like that” (2016).

6.4.2. Summary of Qualitative Findings

The patients’ vignettes-based findings show a very individualistic and idiosyncratic use of the topic of the *house.* The overall ‘sameness’ encompasses a large variety of personal aesthetic and narrative expressions by which patients addressed various life events and stages, memories, or future-related projections via symbolizing aesthetic depictions. A further commonality was the experimental use and expressed pleasure regarding the art materials. The emerged group dynamics and mutual support also seemed to have been appreciated during gay, or difficult times.

A large congruence did become apparent regarding inner processes, in which light personal shifts seem to have occurred around weeks six to eight (if applicable) during patients’ attendance to the art therapy workshops. These transitions became apparent through the phenomenological thematic coding procedure, results which the quantitative data-based analysis (section 6.5.) addresses.

Table 1:

Depictions of houses regarding the *inside* (interior) and *outside* (exterior) spaces
Period of fieldwork at the Psychiatrische Klinik Wil, out-patient adults' focus groups, Wil, Switzerland
Workshops from 26th April 2016 to 13th September 2016, two art therapy sessions per week, 90 minutes each
8 adults (4 woman and 4 men) (ages between 28 to 61 years)

Partici-pant	Gen-der	Number of House drawings/ paintings	"Built body" drawings/ paintings	Other 'house' forms, or no house form+	Culturally specific house forms (T) = traditional	Inside (inte-rior)	Exterior (outside)	Abstraction (no house form)	Number of attended workshops per participant
Mr W1*** 34 years,	M	3, 1(detail), 2 (4 sketches), 1	paper & scotch made sculpture (3D), paper & paper tissues form, high rise	1 shell-like, +rose-like branches & geometrical forms (fax roll drawing), figures	0	0	8	1 (wave forms), 1 (wave, oval, angular), 3	25
Ms W2 41 years	F	8 (2 sketches) (2**)	"house of cards", "ruin", "castle in the air"	0	1 (T, "villa" Germany)	1	14	1 [1]	13
Mr W3 35 years	M	3 (1 OPH)	take-away ("Imbissstand"),	1 (big paper airplane with person)	1 (T, Serbia)	1	1	2	9
Ms W4 61 years*	F	5 (**)	0	1 snail, 1sea shell, 1turtle	1 (T, Southern country house)	0	5	0	9
Mr W5 34 years	M	4	"neighborhoods" perspectives	0	0	0	4	0	9
Ms W6 28 years	F		0	1 "caravan", prison	0	0	5	3	5
Mr W7 45 years	M	2	"cave"	0	0	2	2	0	3
Ms W8 50 years	F	1	0	0	1 (T, Amsterdam)	0	1	0	1

*all age indications refer to the time of research art therapy workshops (2016)
*PC = postcards, PCs = postcards, painting/drawing mostly 'copied' from postcard
*DC = double house, joint one to each other
*OPH = participant's own photograph

*PH = part house
*Culturally specific house forms: (T) = traditional

** painted outside art therapy research sessions, however during the fieldwork period
*** participation twice a week, 90'/session

The following sections address various aspects regarding the overall findings of the Wil fieldwork carried out in 2016.

6.4.2.1. Breadth of Emerging Themes in Narratives and Aesthetic Works

The extended duration of the fieldwork led to the appearance, accumulation, and large variety of themes in Wil patients' aesthetic works and narratives. Time spent participating in the art therapy workshops alone did not however seem to be the major cause of the extensive number of themes; these seemed rather related to participants' personality and socio-cultural environment. The reasons for the emergence of a large variety of narratives and aesthetic forms could be associated with:

- Pronounced *individualistic ways of being*, where the large variety of forms could be an expression of their distinct selfhood.
- *Longer attendance* to the art therapy workshops (than in e.g. in Japan) and thus a larger spectrum of forms could be expressed (in words and paintings).
- In contemporary *Western cultures* (if one can generalize) independent, self-focused ways of being are encouraged. Therefore, the Wil patients may thus less refer to culturally embedded symbolic forms but create their own. A possible explanation for this could be related to Markus & Kitayama's concept of 'independence' and 'interdependence' (1991) that postulates a greater emphasis on selfhood in the Western world (see *chapter five*, section 5.2.2).
- Most *Western approaches to psychiatry*, *art therapy* and *psychotherapy* (again if one can generalize) put the focus on *personal development*, thus the *self*, and to a lesser extent on the group (in contrast to e.g. Asian cultures).

6.4.2.2. 'Closed' versus Open Space Art Therapy Workshop Settings

As discussed earlier, whether 'closed' or open spaces for art therapy are meaningful should depend, in my view, primarily on patients' needs. Possible tensions might occur between art therapists' own needs or theoretical approaches, that may, or not, be helpful for patients.

From data stemming from the interviews with the patients regarding the 'big open spaces' of the Living Museum Ateliers, in contrast to the 'closed space' of my art therapy workshops, it appeared that most appreciated the quiet, the lower numbers of patients present resulting in less movements in the space. Consequently, they indicated a higher concentration on their aesthetic works (2016). Yet, whether patients' answers also included a wish to please me remains unknown.

6.4.2.3. Gender related Observations: 'Male' versus 'Female' Themes?

Perspective, especially the *"correct perspective",* was more of a recurrent preoccupation among male patients regarding their paintings, even though my sample size was limited. In my art therapy thesis (Wyder, 2010), I had theoretically conceptualized the use of *perspective* by a male patient, for which I had introduced the concept of 'virtual transitional object' and hence extended Winnicott's theory of transitional objects (1953). His definition of a transitional object is as follows:

> 'Transitional objects and transitional phenomena belong to the realm of illusion, which is at the basis of initiation of experience. This early stage in development is made possible by the mother's [caregiver's] special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists' (Winnicott, 1953, p. 19).

An extension into adulthood must of course be applied in which the 'mother' or caregiver is potentially substituted by adults' own stimulus and self-direction. Now at the clinic in Wil, I once more encountered patients who were preoccupied with the *'perspective'* concerning their *house* works. During the first three months, exclusively male patients were engaged with this notion. The discussions with male patients (mostly individually) around the issue of the *"correct perspective"* in their drawings or paintings went so far that Ms **W2** asked (2016): "Do we *have* to draw in a *perspectively* correct manner?"

Even though this rather ‘gender clichéd’ attribution might seem reductive, I cannot deny this observation that applied as well (albeit to a lesser extent) to the Japanese patients of my Ohmiya clinic’s art therapy fieldwork. I wonder whether the fact that more male than female patients wished to produce a “correct” perspectival representation of their *houses*, or “neighbourhoods”, has some gender-related background(s)? What may however occur regarding the ‘perspective’ from an art therapy point of view (besides issues of geometrical, or statical conceptions), is that it may provide a structuring, perhaps ‘controllable’ function to some patients. It may also allow, as the term ‘perspective’ literally entails, to reflect on current non-physical symbolic forms permitting possible projections into the future (e.g. heading towards the vanishing point, Wyder, 2010). Finally, no other gender-related differences could be identified.

6.4.2.4. Home versus House

Some of the questions in the semi-structured registered and transcribed interview questionnaire (Wyder, 2016) revolved around whether persons would have participated if the topic had been *home* instead of *house*. Out of the seven patients, two would not have participated if the topic had been *home* and five would have attended. Three stated they would have found *home* more interesting since they linked it to interior decoration or expressed a need of *feeling homey*. Some however attached negative connotations to *home* as e.g. a nursing home. Interestingly, nobody specifically expressed connections to family or partner relationships regarding the theme of *home*.

Some, but not all, patients made a distinction between notions of *home* and *house.* For example, Ms **W2** stated (2016): “For me one is linked to the other. In the *house* there is also a *home* [...] it doesn’t make a difference”. In contrast, Mr **W5**, the patient who drew his “neighbourhoods”, stated (2016):

> “Yes, it’s another word. [...] It *is not just* another word it also has a different meaning. You can link, tie up other things to it. On the one hand a *home* is something protective, something where you *feel at home* [“beheimatet”]. And on the other hand, it can also contain you, set *limits*, and *boundaries*.

> […]. But *house* has now given me even *more options* to do something. So, with *home*, one really still has... that would have been more on the *emotional level*. And [the topic of the] *house* has given me the opportunity to get as far away as possible from concrete attributions that we have here".

Ultimately, patients' *house* depictions can be considered as external views of the physical, constructed, architectural body seen from the *outside*, whereas their *home* aesthetic works point to the *inside.* Both themes, however, symbolically allow addressing inner notions and personal issues. The number of patients' images having depicted the *outside* is N = 40; in contrast, the *inside* was addressed only in N = 4 images (see *table 1*).

6.4.2.5. Patients' Aesthetic Works in the Context of Trauma or PTSD

Regarding inner processes of persons having suffered a traumatic event, the psychiatrist and trauma specialist Luise Reddemann (2001, p. 133) talks about the 'loss of control and of the previously experienced powerlessness', as of the 'significance of restoring trust in one's own competence to act' and to take decisions. In her view, the 'externalization of inner processes enables a distance that allows a new way of seeing inner processes. A self-created object is both part of the inner and the outer world, on which influence can be exerted, decisions can be taken, that can be dealt with, which can be transformed with one's own hands, and which can be internalized in its transformed form' (my translation from German). Thus, personal aesthetic expressions via the arts allow 'telling' one's story, 'externalising' (Reddemann, 2001), possible traumatic events whilst focusing on imaginary, material, haptic and active creative processes that seem to permit a different inner access to painful experiences than talk therapy. This process is initially not cognitive, which would entail actively attempting to retrieve painful material, but rather prioritizes and stimulates the symbolic and creative realm, *in conjunction* with aspects of consciousness.

Regarding trauma or PTSD-sufferers' inner processes whilst undergoing art therapy, another question is at what moment in time, once a secure and trustworthy relationship has been established with the art therapist, the topic of the *house* might

be a helpful suggestion. This topic might lead to a crisis (or exposure), which, ideally, would form a red thread throughout the therapy process, allowing to address PTSD-relevant issues. In this respect, Reddemann provides a very helpful chronological list of the 'phases of trauma therapy' (2001, p. 203), which suggests a 'confrontation' with the 'trauma' once the patient-therapist alliance has been established and is repeatedly revisited.

Clearly, some patients' aesthetic works pointed to trauma-related experiences, which were also verbally addressed. For example, Ms **W2** (fig. 43) painted and talked about her shock when receiving her diagnosis of MS and the changes her body underwent. However, Mr **W3** (fig. 56) who referred to his *house* drawing exclusively as being "old and broken", did not address a potential link to the *war* in Serbia; he exclusively referred to the latter as his home country. Finally, Ms **W4** symbolically attempted to achieve a sense of governance via her "control tower" (fig. 62), or as her last painting shows, depicted an animal, a turtle, that can self-protect itself (fig. 64).

Based on my observations in the clinics in Wil, Paris and Ohmiya, patients have mostly not been tested regarding PTSD. The clinics' therapeutic approach was to rather address patients' coping strategies (e.g. self-harm, or psychopathology), instead of addressing underlying causes. Even though the filling out of a PTSD-test can raise ethical questions due to its potential to trigger flashbacks, as most patients did *not* demonstrate such reactions, I consider that submitting a PTSD-test to patients is more helpful than suggesting treatments which focus on resulting PTSD-comorbidities.

To come back to the paintings, in contrast to the issues that occurred during the IES-R test procedure (Ms **W4**'s and the subsequent reaction of Mr **W1**'s), *no* 'innere Überflutung' (inner inundation), as Reddemann (2001, p. 133) calls it, occurred during the aesthetic processes (or only very slightly) regarding Mr **W3**'s "old broken house" situation. However, since he demonstrated an extremely high IES-R score of 87, the methodological and psycho-traumatological question remains whether a potentially anxiety-connoted topic as the *house* has been a suitable suggestion for him.

6.4.2.6. Patients' Narratives and PTSD

Some patients, as Ms **W4**, Ms **W2** and Mr **W3**, Mr **W7** did talk about life events that could be at the origin of or be an indication for suffering from PTSD. These narratives emerged during the art therapy workshops, the semi-structured interview (Wyder, 2016), or the final discussions. For example, Ms **W6**, who did not fill out the IES-R test, talked about a "prison" and "nightmares" in the presence of her paintings during the final interview, and so did some other patients, as discussed earlier.

An interesting and important factor seemed to be the time spent during the art therapy workshops in terms of their inner processes in general, and the level of trust building that occurred, perhaps together with a sense of safety, among the patients and between myself. For example, Mr **W1** started to indicate possibly having suffered childhood sexual abuse by his father only towards the end of the workshops. Yet, no PTSD-related content became visible in his paintings or drawings.

Globally, findings show that patients' narratives and aesthetic works, plus test procedures are, ideally, all carried out to best address their issues *and* to raise therapists' awareness regarding PTSD-phenomena, which could lead to most fruitful treatment plans.

Period of fieldwork at the Psychiatrische Klinik Wil, out-patient adults' focus groups, Wil, Switzerland
Workshop period from 26th April 2016 to 13th September 2016, two art therapy sessions per week, 120 minutes each
8 adults (4 woman and 4 men) (ages between 28 to 61 years in 2016)

Impact of Event Scale-revised, IES-R (Weiss & Marmar, 1996), Posttraumatic Stress Disorder Test.

Partici-pants	Gen-der	IES-R-J score	Psychiatric Diagnosis, ICD-9/10 Physical illness*	PTSD tested by psychiatric clinic	Drawings / paintings pointing to PTSD	Narrative (AT sessions & interview) pointing to PTSD
Mr W1*** 34 years,	M	36	F33.0 Major depressive disorder, recurrent F60.6 Avoidant personality disorder	no inform. received	No	Possible sexual abuse by father (alcohol dependent), mother: pregnancy additional partner during marriage with patient's father (half-sister), collapse of father, parents divorced, feels neglected by father, "replacement" of father towards mother
Ms W2 41 years	F	35	F40.01 Agoraphobia with panic disorder F10.21Alcohol dependence Multiple Sclerosis (MS)	no inform. received	Yes, "shakey house" (depiction of herself having MS)	Major sources of past stressor (parents' divorce, relocation from Germany to Switzerland, mother's death at 15 years, perhaps of Jewish origin, major current health issue (MS*)
Mr W3 35 years	M	87	F60.30 Borderline personality disorder	no inform. received	Yes: "Old broken house"	Family dislocation due to war in Serbia, violent father, imprisonment in Switzerland
Ms W4 61 years*	F	54	F10.21 Alcohol dependence	no inform. received	Unclear: (glass house "to have control"	"almost rape", male partners' violence
Mr W5 34 years	M	29	F31.2 Bipolar disorder, current episode manic severe with psychotic features, suicide attempt*	no inform. received	No	Bicycle accident (still limps)* with his father. (*could also be due to suicide attempt by jumping from bridge)
Ms W6 28 years	F	no test: refusal	F33.1 Major depressive disorder F50.8 Eating disorder F61.0 Personality disorder	no inform. received	Unclear: "prison"	Repeated nightmares "being locked up, having to escape"
Mr W7 45 years	M	63	F61.0 Personality disorder F10.21Alcohol dependence & mood disorder F12.2 Cannabis dependence F13.1 Sedative, hypnotic or anxiolytic-related abuse F31.7 Bipolar disorder, currently in remission	no inform. received	No	Distress after separation of female partner.
Ms W8 50 years	F	no test	no diagnosis received	no inform. received	No	No information

*Psychiatric diagnosis have been obtained by patients' treating psychiatrists, or psychologists.

Generally, as table two shows, patients' PTSD IES-R scores ran from 35 to 87 (Mr **W3**); thus, all presented with 'milder' to stronger PTSD according to the IES-R test criteria. For example, the rather high IES-R score of 54 of Ms **W4** might be put in context with her various *house* forms where she (or a female person) seemed to be lying unprotected in a snail *'house'* without a 'door'. Regarding Ms **W6**'s refusal to take the IES-R-test, linking this to her "prison" depiction and of literally *covering up* painful content, her behaviour might point to PTSD *because* of her wish to not *dis-cover* things.

On the contrary however, no obvious PTSD-related content could be seen in the drawings of Mr **W7**, who also had a similarly high IES-R score of 63. Surprisingly, the IES-R score of Ms **W2** of 35 seemed relatively low considering her various painful experiences and topical depictions in her paintings and narratives. The same applies to Mr **W5** if one would apply a perhaps 'superficial' interpretation of his "neighbourhood" drawings. Nothing ostensibly dramatic can be observed in his drawings; they do however provoke a sense of inanimate, hermetic, partly barren, and static atmosphere. Finally, also in the case of Mr **W1** (IES-R score of 36) nothing in his aesthetic works pointed in the direction of PTSD, in contrast to his narratives (possible childhood abuse).

6.4.2.7. Cultural Aspects

Most of the participants grew up and lived in German speaking Switzerland except for Ms **W2** (Germany) and perhaps Mr **W3** (Serbia). All Wil patients spent their childhood and adult lives in different regions of Eastern Switzerland ranging from rural to urban situations. However, some patients' parents' or ancestors' origins span from Germany, Italy, Serbia to Austria.

Religious, or spiritual beliefs didn't seem to play an important role in patients' lives as far as I am aware of. Furthermore, patient-based findings regarding my phenomenological coding procedure didn't reveal a great importance attributed to *culture*, which was in stark contrast to the occurrences of the 'inner life' and the 'aesthetic' clusters.

Considering that Switzerland is a country that has four culturally diverse regions, cultural homogeneity is largely absent. Furthermore, with about 25% of the population consisting of foreigners permanently living in Switzerland (without counting the persons that have taken on Swiss nationality), a rather large cultural diversity exists. Such aspects within Swiss contemporary society might perhaps be partly behind the lesser influence and appearance of locally culturally grounded phenomena within the Wil patients' group.

Swiss German and German Languages

The language spoken by all the participants (including myself) during the art therapy workshops in Wil was Swiss German, which is mostly only a spoken language. It is part of the German languages called Alemannic, spoken in Switzerland and in regions such as Southern Germany, Austria (Vorarlberg) and Liechtenstein. Furthermore, each regional department ('Kanton') has its own local dialect, which allows acoustically identifying the region of persons' upbringing.

My semi-structured interview (2016) had originally been written in German, and I had thereafter read the questions aloud to the patients in German. This procedure created confusion, as some were unsure whether they would have to answer in German, which wasn't the case.

The transcription of the interviews was however done in German, which is a first alteration from the subsequently carried out translation of patients' excerpts into English. At times, I did however include original Swiss German terms given the culturally grounded aspect of distinct linguistic expressions. For example, such sayings symbolically address the *house* whilst describing mental states as Ms **W8** (2016) pointed out during one art therapy workshop:

- "Nüma richtig im Oberstübli" meaning not properly functioning anymore in the uppermost (house's) living room, meaning being mad.
- "usäm Hüsli si", meaning to be out of the little house, to be all excited in a joyous way.

- “D’Stimmig isch im Chäller”, literally the mood is in the cellar, meaning one’s mood is down.
- “än Dachschadä ha”, meaning the house’s roof is damaged: the person is not ‘ticking’ correctly in the sense of being off the line, crazy.
- “d’Rolläde dunä”, literally, the shutters are down, meaning feeling rather down, depressed.

Furthermore, German and Swiss German languages have a specificity regarding noun compounds, which can include two or more words. Regarding such *house* related compounds, the list that I created consists of roughly 100 words ranging from, for example, “Freudenhaus” (house of prostitutes, literally, house of pleasure), “Mutterhaus” (prioress’, literally mother’s house), “Zuchthaus” (jail), “Irrenhaus” (psychiatric clinic, literally, house of the lunatic), to “Reiheneinfamilienhaus” (one family terraced house). Thus, the density of meaning within one German compound is high. The question remains whether such a linguistic, and thus culturally grounded, density could have influenced the scope of *house* expressions within patients’ aesthetic works and narratives.

6.5. Quantitative Findings in General, PTSD, and BBS-related Data

The following tables and sections provide an overview of compiled material and data, illustrated via tables, graphs and descriptive elements.

6.5.1. Patients’ Psychiatric Diagnosis, Ages, House Types, and Duration of Attendance

Table 1 (p. 194) indicates patients’ individual data, their ages, psychiatric diagnosis, and the duration of attendance. Additionally, it provides an overview of the types of *house* depictions, be these *houses* seen from the *inside* (N = 4) or the *outside* (N = 40), or whether patients chose other *house forms* such as e.g. “ruins”, a “cave”, or animal-based *houses* such as e.g. a “turtle”, “shell”, or a “hotdog stand”. Further, *houses* expressed by abstractions (N = 12), or culture-related shapes (N = 4) are rather the *exception*.

Interestingly, the majority of *house* depictions refer to *exteriority*, the *house* as seen from the outside, or showing the façade, whereas depictions of *interiority* were rather the exception. Even though the suggestion was to address the *house*, and the postcards showed exclusively *houses' exterior* views, other fieldwork participants in Paris and Ohmiya depicted *interior* views slightly more than did the Wil patients.

The overall art therapy workshop attendance varied greatly. This was due to patients finding a job or work within a protected clinic-related situation. Further absences were related to illness, accidents, holidays, issues related to alcohol consumption, issues of patient recruitment and one drop-out.

6.5.2. Tabular Representations of Results and Summaries extracted from Phenomenological Coding

The findings of the phenomenological coding are based on:

a) My phenomenological field notes written down retrospectively,
b) The individual semi-structured registered and transcribed interviews (Wyder, 2016),
c) The individual registered and transcribed final discussions with patients in presence of their drawings, paintings, or objects.

The identified emerging themes, which turned out to have a large, but temporally constant diversity, are grouped into overarching clusters (the identical clusters also appear in the analyses of the Ohmiya and Paris clinical investigations); the relative rate of occurrence of each cluster is then determined for each of the three data sources (appendices 1 to 3) and is tabulated for each patient in *table* 3 (p. 207) below.

Comparison of these three data sources (a), b), and c)) demonstrates a rather strong agreement overall. Even though there is a degree of fluctuation within the three datasets, there seems to be a powerful coherence among them, which the similarity of the heights of the columns within each of the relative cluster occurrences demonstrates, both overall but also per patient. Furthermore, the overall

distributions of relative cluster occurrences are remarkably similar between patients, in spite of their diverse personalities and issues, pointing to a commonality in the processes triggered by the workshops.

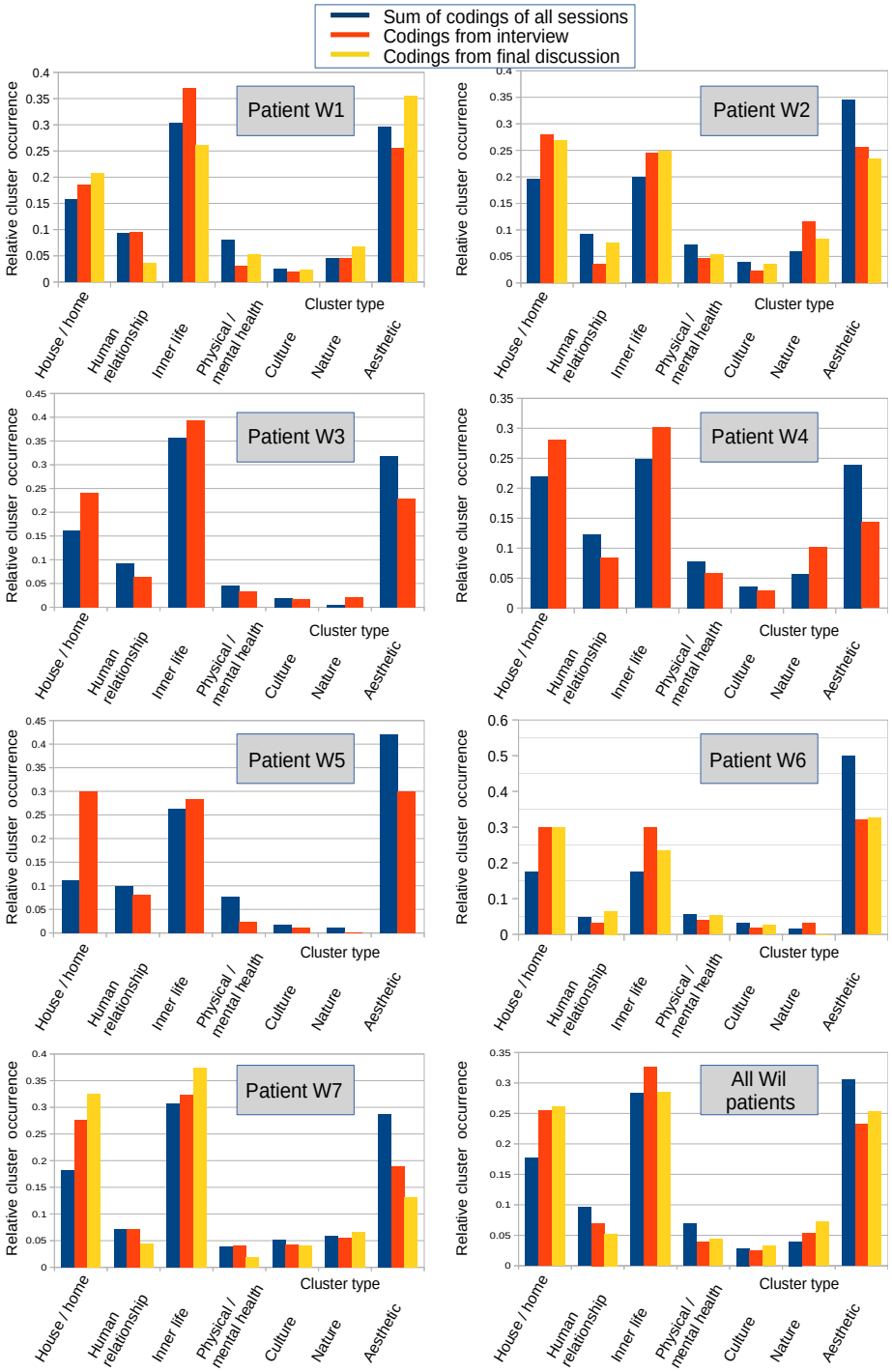
Hence, as will also be seen in chapter seven regarding the fieldwork findings in Japan, also here, the independently gathered findings support each other and thus validate the three distinct research procedures and their respective approaches (points a), b) and c)). All three different procedures for collecting and analysing patient-based material (observational phenomenological fieldnotes; semi-structured interview (Wyder, 2016); and final discussion together with patients' expressive works) thus are proven to be valid and consistent, as the coherence of the below results demonstrates.

6.5.3. Emerged Themes and Patterns

As stated earlier, among the clinic Wil patients, there was much variation from patient to patient overall, but also, for some, within themselves, in terms of the paintings and drawings they produced (see Mr **W1** and Ms **W2**).

Regarding the 'nature' cluster, for example, it ranges from naturalistic, organic, abstract, or sculptural forms of aesthetic expressions, to a rather detailed range of, e.g. references to *nature.* These manifestations consist of references, for example, a pond, lake, sea, river, water, waterfall, mountain(s), tree(s), meadows, flowers, leaves, thorns, roots, sun, and natural light. However, the importance of the overall 'nature' cluster was not as prominent as the *way* these were *expressed aesthetically,* or addressed by the patients' narratives, as the individual and the overall high rate of occurrence of the 'aesthetic' cluster (see *table 3*) indicates. In other words, a strong emphasis was placed on *how* the contents are expressed *aesthetically*, be it with regards to form, colour, material, perspective, abstraction, geometry, abstraction, drawing/painting, processes of self over time, or processes relating to drawing/painting. These processes were accompanied by words and vice versa, the latter complemented by the patients' aesthetic works.

Table 3:


Sum of codings of all sessions
Codings from interview
Codings from final discussion
Patient W1
Patient W2
Patient W3
Patient W4
Patient W5
Patient W6
Patient W7
All Wil patients
Relative cluster occurrence
Cluster type
House / home
Human relationship
Inner life
Physical / mental health
Culture
Nature
Aesthetic

Overall, the most prominent cluster was the '*inner life'* cluster, which includes themes related to the self, self-projection, experience, emotions, reality, memories, dreams, nightmares, time, and catastrophes. As noted, earlier PTSD-related content (see 9.2.4.) was rather addressed verbally, and only in a few cases appeared also in patients' aesthetic works (e.g. Ms **W2**, fig. 43, Mr **W3**, fig. 56). Whether or not these inner contents would have been expressed *without* focusing on the topic of the *house* remains unclear and requires further research. A rather prominent utilization of the topic of the *house* consisted of patients projecting themselves into the future via their drawings and narratives, and, or addressing the past in a very personal manner.

A high Importance was also given to *house*-related forms ('*house/home* cluster') consisting of a moving *house*, dream *house*, retirement *home*, prison, factory building, ruin, church, clinic, *home* (medical), loft, apartment, door, cellar, staircase, window, storey, room, kitchen, attic, cellar, construction site, façade, roof, fence, bed, and architectural spaces. Notions of *home* were of minor importance relative to the *house*.

The 'human relationship' and the 'culture' clusters seemed not to play a major role. Within the 'human relationship' cluster, patients put the emphasis on their *own person* relative to their environment regarding *their* relationships with the mother, father, partner, people outside the family, or groups. Hence, the importance given by the patients was first about themselves, and from there on towards the '*exterior*'. Thus, one could say the relationships and the group came *after* their preoccupation with themselves as individuals.

6.5.4. Long-term Findings and Contextualisation of the Topic of the House

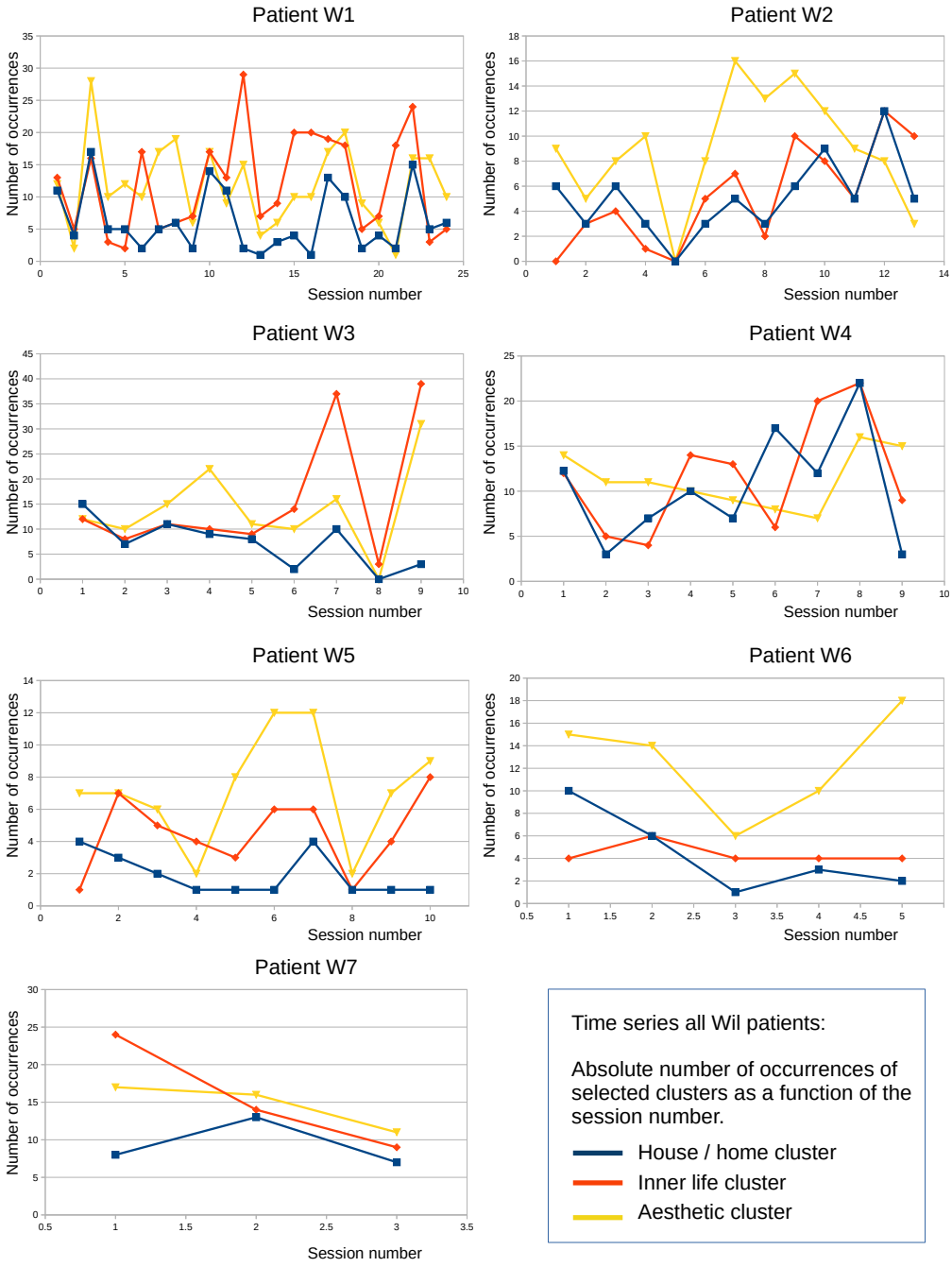
To study the temporal evolution of the mental preoccupations of each patient over time, the coding was carried out for each session's material independently. Based on the phenomenological coding of emerged themes, the three most prominent clusters', the 'house/home', the 'inner life', and the 'aesthetic' clusters, have been selected and analysed.

Table 4 (p. 210) shows the absolute number of occurrences of these selected clusters over time, that is, for each of the sessions that each patient attended. Note that no normalization is carried out; discussion of any emerging trends needs to take this into account, since the number of times each patient attended art therapy workshop varied greatly from one person to another. For example, Mr **W7** attended three workshops, in contrast to Ms **W2**, with 13, and Mr **W1** with 25 sessions. Since the emphasis of this section is on the long-term findings, the main focus will be on Ms **W2** and Mr **W1**. An additional aspect of the long-term use of the topic of the *house* in relation to PTSD will be discussed with regards to Mr **W3** (study's overall highest IES-R score of 83). Very low values in the graphs indicate that the person was absent (holidays, or illness), or that only a very brief interaction took place, and thus no or little information has been obtained.

The breath of forms and diversity of connotations and details continued throughout the full duration of the process, including amongst those with the longest participation. Furthermore, a number of developments occurred around session six to eight, with some patients leaving the two-dimensional (paintings and drawings) and moving into the third dimension (objects; Mr **W1** fig. 39, Mr **W3** fig. 59). This transition to the third dimension was also envisaged by Ms **W6** but could not be realised due to her job-related early departure.

As was the case during the Paris adolescents' fieldwork in a closed ward, some patients verbally expressed some mounting reluctance over time to focus exclusively on a single topic; however, to a very large extent they pursued their work despite their professed reluctance and maintained their creative expressive *house*-related output.

Table 4:



6.5.5. Patient-Specific Findings

The following sections address patient-specific findings: **Mr W1** attended 24 art therapy workshops from April 6th to September 13th 2016 (often twice a week). The graph indicates that his preoccupation with *house* questions remained rather stable

over time. He however moved from a focus on abstract forms, natural light related issues to conceiving the building and the (partial) façade of his “Firma”. Also, the ‘aesthetic cluster’ remained relatively stable over time, even though there was a bigger engagement with such questions in the beginning of the workshops. Interestingly, there were two peaks regarding the ‘inner life’ cluster; the first halfway through the time of attendance, and the second one towards the end, where there is an approximate overlap with the *house* cluster. Overall, Mr **W1**’s foci regarding him addressing the three clusters ‘house/home’, ‘inner life’, and ‘aesthetic’ seemed to remain relatively steady throughout.

The situation looks rather different In the case of Ms **W2** who attended the art therapy workshops from 3rd May to 13th September 2016. Ms **W2** demonstrated a big interest in aesthetic, material and form related questions regarding her paintings and drawings throughout her participation. After nine workshops an initially slow, then a stronger decrease regarding aesthetic questions occurred. From then on, she seemed to focus on *house/home* and *inner life* issues, even though the latter was most prominent in respect to her overall partaking in the workshops.

In Mr **W3**’s case, his inner and aesthetic process was rather different from the previous two patients. He commenced the art therapy workshops on 26th April and stayed till the 19th July 2016. Before his second to last participation, a sports accident and partner crisis occurred, which led to a three-week interruption (see point no 8 in the graph). Till the sixth session the three clusters, ‘*inner life’*, ‘*house/home’* and ‘*aesthetic*’ appeared at comparable rates. The time of the first ‘*inner life’* peak occurred whilst he was working on his “*hot dog stall-chessboard*” drawing (figs. 57-58). During the last workshop he was very emotional; Mr **W3** perhaps realized it was his last workshop and started to verbally address:

a) *Anger*: being afraid of not being able to control himself. He expressed his worry of not being able to keep his temper down if *he* would be aggressed or be irritated by others. Therefore, he feared to aggress *others*.
b) *Loneliness*: he expressed sadness, of feeling alone whilst being ill at home.

c) *Retreat*: he asked me for advice how to proceed if he wished to be alone.
d) *Highly self-critical, putting himself down*: stated with negative evaluation, that his works would always be different from others.

As stated earlier, Mr **W3** initially took the topic light-heartedly till he realized what it *could* incorporate or provoke. The last workshop seemed as if a *door* of a *house* would have been opened after having been sealed for a long time, permitting ultimately painful content to be expressed.

The following patient, Ms **W4**, also attended ten sessions, from 27th April until 3rd of August 2016. There seemed to have been a steady increase of the '*inner life*' and '*house/home*' clusters till the eighth session. The sharp decline during the last workshop appears anomalous, which however coincided with Ms **W4**'s having been a bit tipsy whilst painting the *turtle* (fig. 64), and the fact that she had been injured at home.

Mr **W5** participated in the workshops from 3rd May to 5th July 2016 till he found a job. The most prominent two increases during his attendance were related to the '*aesthetic*' cluster. The '*home/house*' cluster remained very constant; his focus on his "neighbourhoods" remained rather similar throughout. Notions addressing the *house* or *home* appeared however during the semi-structured interview. The rise at the eighth session regarding the '*inner life*' cluster is related to the fact that Mr **W5** started to interact slightly more and had also started to talk about his private life.

As is clear from the graph detailing Ms **W6**'s attendance from 27th April to 1st June 2016, her '*house/home'* and '*inner life'* clusters varied little over time. Also, the style of her *house*-paintings remained mostly similar, as was her presence throughout the workshops (always rather withdrawn). Point no 3, which shows a decrease in all three clusters, coincided with her rather abstract painting, which contained a "prison" (fig. 74), on which she however didn't elaborate.

Finally, Mr **W7** only attended four workshops from the 3rd August to the 13th September 2016. Initially, he was very enthusiastic whilst working on his "cave" drawing

(fig. 80) and was rather talkative. After a work-related interruption, his mood deteriorated, and he appeared to have lost the energy he had during the first two workshops.

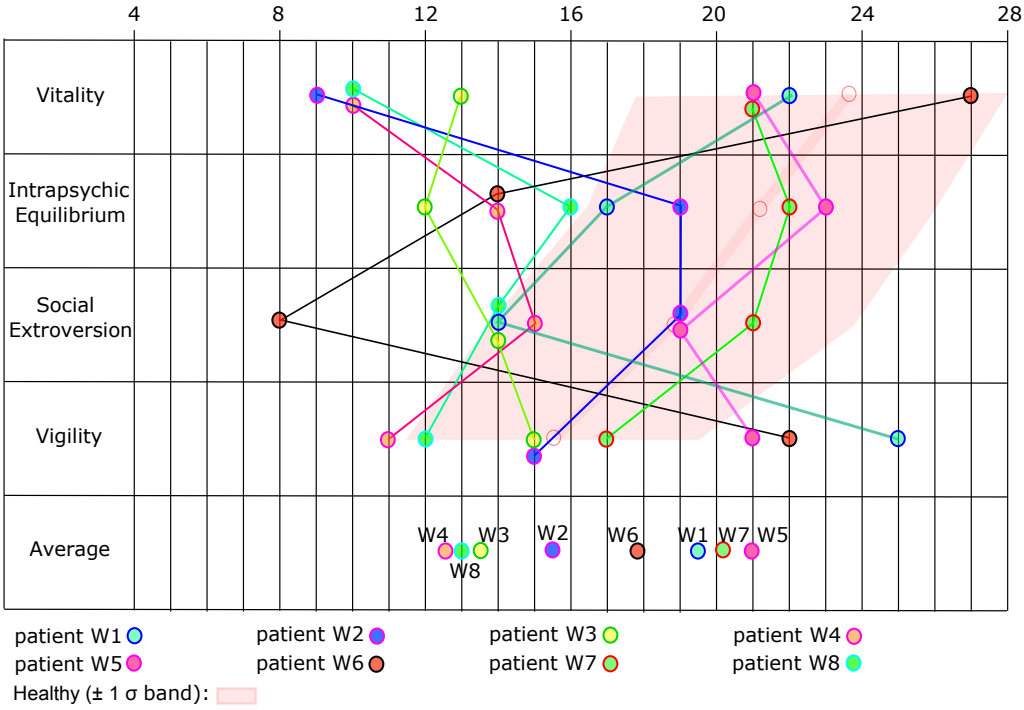
It Is striking that in the above detailed discussions, both long-term trends as well as short-term fluctuations in the above cluster occurrences, can often be put in relationship with specific life events and longer-term developments of the patients. Importantly, these developments and changes commenced after about six to eight workshops. Hence, a minimum art therapy workshop attendance time appears to be required before inner shifts can possibly commence.

6.5.6. The Basler Befindlichkeitsskala, (BBS) Wellbeing Test Results

Patients' data stemming from the BBS-test (*table 5*, p. 214) show that on average, they are situated in the mid-range (healthy ±1σ range) of the graph according to their self-evaluation (2016). However, Mr **W3**'s data seems to be located at the lower margin of the 'healthy' band; he is also the person with the extremely high PTSD-score of 87. Ms **W6**, Ms **W4**, and to some extent Ms **W2** seem to describe themselves very much in line with my observations, that is as being rather withdrawn, cautious, fragile and at the same time relatively energetic.

Even though these results are mostly in agreement with my field note findings, some values seem however to be rather optimistic. For example, Mr **W7** indicated a relatively high score regarding the 'intrapsychic equilibrium', whereas my impression was rather the contrary. Also, Mr **W5** seemed to evaluate himself rather positively while Mr **W1**'s self-evaluation coincided well with my observations. Generally, self-rating test results must be treated critically as patients might feel differently about themselves or wish to demonstrate a perhaps more stable psychological state than what an outside view by art therapists would attest, even though arguably, also therapists' interpretations might potentially be partial.

Table 5:



6.6. Discussion

6.6.1. House Variability Over Time in Patients' Works and Narratives

The degree of variability within patients' aesthetic works and narratives was large and depended most likely on their personality, and how they addressed and expressed individual issues or projects. An additional factor can be the time spent during the art therapy workshops and whether, or not, inner shifts could happen. However, as indicated in section 6.5.4., the 'time factor' alone cannot explain the degree of individual variability, as e.g. the "neighbourhood" drawings (figs. 65 - 69) of Mr **W5** demonstrated, nor do painful experiences necessarily lead to expressing such content aesthetically or verbally. Mr **W5**'s aesthetic choices could have been a form of avoidance, of not showing aesthetic and inner content to the art therapist, and (as he pointed out) in reaction against previous medical staff's interpretations. Moreover, his conceptual depiction of *houses* or city's "neighbourhoods" could perhaps additionally be geared towards himself in order to remain on a rather

cognitive, abstract, and thus not entering an emotive, level. Finally, Mr **W5**'s aesthetic works resulted in minimal *house'* variability.

Some patients utilized the topic of the *house* to address life events and issues spanning from early childhood to present day as did Ms **W2**. Other patients employed it in different ways. Mr **W1** used it to project himself into the future, and as for Ms **W4** she created an imaginary and protective world. Among these patients, the narratives were in line with their aesthetic contents and the shapes their aesthetic works took were very multi-facetted.

Regarding Mr **W5**, and mostly Ms **W6**, their aesthetic expressions were overall not as varied as the above patients', and neither were their 'reduced' narratives. However, in contrast to Mr **W5**, each of Ms **W6**' paintings incorporated a multitude of forms, which remained rather similar throughout her workshop attendance. Interestingly, both persons were rather withdrawn and mostly didn't address personal issues verbally during the sessions but did do so to some extent during the interview and final discussion.

Regarding Mr **W7**, and Ms **W8**, as their attendance of the art therapy workshops was rather short, the question of variability remained open.

6.6.2. Practice-based Considerations: Long-term Usefulness of the House Topic

After a long period over several months focusing on the topic of the *house* Mr **W1** (24 workshops, at times twice a week) and Ms **W2** (13 times) started questioning their own reasons for attending. Nevertheless, to a large extent, all patients continued to adopt the theme of the *house*, though with some interruptions (Mr **W1**'s branch-drawings, figs. 29 - 34), and his creation of a paper object, or Mr **W3** with his male airplane-portrait, figs. 59 - 60). Naturally, I did not exert any pressure in maintaining the theme, even though one could consider that the presence of the *house* postcards could be seen as a silent, continuous, and visual suggestion. In principle, the question is whether the long-term suggestion of the topic resulted in patients' saturation or tedium, and if so, for what reasons? Also, the question

remains whether maintenance of the topic might additionally be useful as further related content (e.g. PTSD) might surface that could thus be addressed.

Reasons for patients' discontinuation, or 'abandonment', of the topic can be multiple. For example, only two exceptions, Mr **W1** and Mr **W3**, created objects that were not, or only partly related to the *house*.

a) Being 'bored', thus the topic of the *house* becoming dull, hence, patients losing interest.
b) Entering an inner phase, in which emerging contents can become too painful to address. Leaving the topic could thus be linked to avoidance of self-confrontation and anxiety as to prevent possible crisis.
c) Start of an inner healing process, where the individual self can become more active again, thus regaining control, and self-determination. 'Abandonment' of the topic could be regarded as a positive development towards independence.
d) Having a perhaps somewhat restricted vocabulary of possible topical *house* interpretations.
e) As a form of protest towards a hierarchically 'imposed' theme by the art therapist.
f) Having personal issues regarding the art therapist, or other patients.
g) Not wishing to reveal (consciously, or unconsciously) more painful content.

Concerning PTSD-sufferers, I hypothesize that the *house* topic could indeed become an integral part of a PTSD-art therapy method. The above findings suggest that this specific topic allowed PTSD-sufferers to address their traumata expressively (via narratives and aesthetic works). Indeed, a *house* literally incorporates the possibility of physical and symbolic expression and as a means to rebuild inner worlds. For example, Ms **W2**'s "ruin" (fig. 52) can potentially be reconstructed, or a living room can be refurbished; thus, a restored, re-configured *house* can see the day. This potential *house*-based PTSD-method could additionally draw on former scholars' chronological, art- and psychodynamic procedures and integrate neuroscience research findings. Further long-term and PTSD-related art therapy

research is however needed to investigate whether a specifically *house*- topic based method would be suitable for PTSD-sufferers.

6.7. Resume

The suggestion of the topic of the *house* at the psychiatric clinic Wil's out-patients within an art therapy focus group was a culturally and temporally valid proposition. The level of concordance between the quantitative (see section 6.5) and qualitative datasets supports the topic's validity within this patient group. It allowed the emergence and addressing of individual issues and expressing personal matters via distinct aesthetic and narrative forms and contents through depictions of *house's exteriorities* as well as *interiorities.*

Thanks to the duration of the fieldwork, the level of personal variations and inner developments over time became manifest to a greater, or lesser extent in patients' aesthetic works and narratives pointing to idiosyncratic aspects of their selves.

Further, 'abandonment' of the topic (two patients) didn't point to a topical inadequacy but was linked to individuals' inner processes, which could lead to further inner material that could possibly be addressed.

Finally, whether the topic of the *house* could become a specific art therapy method for PTSD-sufferers needs further investigation; my hypothesis is however that it should be envisioned.

Chapter 7 Ohmiya Kousei Byoin (Hospital), Ohmiya, Japan

7.1. Introduction

This chapter explores and contextualises Japanese patients' aesthetic and verbal expressions and mental suffering within their cultural context at the Ohmiya psychiatric clinic close to Tokyo in Saitama prefecture which kindly agreed, after ethics' approval, to host me. I was their first foreign researcher and carried out my six weeks' art therapy fieldwork in 2018. The participants were Japanese adult outpatients who attended two weekly art therapy workshops during four weeks. As was the case for all other fieldwork venues, the patients were given the same topic, *the house*.

In contrast to the other two chapters' addressing art therapy clinical fieldwork that took place in Europe comprising European participants, this chapter focuses on fieldwork carried out in a psychiatric hospital in Japan. Whereas the Swiss psychiatric clinic Wil chapter investigated a relatively long-term use of the topic of the *house* with adult out-patients, and the Hôpital Pitié-Salpêtrière fieldwork in Paris was based on young adults within a closed section, this chapter addresses notions of Japanese culture that emerged from Japanese adult outpatients.

Chapter seven also incorporates a discussion based on academic scholarship and personal reflections regarding historic backgrounds, notions of *nostalgia*, and the prominence of *culturally grounded forms* that were revealed in this group. Furthermore, it questions whether such phenomena could be linked, as Hogan (2015, p. 12) points out, to Bourdieu's (1990) concept of habitus, '[…] as an embodied history, internalized as a second nature and so forgotten as history – [as] the active presence of the whole part of which it is the product'.

In an increasingly multicultural environment, a deeper awareness of patients' cultural background(s) and their sense of selfhood is of crucial importance within art therapy settings and research. Although some investigations of art therapy across cultures have taken place (Dokter & Hills de Zárate, 2016; Myers & Brooke 2015;

Hiscox and Calisch 1998), there has been relatively little research that incorporates this approach in Asian contexts. Specifically, art therapy research in Japan is scarce (three to nine publications per year, 'CiNii'), as are comparative studies across cultures. Unfortunately, art therapy is only infrequently used as a research tool, perhaps because, as Huss (2015, p.1) points out, 'in art therapy specifically, theory [and research] is […] often viewed with suspicion as something external to art therapy, coming from psychology, art, or from a place that distances art from therapy, or therapy from art' despite its potential.

The focus of this chapter is on one of the themes that emerged from the phenomenological thematic analysis of the complete set of obtained material and data, identifying those themes which were repeatedly raised by the Japanese patients: a recurrent reference to traditional (and modern) Japanese architectural frameworks, to specific forms of expression, and to the particular socio-cultural context of the patients. The bulk of their aesthetic and verbal expressions, I hypothesize, stem from and are shaped by their distinct cultural background, analogous to the concept of 'cultural moulding' (Mauss, 1934) and are cohesive with a sense of *nostalgia*.

7.2. The Ohmiya Kousei Hospital

According to Ohmiya Kousei psychiatric Hospital's website (2011), it was originally opened in 1955 and an additional building was constructed in 2012, in which my fieldwork took place. The hospital's guidelines consist of the following 'three major procedures':

1. […] to promote chronic schizophrenia patients' reintegration into society.
2. [To provide] stress care for patients with mood disorders, which are currently increasing, in a calm ward environment […].
3. [To offer patients] in acute phases care for their psychiatric disorders. The objective is to stabilize the symptoms in a short period of time by taking prompt measures when patients living in a society suddenly find [their] condition worsening or when diagnosis and treatment are required for a new psychotic condition' (Translation from Japanese, Suzuki, 2020).

Even though the Ohmiya Kousei Hospital doesn't offer art therapy, it provides patients with an occupational therapy program.

7.3. Method

After ethical clearance by the University of Derby, and the clinic's directorate, this study's fieldwork procedures entailed two art therapy focus group workshops at the Ohmiya Kousei Byoin (Hospital). The patient groups consisted of eleven male and four female Japanese adult patients. The art therapy workshops were solely facilitated by me and (mostly) in Japanese.

Patients were 'pre-selected' by the clinic's psychiatrists prior to my arrival based on their psychiatric assessments. The final selection included those patients who expressed their own interest in partaking in the art therapy workshops. Both steps were carried out before my arrival at the clinic. My written informed consent form (Japanese version translated by a Japanese scholar, 2016, appendix 6), which had been submitted to the treating psychiatrists beforehand for inspection, was thereafter agreed to by all patients. Also, the two quantitative tests IES-R (1997, Japanese version, 2002, appendix 9) and BBS (1985, appendix 11) were examined by the treating psychiatrist prior to their use.

Two weekly sessions for four weeks were held for a duration of 90 minutes each. One group consisted of out-clinic day-care centre patients. The second, a male only group (also out-patients), was called 're-work' [programme], as the focus was put on patients' reintegration into the working environment.

7.3.1. Context and Protocol

After a detailed initial presentation to the clinic's directorate regarding the research topic and protocol, agreement was given that I lead the art therapy sessions unaccompanied, with the understanding that the clinic's lead psychiatrist could be

called in case of any arising issues. Thereafter, I gave a slide-supported presentation (in English) to the hospital's directorate and staff addressing my research topic including previous fieldwork findings.

Prior to starting the first art therapy workshop I gave a short introduction in Japanese to the patients, addressing the theme of the *house*, during which one of the treating psychiatrists, Professor Oshima, was present, who also introduced me to the patients and subsequently explained the topic in his words. This verbal explanation was facilitated by a visual stimulus consisting of the same 31 postcards showing images of *houses* as during the Wil and Paris fieldworks.

After this introduction, I led the art therapy sessions alone; hence no auxiliary mental health professional was present. The clinic's mental health workers (psychiatrists, chief nurse, psychologist) were present briefly in the beginning, and after the end of each session since they accompanied the patients' who joined the art therapy workshops back to the ward.

The language used was mostly Japanese supplemented occasionally with English vocabulary and assisted by portable phone dictionaries (Japanese/English, Japanese/French) used by some workshop participants and by me.

The 'studio' in which the sessions took place normally served as a group therapy or meeting space. The room was located on the ground floor within the modern building built in 2012. Because of its multi-functionality, it was rather neutral without any decoration, having stackable chairs and longish, narrow tables that could be folded up. The foldable 'walls' were thin so that persons' voices, coming from the neighbouring rooms, could at times be heard. There were two large windows, which allowed views of a little bamboo forest and other greenery. The entrance door had a little window for other mental health workers to glance inside.



Fig. 82, Ohmiya clinic's art therapy space, © Silvia Wyder, 2018

In all the clinical contexts of this research and also for the fieldwork in Ohmiya, the workshop topic was 家 ('ie', Japanese for *house*). In each location I always used the appropriate linguistic term for *house*, hence, 家 'ie', *house* in Japanese (rather than 'housu', the imported English, with its slightly different, non-Japanese, connotations). The only context where the English term *house* appeared was linked to patients' paintings of a 'log-house' and regarding the 'Hebel'-House (meaning 'lever' in German).

Each workshop started with the arrival of the patients accompanied by the psychiatrist, chief-nurse, or psychologist. After taking their seats (always the same spot for each person as per their choice) and after some communal or individual verbal exchanges, patients would either continue work on their prior piece or would start a new *house* related drawing or painting.

The art material was the same as in the other fieldwork venues, that is water and acrylic colours, colour pencils and chalks, felt pens, various types and softness of graphite pencils, Japanese ink (liquid and ink stones), rulers, pencil sharpeners, Asian shôdo and 'Western' paint brushes, and A3 and 50 x 70 cm sized paper. Patients could freely choose their art materials and paper sizes, which were spread out at the same spot, and in the same manner on tables before every session. The art materials were stored together with the drawing papers, in the psychiatrist's or the psychologist's office.



Fig. 83, art materials, Ohmiya, © Silvia Wyder, 2018

Closure of the workshops entailed verbal exchanges between all the participants by e.g., sharing thoughts regarding the aesthetic works, and communal tidying up of the art materials and the tables in the space. Photographic documentation of participants' drawings was made by me following each workshop after patients' left.

As in both other venues, observational field notes and auxiliary information were recorded from memory after each session. Equally, I noted down observations regarding encounters with patients, interactions with psychiatrists, psychologist and the chief-nurse, including self-reflections regarding the workshop.

The drawings and paintings were stored in the chief-nurse's and the psychologist's offices and were brought back before each workshop.

Finally, individual concluding sessions with patients together with their aesthetic works and either the psychologist or the chief-nurse took place and were based on my semi-structured interview (Wyder, 2016). However, the duration of each registered interview was limited to 30 minutes due to time constraints (psychiatrists' choice) which resulted in a selection of the twelve most salient questions (out of the 29 questions, see appendix 7). Key elements of those twelve questions were e.g. whether it was easy to start working on the topic of the house, why they chose a specific representation, or if they could recognize themselves in the house. Other questions investigated *house*-related dreams, memories, past experiences, and their own culture.

7.3.2. Patients, “Members”

The first group consisted of a total of nine patients referred to as *members*, of which four were women, and five were men who usually attended the ‘day care programme’. Their ages ranged from 26 to 69 years. The second group consisted of six men aged between 26 and 51 years. Based on the retroactively obtained information, their psychiatric diagnoses covered the spectrum of schizophrenic disorders, persecutory ideation, substance abuse disorder, anxiety disorders, depression, self-harm, and a suicide attempt. *Table 6* (after vignettes) summarizes all patients’ information.

7.4. Results

7.4.1. Patients’ Vignettes

As the focus of this chapter is on *culture-based findings*, 13 out of 15 patients in whose work Japanese culturally grounded expressions were particularly salient have been selected (narratives and drawings). For these patients (**J1** - **J10, J12** - **J14**), a sample of images and quotes are presented to provide an overview of the forms of expressions and of issues brought up by them during the sessions. Material stemming from discussions and from the Japanese language semi-structured interview (Wyder, 2016) with each patient are also presented in the following section, as well as my field notes, all recorded in 2018.

7.4.1.1. Ms J1, 46 years

Diagnosis: Borderline personality disorder, recurrent depression. IES-R score: 55.

According to the treating psychiatrist’s information Ms **J1** had been married before, had a daughter, but was thereafter unable to take care of her due to her on-going mental illness, which included self-harm and persecutory ideation. Consequently, the little girl grew up with the patient’s brother. Presently, Ms **J1** having married once more (second husband diagnosed with schizophrenia), wished to take the

now 20 years old daughter back into her new household. Ms **J1**'s self-harming cuts were healed; however, the cigarette butt burnings on her forearms were still fresh and were performed by herself. According to Ms **J1** she had been neglected by her own mother and "everything had remained locked-up within my own body" (2018), she said.



Fig. 84, Ms J1, "Maria Kannon", 2018

Ms **J1**'s second drawing was of the "Kannon-sama" (Buddhist goddess of compassion and benevolence) in front of a temple with a prominent roof and hall. One of the photos she showed me on her portable phone was of a Maria-Kannon-statue carrying a baby (Dai Kannon statue, 62 meters in height). She told me that it was possible to physically "enter these Kannons" and that these were "kowai", meaning scary. It seemed as if Ms **J1** would have identified with the Maria-Kannon-sama given her history regarding her own difficult childhood and the abandonment of her baby-girl. Ms **J1** repeatedly referred to her mother whom she on the one hand idealized, and of whom on the other hand said: "I wish my mother could have been a great person like the Kannon […] she is watching me, she was always observing, she was keeping an eye on me […] コントロール コントロール (control, control). That's why she is huge, but she is beautiful, she is scary and beautiful".

7.4.1.2. Ms J2, 55 years

Diagnosis: schizophrenia with persecution delusion, guilt related delusions and depression. IES-R score: 44.

Ms **J2** was suffering from depression and delusions consisting of, for example, the conviction that everybody was watching her on TV. She used to work as a nurse for almost seven years and experienced strong feelings of guilt after a colleague of hers had passed away due to breast cancer. Later, Ms **J2** had cervical cancer and whilst being hospitalized realised that she “wanted to live”.



Fig. 85, Ms J2, house where she used to live (below) and current situation in “danchi” above, 2018

Now having recovered from the cancer she attended the clinic’s day care centre once or twice a week. For the rest of the week she had no activities and was at home, together with her stepfather, in an apartment block in the “danchi”-style (団地) (fig. 85). According to Abe-Kudo (2014, pp. 96 - 97) ‘the term *danchi* evokes the image of a group of apartment buildings, white, cubic, without decoration, with an elevation of about five floors. […] The apartments are accessible by common circulating spaces […]’ (my translation from French). Beforehand, Ms **J2** used to live in an individual house. She repeatedly expressed feelings of sadness and loss based on her divorce, and for not having had the chance to have a second child and happy family life. This unfulfilled wish and longing were depicted in another drawing. However, she also drew happy childhood memories of being together with

her girlfriends after “soroban” (abacus) school.

7.4.1.3. Mr J3, 51 years

Diagnosis: schizophrenia. IES-R score: 64.

Mr **J3** had told me that he had had a car accident about 25 years ago during which he had badly injured another person who had to be hospitalized but survived. This incident left him with a permanent feeling of guilt and psychological suffering, which his very high PTSD-score corroborated.



Fig. 86: Mr J3, “Fuji-san being mirrored in the lake with house and trees”, 2018

Mr **J3** explained that the mountain on this drawing is mount Fuji. There is a little house at the foot of the mountain and the shape in the same blue colour underneath represents, according to him, a lake. The form he used for depicting Fuji-san with its volcanic form was complemented with the similar shape of the lake below it. This he said (2018), was motivated by his wish to show the reflection of Mount Fuji (which represents a sacred place for the Japanese) in the water in an upside-down mirror image called “sakasa-fuji” with a “small house and forest” in an “awfully beautiful scenery, now it is winter, and it has got white with snow on top of Mount Fuji”. References to his family members (lived with his mother), culture and nature played a prominent part in Mr **J3**’s narratives.

Also, Mr **J3** used one *postcard* that led to a very different aesthetic rendering in

contrast to his aquarelle-paintings (see postcard section, 7.7.2.1).

7.4.1.4. Mr J4, 39 years

Diagnosis: obsessive-compulsive disorder and depression. IES-R score: 51.

Mr **J4** had repeatedly expressed feelings of *nostalgia* for traditional and modern Japanese lifestyles, and a strong sense of belonging to Japanese culture with references to, e.g. “Ukiyo-e” (Japanese wood block prints), “Ryokan” (Japanese

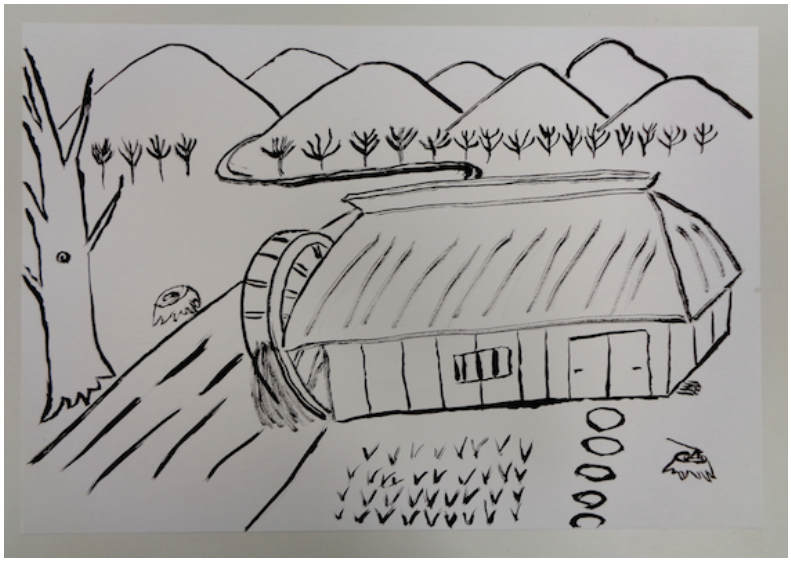


Fig. 87, Mr J4, house close to mountains, next to river, trees (partly cut) and an axe, Japanese ink, 2018

traditional hotel), “Bonsai”, cherry blossoms, “irori” (hearth), and “sumi” (Japanese ink, see here above).

Fig. 87 depicted a *house* with a ‘wara-yane’, that is a rice straw roof, which he had drawn before in another drawing. The *house*’*s* entrance shows stones leading the way towards traditional houses, or temples. Nature was an essential part of the drawing as the mountains, trees, and a river indicate.

7.4.1.5. Mr J5, 44 years

Diagnosis: depression. No IES-R score.

The 田んぼ (‘tanbô’) painting (fig. 88) shows people working in the rice fields, according to Mr **J5**. It gives a rather structured impression thanks to the rectangular shapes. The way Mr **J5** used the black acrylic paint is very similar to as if he had been using Japanese ink; there is thus a similarity in the use of the latter culturally embedded materiality.



Fig. 88, Mr J5, house, “rice fields with people working”, 2018

Interestingly, Mr **J5** created this painting by fabricating a cardboard tool, which was, according to him, originally invented by his son. His painting style was very energetic, showing a group of people working individually in their allocated rice field depicted via rectangular spaces underneath a *house* and mountains.

7.4.1.6. Mr J6, 26 years

Diagnosis: delusional disorders (delirium, hallucinations), depression and the syndrome of auto-dysomophobia. IES-R score: 37.

In Mr **J6’**s drawing (fig. 89) one can see a Japanese traditional *house* in the country on stilts, which is typical for traditional Japanese wooden *house* constructions. Referring to the tree to the left of the *house* Mr **J6** said that it is winter as there are no leaves. There is also a dog with a bone, and a person (himself, he stated). The windows were made of glass, and not, as it was the case in old times, of shoji paper, he added. The *house*’s interior shows traditional items: a low table with a

‘zabuton’ (cushion) to sit on placed on tatami floor, a ‘tokonoma’, a place where a calligraphy is exhibited together with a ‘chabana’ flower arrangement in front of it.



Fig. 89, Mr J6’s traditional Japanese house in the country, expressing “my wish to be alone, with a dog, a cat, and a tree”, 2018

During the interview Mr **J6** said: “I felt it was difficult – I also usually say that when I say house, I imagined just my own house, and I had never thought of other things. I think it’s comfortable for me – it’s – [to] live in my, this house... around no people, there is no one around – but I love animal and I want to live with animal but not [with] people” (2018).

Interestingly, Mr **J6**’s drawings and painting showed large variety of styles. One drawing depicted his actual living situation in a “danchi”. The first drawing was a wooden (part-) house next to a tree underneath the sun, one was a “degu-cage” (animal) in which he said he wishes to live, and one was (the only one within the Japanese patients’ group) an abstraction including, however, as he stated, a “blue house” (2018).

7.4.1.7. Mr J7, 38 years

Diagnosis: adjustment disorder. No IES-R score.

According to Mr **J7** the painting (fig. 90) shows a hut, a river, trees, and a person who is fishing. When I asked what the trees were, he answered: "Yanagi", that is



Fig. 90, Mr J7, Japanese ink, 2018

willow trees, which symbolise grace and strength, but are also related to ghosts (Hanafuda Hawaii, 2009-2018). Mr **J7** was convinced that “Yanagi” is a tree exclusively located in Japan. He and the other patients’ present were very surprised when I said that willow trees exist also in Europe (even though there seem to be different types).

Mr **J7** had been the first person in the second male-only group to use Japanese ink and the shôdo brush: thereafter Mr **J4** (fig. 87) was inspired by his use of the traditional art material as well. Mr **J7** explained that using Japanese ink to paint while employing a shôdo (Japanese bamboo) brush was rather difficult and years ago, although not a professional Japanese calligrapher, he had been pretty good.

7.4.1.8. Ms J8, 26 years

Diagnosis: anxiety disorder, depression. IES-R score: 38.

Ms **J8** had started university studies away from her hometown and parents' place and developed anxiety, panic attacks also related to professors' negative comments. During the last workshop Ms **J8** had asked me whether I had ever experienced earthquakes (which I did). It seemed however that she has not been personally exposed to major earthquakes but given Japan’s geology, bigger and smaller earthquakes are very common.

Ms **J8**'s first drawing was the only one that was *not* related to *postcards*, in which she drew a double-roofed house with "gomi" (trash) beside it. In her second drawing, Ms **J8** had selected the Sinai-postcard. She said that she chose this *postcard* because of the colour; that she likes pink (2018). Neither the *houses* on the postcard, nor the colour of the earth are in reality as pink as she drew these. When I pointed out the fact that the situation is in a desert, she seemed surprised.



Fig. 91, Sinai Park, Andrea & Magda (no year)



Fig. 92, Ms J8, 2018

Furthermore, her choice of the Malaysia-Borneo postcard might be related to a friend's wedding in Hawaii she attended. First, she had painted the "water" with rather transparent vertical watercolour lines. Interestingly, even though there are several *houses* on stilts on the postcard, Ms **J8** had drawn (fig. 94) only one.



Fig. 93, Bazuki Muhammad/Reuters

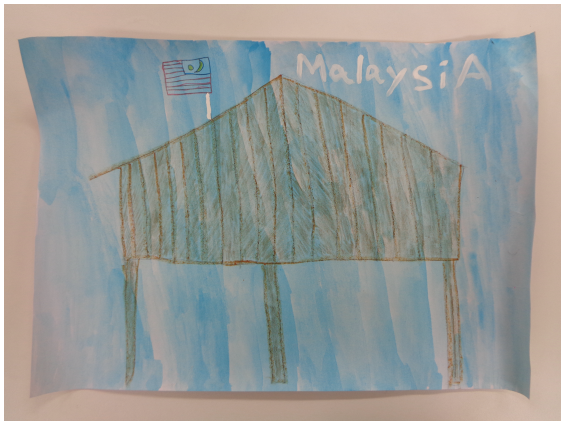


Fig. 94, Ms J8, 'Malaysia', 2018

However, similar to Ms **J9**, both patients chose not to depict persons that were visible on the postcard. This was surprising to me as the presence of children playing in the water was rather prominent.

Another of Ms **J8**'s drawings was based on the German photographers Bernd and Hilla Becher's series often showing industrial buildings or *house* structures comprising 'grids'. Interestingly, Ms **J8** reproduced the "Riegelhaus"-structure of the *house* but changed its dimensions to become perhaps more in line with Japanese old houses. She also transformed the black and white photograph into colours following the chromatic circle. Even the staircase leading to the entrance door became colourful following the colour circle, but she left out some elements as the single window or the ladder and the fence located in front of the house. However, the uppermost window became bigger.



Fig. 95, B. and H. Becher, Fachwerkhaus, 1970



Fig. 96, Ms J8, 2018

Finally, Ms **J8** chose a postcard showing an old *house* in the French Jura region. Even though the drawing (fig. 98) was perhaps not finished (last workshop); she seemed to have copied most of the elements.



Fig. 97, Raymond Depardon, Jura, 2006



Fig. 98, Ms J8, 2018

7.4.1.9. Ms J9, 45 years

Diagnosis: depression, delusions (after earthquake), feelings of persecution. IES-R score: 42. She suffered from a "strict and harsh father" and grew up in a "Danchi" (2018).

Ms **J9** chose the *postcard* showing *houses* on stilts in the Bormean-sea and said she "liked the sea". She repeatedly asked if her "drawing was ok?" She seemed rather insecure and repeatedly needed to be reassured that everything she did was fine and in line with the workshop topic.



Fig. 99, Bazuki Muhammad/Reuters



Fig. 100, Ms J9, 2018

Interestingly, as was the case with other Japanese patients, also Ms **J9** reproduced the photographic postcard only partially. That is, what one can see on the postcard are exclusively *houses* on stilts in the sea, and not the people in the water and next the houses. Ms **J9** had added a mountain, which was "Fuji-san" (fig. 100), she said.

Her next drawing was in reference to Japanese pop culture. Ms **J9** had brought a small, preparatory drawing, which turned out to be almost the same drawing as the one here below (fig. 101). She asked whether she may draw this image that she had made beforehand including a "Doraemon" (Japanese manga figure, which also appeared in Mr **J10**'s drawing below), which was "kawai" (cute) according to her (2018).



Fig. 101, Ms J9, 'Merry Christmas', Doraemon, 2018

Ms **J9**'s *house* became a Christmas scene with the "Doraemon" giving, or receiving a present from a girl, or woman. There are five snowmen, and in the tree are two owls, "fukurô" in Japanese, which symbolise "luck", as Ms **J9** stated (2018). She said that she thought of her grandmother's *house* with a garden during the work-shops.



Fig. 102, Ms J9, ‘manshon’, 2018

Interestingly, regarding the above (fig. 102) and the previous drawing, Ms **J9** had moved from taking postcards as starting point to expressing own content and imagery.

7.4.1.10. Mr J10, 40 years

Diagnosis: Depression. IES-R score: 21.
Mr **J10** suffered from depression and insomnia due to divorce including loss of his child’s presence and repeated work-related issues. He had undergone university studies and had worked as an administrator.

He chose the video still *postcard* of Bill Viola, showing the lower part of a house and door from which a stream of water is flowing out. Also Mr **J10** transformed the postcard to integrate personal content, that is, he drew a heart as an entrance door. The number 714 referred to his birthday, he said (2018).

Thereafter, Mr **J10** continued by colouring persons’ faces and the “Doraemon” (manga character) in the Olympia circles and added lines as a background. Above the red door he wrote "Secom", which referred to a security company that protects houses from burglaries according to him. As I asked if this is necessary, he very strongly confirmed.



Fig. 103, Bill Viola, “Going forth by day”, video still, postcard, 2002



Fig. 104, Mr J10, 2018

Thereafter, Mr **J10** went to the *postcard* table and chose another postcard as basis for his new painting, which was, once more, a mixture between reproduction and insertion of personal elements.

7.4.1.11. Mr J12, 69 years

Diagnosis: alcohol dependence. IES-R score: 22.

Mr **J12** was always very quiet; he seemed shy and worked on his drawings in a very concentrated manner. He used very bright colours, which provoked a more intensive physical presence to me than he had himself.

He focussed on the *perspective* and didn’t seem happy with the first version of his drawing. The grey squares on the rooftop were, as Mr **J12** explained (2018), solar panels. This one-family house was inhabited by the grand-parents on the ground floor and a couple with their two children upstairs. As I asked if it was his *house*, he said (2018) it was his daughter’s family’s *house*, as he lived in a “Danchi”.



Fig. 105, Mr J12, 2018

The second drawing showed, according to him, the apartment block in which he lived. He added that he however lived on the fifth floor but that the current drawing has only three floors.

7.4.1.12. Mr J13, 51 years

Diagnosis: Bipolar disorder. No interview, no IES-R score.

Mr **J13**'s second drawing was a traditional Japanese roof, recognizable by the form of the roof's crest tile, which is traditionally made in Japan of terracotta named "Kawara". The depicted Japanese ceramic tiles (which seem to have been imposed by the Japanese government some centuries ago) are very heavy and are problematic during typhoon and earthquakes because of their weight, he stated (2018).



Fig. 106, Mr J13, yellow house, 2018

When asked whether the grid-like form in front of this yellow house were a fence, Mr **J13** replied that it was a wooden structure in front of windows. Then he added that behind such wooden structures there were “shoji” (Japanese paper) screens. As I asked whether the drawing would be his house, he confirmed.

7.4.1.13. Mr J14, 35 years

Diagnosis: obsessive-compulsive disorder, depression. No interview, no IES-R score.

The first drawing of Mr **J14** was the below *house*, which, as I learned is called "Hebel-House" (in Japan) from the German term 'Hebel' for lever, which he was not aware of. These types of *houses* seem to withstand "jishin" (earthquakes) very



Fig. 107, Mr J14, “Hebel-House”, 2018

well, he stated and that he lives in such a *house*.

Period of f eldwork at the Ohmiya Kousei Byoin (Hospital), Ohmiya/Tokyo, Japan
Two out-patient adults' focus groups

From 12th November 2018 to 21st December 2018, two art therapy sessions per week, 90 minutes each
Total of four art therapy sessions
15 adults (9 respectively 6 per group) (ages between 24 to 69 years)

Depictions of houses regarding the *inside* (interior) and *outside* (exterior) spaces

Partici-pant	Age	Gen-der	Number of House drawings/ paintings	"Built body" drawings/ paintings	Other house forms	Culturally specif c house forms (T) = traditional (D)= danchi (JOFH)*	Inside (interior)	Exterior (outside)	Abstraction (no house form)	Number of attended sessions per participant
Ms J1	46	F	2	0	1 Temple	1 (T)	0	3	0	4
Ms J2	55	F	5	0	0	2 (D), 2 (JOFH)	1	4	0	4
Mr J3	51	M	4 (1 PC)	0	0	1 (T)	0	4	0	4
Mr J4	38	M	7 (1 OPH)	1 crab-house 1 tree-house	1 Taj Mahal 1 Boat-house	2 (T), 1 (JOFH)	0	7	0	4
Mr J5	44	M	4	0	0	2 (T), 1 with dragon, 1 ricef eld	0	0	0	2
Mr J6	26	M	5	1 animal cage	0	1 (T), 1 (D)	1	5	1	4
Mr J7	38	M	4	0	0	1 (T), (D?)	0	2	0	2
Ms J8	26	F	1, 3 PCs	0	0	1 (JOFH-d)	0	4	0	4
Ms J9	45	F	4 (1 PC)	0	0	1 (D)	3	1	0	4
Mr J10	40	M	2 (PCs)	1 (PH)	1 lighthouse, 1 wall	0	0	2	0	4
Mr J11	34	M	1	1 cat on windowsill	0	0	1	0	0	4
Mr J12	69	M	4	0	0	2 (D), 1 (JOFH)	1	4	0	4
Mr J13	51	M	2	0	0	1 (T)	0	2	0	2
Mr J14	35	M	2	0		1 (D)	0	2	0	2
Mr J15	64	M	4 (3 tree, 1 log houses)	0	0	1 (JOFH)	0	4	0	4

*PC = postcards, PCs = postcards, painting/drawing mostly 'copied' from postcard
*OPH = participant's own photograph
*DC = double house, joint one to each other
*PH = part house
*Culturally specif c house forms: (T) = traditional, (D) = danchi, JOFH = Japanese style one family house, (JOFH-d) Japanese style one family double house
** 'Danchi' are Japanese apartment blocks (団地), which "is the Japanese word for a large cluster of apartment buildings of a particular style and design, typically built as public housing by government authorities" (Wikipedia, 2019) during the 1950s, 1960s, and 1970s in suburban areas to offset the housing demand of the then-increasing Japanese population.

7.5. Quantitative Findings in General, PTSD, and BBS-related Data

The analytic procedure was performed by looking for emerging themes via coding of patients' semi-structured registered and transcribed interviews, my observational field notes, 'analysing' patients' aesthetic works, the Posttraumatic Stress Disorder IES-R-test, and the Basler Befindlichkeitsskala (wellbeing test) self-rating test results and by grouping the overall material into overarching thematic clusters.

To study the gathered material in greater depth, phenomenological analysis was employed on all datasets regarding images, materiality, technique, narratives, registered and transcribed semi-structured questionnaires and researcher's observational field notes via a process of coding by looking for emerging themes and patterns. The dominant observable concepts are summarized in 7.7.3 and are detailed in *table 7*.

7.5.1. Themes and Clusters identified in the Patients' Narratives

Phenomenological thematic analysis was carried out by phenomenological coding, which refers to a qualitative analytical procedure in which the entirety of the obtained material is scrutinised by looking for emerging themes and patterns (detailed methodological description, see *chapter three* section 3.5.1.).

- Home and House cluster (including 'other house forms', e.g. animals, cage, cake)
- Human Relationship cluster (family members, people outside family, group dynamics,)
- Inner Life cluster (self, self-perception, experience, emotion, reality, dreams, memories, time)
- Physical and Mental Health cluster (body)
- Culture cluster (Japanese general, traditional, modern, outside Japan, art, Japanese language, other Languages mainly English and French)
- Aesthetic works cluster (drawings/paintings, process, postcards, photos,

colour, material)

- Nature cluster, (incl. animals), countryside, mountains, rivers, sea, (peaceful and threatening nature; earthquakes, typhoon, tsunamis)

In all, around *30 themes* could be identified, which were grouped into *seven overarching clusters* summarized in *table 7*.

Observations made regarding the Japanese patients' narratives-based material demonstrated a commonality among the patients (almost all clusters appeared for every patient): an emphasis regarding the '*house*', the '*self*' ('inner life cluster') and the '*aesthetic*' (drawing, painting, colour) clusters. Of slightly lesser prominence are the '*family*' ('relationship cluster'), '*culture*' and '*nature*' clusters. A final weak cluster addressed '*health and body'*. Furthermore, apart from the '*health and body*' cluster, the relative weight in terms of occurrence of each cluster was generally the same for all patients, and did not depend greatly on whether the interviews, or the observational notes formed the basis of the analysis.

Identifying these clusters relied on detecting touched-upon themes in the patients' interviews and my observational notes (including patients' utterances during the workshops). As noted earlier, a mere counting of themes' occurrences, or clusters cannot account for the emotional importance, which the lived experience may have had for each patient. In particular, the mere counting of the number of occurrences of the same term (e.g. 'father') does not permit any indication of how strong the attached emotional connotation (e.g. anxiety) is and cannot solely form the basis for the 'weighting' of themes as it misses out each patient's the subjective lived experience.

The below sets of the **overall obtained material and data** need to be considered:

1. **Verbal material**: qualitative material emerged themes and clusters from the semi-structured interviews (Wyder, 2016), and narratives from observational field notes.

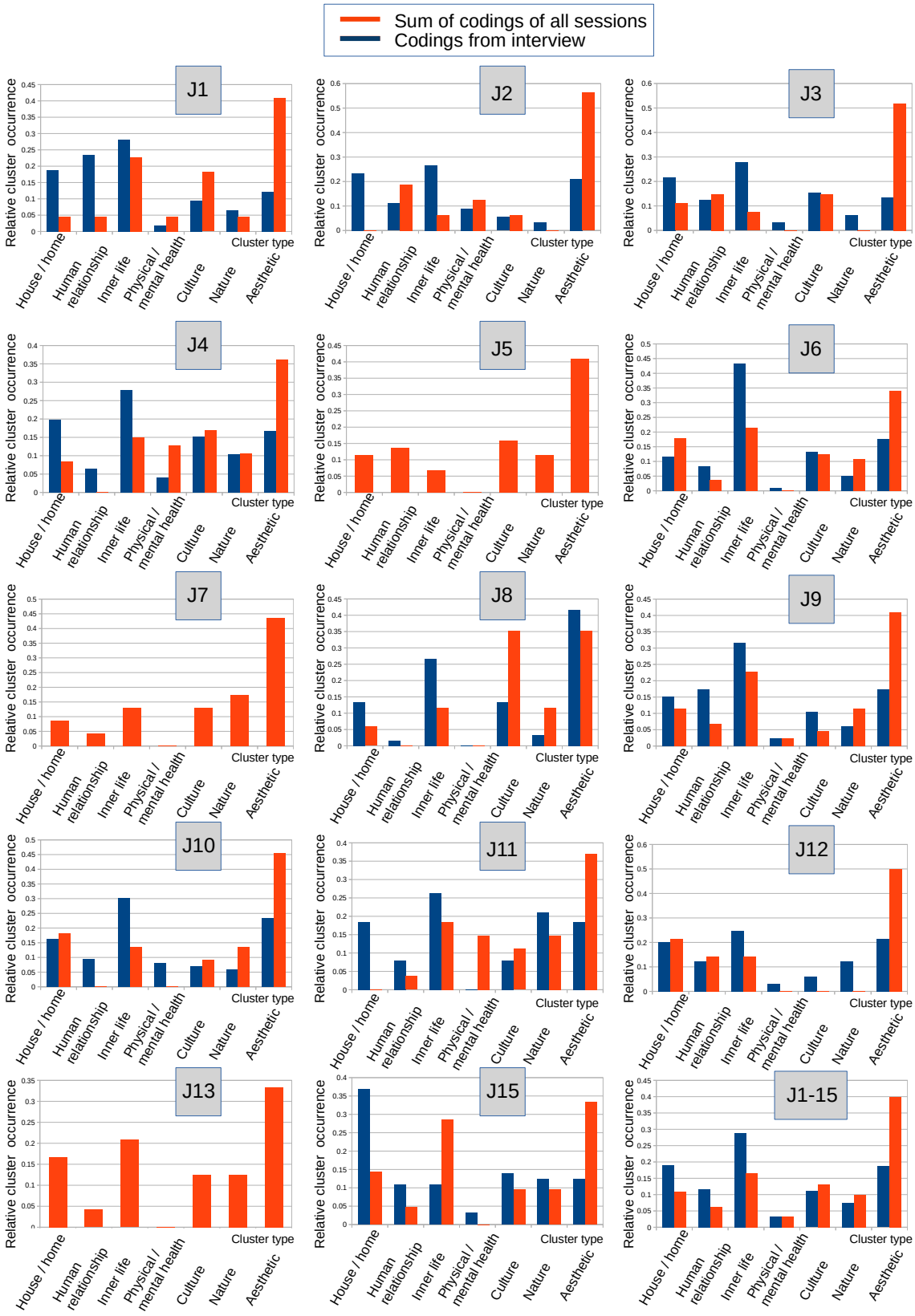
2. **Numerical data**: quantitative data from the counted themes and clusters.
3. **'Weighting'**: qualitative material of emerged themes.
4. **Aesthetic**, qualitative material based on patients' drawings and paintings.
5. **Overall IES-R PTSD-score** information:
    a. Quantitative: scores
    b. Qualitative: PTSD-visibility (or not) in patients' aesthetic works
6. **Graphical data** from **Basler Befindlichkeitsskala** (wellbeing test).

This rather complex procedure permitted on the one hand to quantitatively take the patients' individual themes into account by summarizing the individual narrative-based topical incidences. On the other hand, it allowed to 'weigh' specific and contextualised 'thematic meanings' (van Manen, 2011). For example, the importance and rather expressive manner of recounting that Ms **J1** had expressed in regard to the *Maria-Kannon statue* (fig. 84) together (utterances and drawing) with her anxious narratives concerning her mother, and the painful feelings regarding her daughter, would have been lost in a solely numerical counting of themes.

Hence, the applied procedure for 'weighting' the individual verbal themes was carried out by breaking down the overarching theme e.g. '*emotion*' into a detailed list of personally shaped items based on participants' utterances. As a result, and in contrast to a 'purely' quantitative procedure, individual experiences and emotions of the patients were considered.

The analysed material of the semi-structured interview-based (Wyder, 2016) themes and clusters in comparison to the emerged themes and clusters stemming from my observational field notes demonstrate a strong coherence. Specifically, from a methodological and phenomenological point of view the comparison of the above findings (semi-structured interview clusters specificities, together my observational field notes) show roughly the same cluster rates between the two types of datasets. Consequently, this method allowed a verification of each

Table 7:


Sum of codings of all sessions
Codings from interview
J1
J2
J3
J4
J5
J6
J7
J8
J9
J10
J11
J12
J13
J15
J1-15
Relative cluster occurrence
Cluster type
House / home
Human relationship
Inner life
Physical / mental health
Culture
Nature
Aesthetic

methodological approach and permitted mutual validation. However, and rather crucially, it also demonstrated and substantiated the validity of phenomenological observational field note taking as an integral part of a scientific method. Naturally, all findings ought nonetheless to be seen (as they should generally) rather as indications pointing to specific trends and clusters that could be potentially better validated with a bigger sample size.

Interestingly, the same clusters appeared for all patients. The findings show approximately the same overall occurrences (N) for ‘Family’ (human relationship cluster; N = 141), Culture (Japanese, traditional, modern, outside Japan; N = 163), Nature (sea, mountains, countryside, typhoon; N = 115), but not for the *Health* cluster (mental and physical, body; N = 47). The highest occurrence is in the ‘Inner Life’ cluster with N = 353.

The rather high rate of occurrence of the *‘Inner Life’* cluster included, for example, critical self-judgements (e.g. “I am childish”, “I am not feminine”, ”I was a bad mother”, 2018), self-projections (the wish to have a partner, a second child, a family), strong positive, or negative emotions regarding one’s mother, father, or a sense of well-being, to be in good hands with one’s family members.

The ‘Aesthetic works’ cluster showed practically the same number (N = 349) as the ‘Inner Life’ cluster (N = 353). As noted above, some patients made use of *postcards*, others referred to colour schemes, or the art material (Western, oil crayons, pastel crayons, and Japanese ink, brushes). Furthermore, during the semi-structured interview (Wyder, 2016), one patient referred to colours in a way that might be linked to traits of synaesthesia.

7.5.2. Summary of the Qualitatively Emerged Elements and Quantitative Test Results

The following *tables 8* and *9* summarize patients’ PTSD-IES-R scores, including their psychiatric diagnoses, and the BBS wellbeing test results.

Table 8: PTSD IES-R Scores, Show or no Show in Houses, and Psychiatric Diagnosis

Partici-pants	Age	Gender	IES-R-J score	Psychiatric Diagnosis*	Drawings/paintings pointing to PTSD	Narrative (AT sessions & interview) pointing to PTSD
J1	46	F	55	Borderline personality disorder, recurrent depression, self-harm (mother schizophrenic), threatened ex-husband with knife	No	neglected by mother, "my mother ideal", "scary Kannon" (huge Buddhist statue), divorce, baby daughter grew up with her sister
J2	55	F	44	Depression, schizophrenia with persecution delusion, guilt delusions, hallucinations	No	difficult marriage, divorce, uterus cancer
J3	51	M	64	Schizophrenia	No	car accident involving heavily hurting a 2nd person
J4	38	M	51	Obsessive compulsive disorder, depression	No	No
J5	44	M	no test	Depression	No	No (no interview data)***
J6	26	M	37	Autodysomophobia, sensitive relationship delusions, other delusions, delirium, hallucinations, depression, sister schizophrenic	No	"wish to live in cage, alone, with no people"
J7	38	M	no test	Adjustment disorder	No	No (no interview data)***
J8	26	F	38	Schizophrenia and anxiety disorder, panic attacks, depression	No	"fear of earthquakes"
J9	45	F	42	Depression, delusions (after earthquake), feelings of persecution	No	"strict, harsh father"
J10	40	M	21	Depression (e.g. insomnia)	No	divorce (child with ex-wife), family issues
J11	34	M	29, 57**	Avoidant and narcissistic personality, bipolar disorder	No	"brother's suicide"
J12	69	M	22	Alcohol dependence, depression, suicide attempt	No	No
J13	51	M	no test	Bipolar disorder	No	No (no interview data)***
J14	35	M	no test	Obsessive compulsive disorder, depression	No	No (no interview data)***
J15	64	M	29	Schizophrenia	No	No

Posttraumatic Stress Disorder test: Impact of Event Scale-revised, IES-R (Weiss & Marmar, 1997). English version. At the Ohmiya clinic, use of the validated Japanese IES-R Version: Asukai et al. (2002) Reliability and Validity of the Japanese-Language Version of the Impact of Event Scale-Revised (IES-R-J): Four Studies of Different Traumatic Events. The Journal of Nervous and Mental Disease. Vol. 190, No.

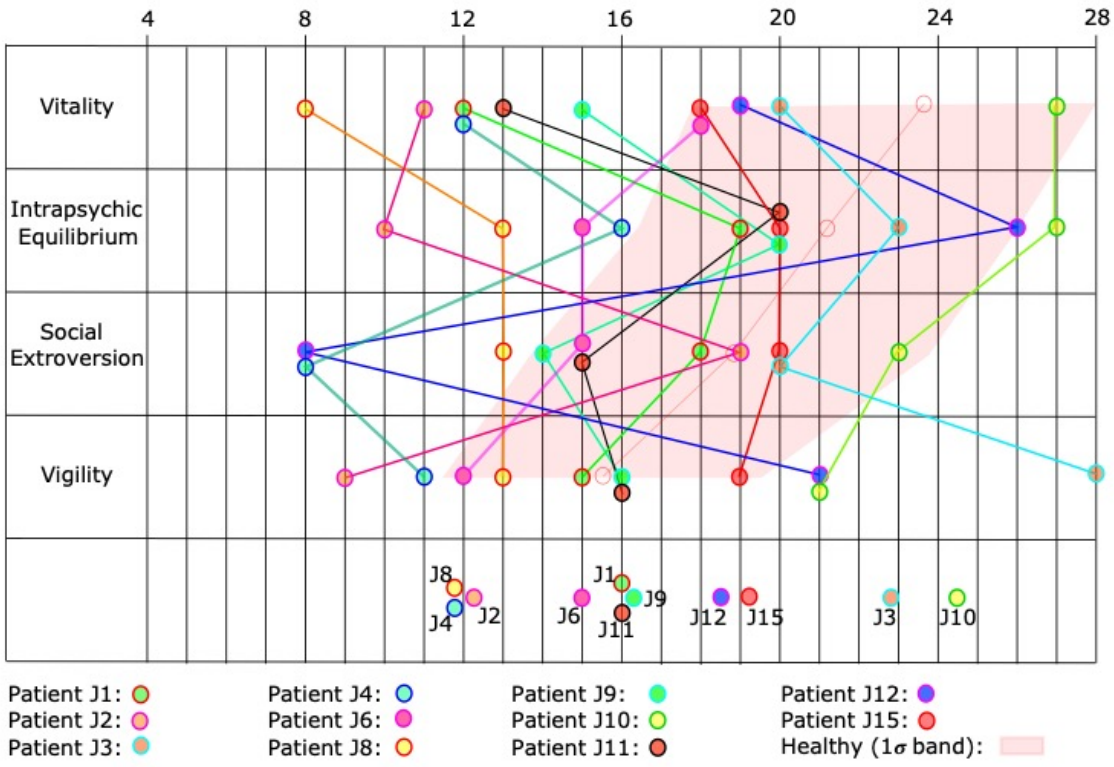
* Psychiatric diagnosis has been obtained by patients' treating psychiatrists.

** Mr J11. wrote this comment in Japanese referring to the most right column (and ticking these) of the IES-R-J test: "akka, when I am sick: deterioration, growing worse, aggravation".

*** These patients did not participate in the recorded semi-structure interview as they dropped out after the first two sessions.

Findings of the self-rating BBS-graph show that the majority of the patients who filled out the test (N = 11), are mostly situated within the 'Intrapsychic Equilibrium' (range between *sicher*, *certain/safe*, and *unsicher*, *insecure, unsafe*), thus are located in the 'healthy' band. The 'healthy' band has been defined such as 'being able to work and not being in psychiatric treatment' (BBS, 1985, p. 9, my translation from German). The 'Average', that is, approximately 90 % indicates that most patients seem to situate themselves within a spectrum of the 'healthy' band. More precisely, patients **J2**, **J4** and **J8** score at the lower spectrum of the graph at around 12 points. Patients situating themselves in the mid-range are **J1**, **J6**, **J9**, **J11**, **J12** and **J15** (between 15 to 19 points), and lastly patients **J3** and **J10** range towards 23 and 24.5 points.

Table 9: **BBS Data, Ohmiya Patients, 2018**



Even though the results are indicative, an interesting finding is, for example, that patient **J3** demonstrates the highest score (28) on the *Vigility, Vigilance* item. Depending on the linguistic interpretation of 'Vigilität', a spectrum of mental states ranging from vigilant as simply being alert, observant, to a permanent state of

vigility, which indicates a more general anxiety-involving state. Unfortunately, clear linguistic definitions of the BBS-items are, in my view, fragmentary. Nevertheless, considering Mr **J3**'s extremely high PTSD-IES-R score of 64, the self-rating result of the BBS-test might point to an 'on-going vigility', which Egloff and Krohne have theorized as the '2 coping constructs, vigilance (the intensified search for and processing of threat-related information), and cognitive avoidance (the averting of threat-relevant cues), (1998, p. 189).

Furthermore, the BBS test results have also to be regarded with caution as psychiatric medication (e.g. sedatives) can have an influence concerning persons' self-perception, and as a consequence, of their self-rating evaluation. As noted earlier, according to the chief-nurse patients had been administered medication before the workshops; I am unaware of what this comprised.

7.6. Languages and Group Dynamics

As noted earlier, the utilized language was mostly Japanese during the art therapy workshops, made possible by the fact that I studied Japanese during one year at the University of Zurich, have lived in Japan for two and a half years and have successfully passed an official Japanese language test thereafter.

Nonetheless, as there were linguistic 'gaps' at times during the Monday workshops, some patients offered their help in searching for the appropriate terminology. Interestingly, this communal searching for certain words in Japanese, English or French that I, or the patients were not aware of, created a less hierarchical situation between the patients and myself, allowing a sense of being in charge, and provoked a lively group dynamic often including laughter. Such discussions also comprised exchanges of culturally based reflections on whether these were related to Japan, or Europe. In that sense, my linguistic 'ignorance' rather became a helpful 'tool', than it was an obstacle.

The situation and dynamics were different within the Friday male only 'rework'-group. There was not the same kind of all-inclusive group dynamics as in the

Monday group (four women, five men); whether the gender composition was the reason remains however unclear.

7.7. Overall Phenomenological Analysis and Findings

The material and data gathered at the Ohmiya Kousei Hospital, with occasional comparison to observations regarding other venues, will now be discussed. This includes, ‘addressing and describing the produced artworks, participants’ narratives concerning their artworks, meaning making of their artworks (together with the author and among themselves), interactive group dynamics, participants’ mental and/or physical states, use of space and selected art materials’ (Wyder, 2019b), which form the dataset for the carried-out analysis.

7.7.1. Themes Identified in the Patients’ Drawings and Paintings

In order to more deeply explore the cultural specificities revealed in the drawings by the Japanese patients, I will focus first on some notions that became apparent regarding Japanese cultural phenomena, materially built space, as well as the complexities of the inner, psychological, cultural space and how and why these are symbolically represented and lived by some participants. Clearly, these observations do not apply in every single instance, and in some cases, must be seen as indicative rather than as demonstrated, but several commonalities among most of the patients were linked to culturally embedded contexts and contents. More specifically, these elements ranged from material choices (e.g. water colours, Japanese ink), pictorial expressions and incorporated elements (e.g. straw roof, traditionally spread-out stones leading to the *house*, closeness to nature, and Mount Fuji), the drawing style (often rather light hue) to thematic Japanese modern, spiritually and traditionally grounded choices. As such, these consist of:

- Ms **J1**’s Maria Kannon-sama (fig. 84) is based on Buddhist tradition but has also a link to Christianity (Maria and the child).

- Ms **J2** (fig. 85): Her drawings express a tension through the ‘danchi’

buildings showing her current, and her former one-family *house* situation; Mr **J12**'s 'danchi'.

- Mr **J3**'s reference to the most sacred of Japanese volcanoes, Mt Fuji, but also to its iconic mirrored image in the lake (fig. 86), which also appears in Ms **J9**'s drawing (fig. 100).

- Mr **J4**'s depiction of a traditional *house* in the country close to a river and trees (fig. 87) with stones leading to it referring to culturally embedded typology.

- Mr **J5**'s painting of rice-fields close to mountains (fig. 88) address cultural, as well as agricultural specificities in Japan; the cultivation of rice and the collaboration among people.

- Mr **J4** (fig. 87), Mr **J7** (fig. 90) and Mr **J6** all drew traditional *houses* (fig. 89) in the country. However, only Mr **J6**'s *house* allowed glancing inside with its traditional space distribution including Japanese aesthetic objects.

- Mr **J7** (fig. 90) painted with Japanese ink a willow tree next to the *house* and river, which referred to Japanese nature and mythology.

- Ms **J8**'s (figs. 92, 94, 96, 98), Ms **J9**'s (fig. 100), Mr **J3**'s (fig. 111), and Mr **J10**'s (figs. 103 & 109) use of postcards could be linked to the Japanese tradition of copying art.

- Ms **J9**'s and Mr **J10**'s depiction of "Doraemon" (Japanese Manga character, figs. 101 & 104).

7.7.2. Japan versus Europe: Procedure of Drawing and Painting Difference

The drawing process of most Japanese patients was to first outline the drawing with a lead pencil, then to colour it with the drawing materials. The drawing style was often rather 'soft', pastel, or watercolour-like; stark tones were only infrequently

used. If culturally unaware, this ‘softness’ could lead to possibly incorrect assumptions as, for example, of the person not being very present, or depressed.

Knowing how art is taught in Japanese schools instead revealed a culture-specific utilization of colour that might at times go beyond a personal (conscious) choice but could rather be grounded in socio-culturally based education that might be replicated thereafter. This lead pencil drawing style also corresponds to the type of art education, which was, or perhaps still is, applied in Europe. Drawings were seen as preparatory stages for creating e.g. oil paintings and not as a final work of art *per se*.

7.7.2.1. Use of Postcards

During my Ohmiya fieldwork several participants picked *postcards*, reproduced part of them and thereafter integrated personal content into their drawings. This consisted of changing the coulour schemes and of adding elements, or leaving some out. For example, in Mr **J10**’s drawing here below (fig. 109) in contrast to the original photograph he had added three “ships” where he wrote “ship” on each one and had also drawn two little figures. One figure on the lighthouse’s first floor is himself “me”, the second figure called “teacher” representing myself, he explained (2018).

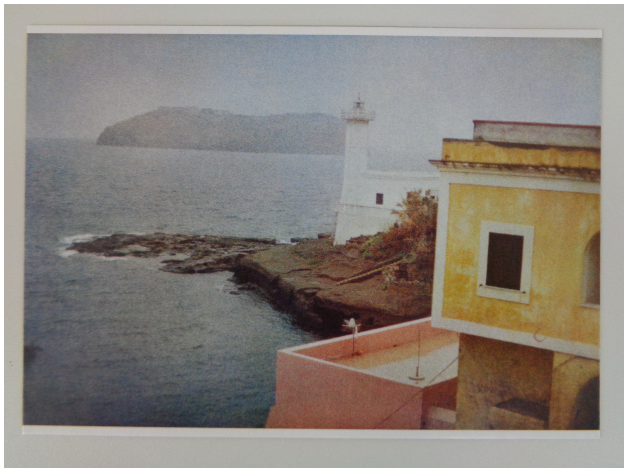


Fig. 108, Bernard Plossu, Ile de Ventotene, 2010

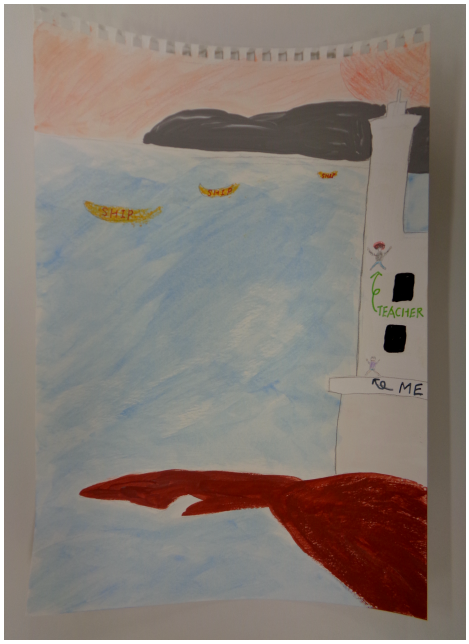


Fig. 109, Mr J10, [lighthouse], 2018

Further examples of this postcard-related drawing process by Ms **J8** and Ms **J9** have already been highlighted in the vignettes section.

The below postcard-based drawing by Mr **J3** was in stark contrast to his other aquarelle paintings, which provoked concern in his treating psychiatrist and nurse *because* of this aesthetic difference with its "hard" forms (2018), a reaction which surprised me as I was not worried regarding this drawing's aesthetic realization. Clearly, how paintings are interpreted can also be based on culturally grounded references.



Fig. 110, Edificio Palmas, Mexico City, 1975

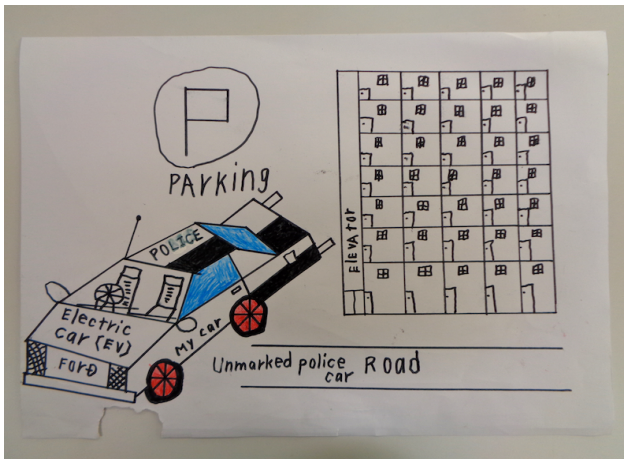


Fig. 111, Mr J3, 'Unmarked police car', 2018

Interestingly, this particular use of postcards occurred exclusively within (some) Japanese patients and might be related to cultural and thus art-related learning, which implies reproducing masters' works. This process is part of Japanese tradition, which Loveday calls "copier – coller" in which disciples copy their master's artwork by expressing their respect, until, after years of apprenticeship, they may start to integrate own content, or modify their master's style (Loveday, 2022).

7.7.3. Discussion of Patients' Thematic Choices

The following paragraphs and discussion summarise the thematic clusters that emerged via the phenomenological analysis of the patients' narratives and other non-image-based data that are assembled in more detail in section 7.5.

Specifically, the '*Culture'* cluster is present at a comparable level for all the patients. Based on some of the patients' narratives it appeared that they mostly didn't seem to be consciously aware of their cultural background as it is an inherent, and accustomed given of their socio-cultural environment. Thus, for some patients the appearance of this cluster does not necessarily correlate with the importance given to it by them. Others, however, strongly demonstrated an emphasis on Japanese modern and cultural phenomena regarding the arts, architecture, or culturally grounded presentation of objects (e.g. *ikebana*, or *chabana*). Regarding *nostalgia* for traditional Japanese objects, or customs (conceptualised further below), only three patients out of 15 did not relate to such notions (see *table 6*).

The *'House* and *Home'* cluster was often put in context of one's own well-being as a place to feel "relaxed", being a "shell", a space of "protection and potentially of danger", and one's own *real* living situation (e.g. my "own house", "own flat", "my room", or "danchi", 2018). For some, notions of *house* and *home* were conflated, others however clearly distinguished the *house* in a sense of an exterior, built body, from *home*, which was attached to the inside, individual, or family life.

The 'Nature' cluster was less present in patients' narratives than it was in most of their drawings and paintings. Clearly, there was a strong reference to the Japanese countryside such as Mount Fuji, other mountains, and the sea. Nature's negative aspects such as typhoons or earthquakes, were mentioned by some, clearly provoking anxiety. The later were also addressed and depicted in the context of *houses*' architectural styles, or material. Such references to 'Nature' also incorporated emotional contents, which coincided with the *'Inner Life'* cluster.

Regarding gender-based language in respect to women addressed as *kanai* 家内 ('[woman] inside the *house*'), or female gender stereotypically attached prejudices regarding female patients' depictions, or narratives referring to the *inside* versus *outside* of the *house* (see 9.6.1), female patients did *not* depict more *interior*, or *home* situations than their male counterparts. It is however important to recall that out of the 15 patients, only four were female.

7.7.4. Generalizability of Observations

As stated earlier, the emerged themes and clusters-based findings must be regarded as indications as, on the one hand, the overall number of workshops was low (two for four patients, four for 13 patients), and on the other hand the overlap *between* clusters that emerged regarding, for example, the intertwinement between the ‘Nature’ and ‘Inner Life’, presents a rather complex picture.

However, only the Japanese participants of the overall PhD-research showed rather strong, and explicit references to their own traditional and modern cultural backgrounds, which was more aesthetically expressed, than verbalized. While indicative and it not being a question of singling out the Japanese participants, this finding is rather useful for raising practitioners' awareness regarding the important role culture plays. It calls for an art therapy sensitive stance with respect to formulations, diagnosis and treatment plans, which need to be socio-culturally adapted.

7.7.5. Patients' Posttraumatic Stress Disorder

Regarding PTSD phenomena amongst the Japanese patients who underwent the IES-R test (thirteen), most of them showed rates that pointed to PTSD symptoms as their rather high IES-R scores indicated (seven were between 37 to 64).

Patients' PTSD evaluations were not sought by the Ohmiya clinic and thus did not inform prior psychiatric diagnoses. The IES-R test results were subsequently made available to the psychiatrist to complete patients' clinical data. It is important to point out that PTSD-relevant content manifested mostly in patients' narratives, and only rarely in their aesthetic works, both in Japan and Europe. In other words, I suggest that art therapy should not be considered as being the sole therapeutic proposition, as personal sufferings might not become apparent in patients’ aesthetic works, nor in their narratives. Thus, PTSD testing allows identification of possible prevalence of PTSD-related issues, potentially the cause of further existing comorbidities (e.g. alcohol addiction or self-harm).

Importantly, posttraumatic re-experiencing didn't occur during the workshops, neither in patients' narratives, nor did it seem to manifest itself within their aesthetic *house* works (in so far as such phenomena could be detected without going into a possible 'over'-interpretation from my side).

7.8. Discussion of Cultural Context and Interpretation

Although for some patients, no exclusively distinctively Japanese 'cultural' elements prominently manifested themselves, the repeatedly appearing patterns in imagery, choice of format and painting material and aesthetic process-related findings (use of postcards) and narratives of the majority of the patients of the Ohmiya fieldwork can be seen as references to a distinct cultural context.

More specifically, a greater number of the Japanese patients' drawings and narratives demonstrated their cultural and geographical circumstances and a strong sense of belonging. Namely, *houses* in nature, mirroring of mount Fuji in the lake (fig. 86), temples, 20th century 'danchi' (figs. 95, 112) buildings, modern Japanese one-family *houses*, traditional dress, rice fields and a dragon (fig. 113 below) appeared.



Fig. 112, 'Danchi', Kyoto, photograph © Silvia Wyder, 2018

The painting below shows a big "Ryû" (Japanese dragon) next to a house "that goes up into the sky to meet the "Koinobori" (carp fish)" (Mr **J5**, 2018), which are carp streamers that are traditionally hung from houses on 5th May to celebrate originally the boys', and now children's day in Japan.

Regarding the below painting's (fig. 113) black and white distribution of space, Hara (2016) writes that, depending on the context, white (*shiro*) is not exclusively to be regarded as a colour, but is related to the notion of a delimitation of space, especially in the Shintô tradition.



Fig. 113, Mr J5, "Ryû" (dragon), acrylic paint, 2018

In that sense, the black Japanese ink, or the black acrylic paint applied by some patients could be seen as an alliance of a spatial definition via black and white (the paper). In my view, the white *'background'* is of equal importance to the black lines and forms; they have become *one.* Moreover, I suggest that black and white aesthetic works can be viewed as symbolic condensation of the essential usually found in traditional Japanese and Chinese calligraphy.

Furthermore, conflicting family histories, a sense of loss of 'idealised' family situations with children, or perhaps of the 'old times' (*nostalgia,* see dedicated discussion below in section 7.9.), physical and mental suffering (consequences of car accidents, cancer, self-harm, agoraphobia, or fears of the frequently occurring natural catastrophes in Japan, such as earthquakes) were recounted through participants' narratives during the workshops and in the final semi-structured interview (Wyder, 2016). Interestingly however, traumatic life events, or on-going stressful situations did not, to a large extent, appear in the imagery, in contrast to a few patients in the two European clinical venues.

The role and presence of the family and more generally the embedding within a larger socio-cultural context, was another characteristic of the pictorial



Fig. 114, Ms J2, her wished-for family situation, 2018

representations, whether directly visible or implied, as revealed by the discussions with the patients as well as by the final interviews. Interestingly, in some patients' drawings views from the outside, the *house*, into the *inside home* were depicted (fig. 114). As pointed out earlier, based on some of the patients' narratives, and semi-structured interview answers, there seemed to be a conflation between these two notions. The *house*, as well as the human body, are perceived and seen from the *outside*; 'showing' the *inside* could perhaps also touch on a taboo. Mallett writes (2004, p. 74): '*Home* encompasses the *house* or dwelling that a person lived in immediately after birth and, or their childhood family house(s). It also symbolizes the family relationships and life courses enacted within those spaces'. Ultimately, how then *home and family structures* are shaped can also be based on culturally distinct customs including personal life's conceptions.

7.9. Attempt at Contextualization

The strong prevalence of the findings related to culture raises the question if the focus on traditional forms could also be linked to a sense of *nostalgia* for the old times, as expressed by the notion of *furusato*, which, according to Jeannel (2014,

p. 137), 'represents at the same time the traditional life, the village community, the birthplace, the local festivals and the charm of the countryside' (my translation from French). It could comprise a sense of loss regarding cultural identity and idiosyncratic ways of living. Tanizaki in his book 'Praise of the shadow' (1933; German translation Klopfenstein, 1987, p. 74) seems to have expressed this sense of loss, or worry:

> 'I wish to lower the deep canopy of the building, which is called literature, and cast shadows on the walls, to push back into the dark that which becomes too clearly visible, and tear away superfluous decorations. I do not say that I wish this for all houses; but at least one of this kind should be allowed to persist' (my translation from German).

Expanding on the notion of *furusato* and *nostalgia*, Robertson (1988, p. 494-495) asserts:

> '*Furusato* comprises both a temporal and spatial dimension. The temporal dimension is represented by the word *furu(i)*, which signifies pastness, historicity, senescence and quaintness. Furthermore, *furu(i)*, signifies the patina of familiarity and naturalness that objects and human relationships acquire with age, use and interaction. The spatial dimension is represented by the word *sato*, which suggests a number of places inhabited by humans. These include a natal household, a hamlet or village, and countryside (as opposed to the city).'

Further, culturally grounded content linked to nature, which was expressed by the Japanese patients is in line with Robertson's (1988, p. 498) reference to 'Shiga Shigetaka (1863 - 1927), who identified the mountains, forests, valleys, and streams, as the 'original forces that nurture the Japanese sense of aesthetics, have nurtured the past, and will nurture the future.'

To put these observations into a larger context, let me refer to some theorists' approaches to conceptualizing culture relative to the above context. For example,

Schwartz and Wiggins (2001, p. 35) write by referring to Geertz (1973):

> 'Culture stabilizes human activities by imposing on them socially derived purposes and directions. In human life, culture renders definite and specific what nature has left indefinite and unspecified. By establishing patterns of behaviour which people take for granted, culture relieves them of the burden to examine each and every action. The socio-cultural world thereby unburdens human life of overwhelming possibilities and alternatives. Because of the malleability and plasticity of the human organism, culture alone can provide stable structures for satisfying needs and realizing human potential'.

This underlines, in my view, the structuring function that culture can provide. My research, however, also explored *how* and *if house*-based aesthetic representations, as well as manifestations of participants' mental illnesses can, or cannot, be considered as expressing culture-specific forms, and *how* or *if* these may alleviate their suffering.

Coming back to the art therapy patients, how their sufferings were aesthetically expressed, how they chose to represent *houses*, seemed to be largely encapsulated within Japanese cultural phenomena. According to me, this finding is congruent to 'cultural moulding' (see 5.2. and 7.1), or ‘habitus’ (see 5.2.3.), terms which had been already introduced by Mauss in 1934 (p. 7), which 'shows the extent to which the body itself is culturally moulded; his ideas are recast in Bourdieu's notion of habitus' (Bourdieu 1977, in Levitt, 1991, p. 38). Bourdieu (2005, p. 45) writes:

> ‘[…] habitus is very similar to what was traditionally called character, but with a very important difference: the habitus, as the Latin indicates, is something *non natural*, a set of *acquired* characteristics which are the product of social conditions and which, for that reason, may be totally or partially common to people who have been the product of similar social conditions […]. There is another difference which follows from the fact that

> the habitus is not something natural, inborn: being a product of history, that is of social experience and education, it may be *changed by history*, that is by new experiences, education or training (which implies that aspects of what remains unconscious in habitus be made at least partially conscious and explicit). Dispositions are long-lasting: they tend to perpetuate, to reproduce themselves, but they are not eternal.'

Therefore, behavioural and artistic forms are, in my view, shaped by the cultural, aesthetic, social and climatic environment, which became manifest in a large number of Japanese participants' aesthetic works and narratives. These forms have been transmitted over generations and additionally include influences from further cultures and countries (e.g. China, Korea, India).

An analogue of the notion of 'cultural moulding' in the arts (or for sweets production, see figs. 115 and 116) would be, for example, plaster moulds that serve as a 'containers' representing culture, which hold a positive and negative form and space. Hence, these moulds point to ductile physicality; a mould consists of a building process, it may entail non-identical, but similar reproductions, as could be argued is the case of humans. This perhaps exaggerated, but expressive metaphor could be related to Valsiner (2014) who contrasted two views on culture: 'Culture as a container [hence, the mould] and culture as a process of relating' [establishing liaisons between the moulded forms] (in Tanaka, 2017, p. 129).



Fig. 115, Japanese moulds, wood, © Silvia Wyder, 2020

Examples of Japanese culture-specific themes of patients' aesthetic works (including narratives) have been described in section 7.7.3., and culturally grounded phenomena are additionally described in the patients' vignettes in section 7.4.1.



Fig. 116, 'Taiyaki', © Wyder, 2018

The above *moulded* object, named 'Taiyaki', serves as an example of a Japanese *culinary moulding process.* It consists of Japanese traditional red bean paste within dough which had been introduced by the Portuguese (fig. 116).

Given the prominent role that references to traditional culture played specifically in works produced by the Japanese patients, a discussion of the repeated appearance of nostalgic elements is required. While *nostalgia* is indeed a constant in human history, its presence, and the degree to which it is expressed, was very noticeable amongst the Japanese patients, which requires specific contextualization. One might think, for example, of the Japanese notion of 'Nihonjinron', which according to Ando (2010, p. 33) 'serves as a source of self-image for the individual and national identity for the Japanese' […] as 'expressions of the Japanese culture and its uniqueness. It is the national identity of the Japanese as expressed in the emphasis on regenerating the national community through preserving, creating, and strengthening its cultural identity.' This description is congruent with the above discussion linking *furusato* and *nostalgia*; however, the latter feeling is not only linked to a rural context.

Indeed, Schulz in her chapter (2022) entitled 'Die verschwundene Stadt'. Tokyo-Nostalgie in autobiografischen Stadtbeschreibungen' [The vanished city. Tokyo-Nostalgia within autobiographical Descriptions of the City, my translation from

German] establishes a link between Japanese persons living in Tokyo and Japan as a country which underwent major processes of modernisation and globalization. Japan opened itself up towards the outside world since the Meiji-Restoration, which occurred in the year 1868, leading the way to modern Japan as we know it today. Important and destructive influences that changed Japanese society specifically were the big Kantô earthquake (1923) and World War II [...], which lead to 'retrospective gazes into the past' together with 'a recurring interest' in the old times of the Edo-Period (16th - 19th Century)', as Schulz states (2022, p. 42, my translation from German).

Going beyond this specific form and cultural context, the concept of *nostalgia* can also be seen more broadly. Historically, according to Angé, Berliner (2015) and Schulz (2022), the term *nostalgia* was coined by the Swiss MD Johannes Hofer in the 17th Century. He had observed that Swiss solders abroad experienced feelings of homesickness that made them physically and psychologically ill. Schulz (2022, p. 41) writes regarding *nostalgia*: 'This term reflects two affective dimensions of nostalgia, which are also referred to in today's socio-psychological research: on the one hand, remembering the past is fulfilling, on the other hand, there is sadness about the loss and the impossibility of a temporal (and) or spatial return. Nostalgia can therefore also be seen as an affective reaction to social change' (my translation from German).

More broadly, Miyazawa (2011) in her study investigating notions of *nostalgia* in US-adolescents establishes a critical political link to 'nationalistic memories of homeland' (p. 306), stating that 'nostalgia has been a major driving force to construct young citizens in modern nation-states, the presence of nostalgia has been naturalized within the discourse of adolescence and nationalism' (2011, p. 307). On a more positive side, she refers to Maira's (2002) study who observed that 'second-generation Indian American youths' manifested 'creative effects of nostalgia' (in Miyazawa, 2011, p. 307) in which new music styles, such as e.g. 'Oriental rap', were developed, an observation that could also be of interest in the context of art therapy within multi-cultural settings, perhaps particularly suitable for bi-culturally raised descendants of immigrants.

Clearly, *nostalgia* consists of emotions, and for some, ways of being and living that become, even though shared by other peoples within their specific cultures as the above examples and scholarship demonstrate, manifest via particular forms. To come back to my thesis, the notion of *nostalgia* encountered in the Japanese patients' narratives and aesthetic works, and that emerged by analysing these, is congruent with the idiosyncratic role that it plays in that specific culture, and which did not appear to a comparable level in either of the other clinical venues.

7.10. Self and Culture in Reference to the Topic of the House in Japan

Origins of the self's shaping are thus diverse but are nevertheless grounded within specific sociocultural contexts. Rosenberger introduced the concept of a culturally embedded self in her anthropological research conducted in Japan (1994). Her definition could, in my view, symbolically be associated with the *house* because of its interior and exterior notions:

> 'The self is born and reborn through positioning in various sets of cultural ideas and practice. Self's meaning derives from its position in relation to other meanings - meanings of other selves, other relationships, other groups, and so on - and from its movement among these positions (Henriques et al. 1984; Smith 1988; Weedon, 1987)' (in Rosenberger, 1994, p. 67).

In this quote she sees selfhood as in a flux made and re-made in relation to cultural ideas and practices, which become manifest in everyday activities and customs, or behavioural patterns, which may be carried out unconsciously but are nevertheless transmitted, even though changes may occur over time. *Bowing* as a greeting form is a culturally based Japanese behaviour. The depth of the upper body's inflection towards the person opposite reflects social hierarchy, or respect. This example can be understood in conjunction with Rosenberger's analysis and can, firstly, symbolically relate to notions of *house*, and secondly, points to linguistic concepts:

> 'Contexts are more outer (*soto*) if they are organized according to rules agreed upon by the group and if social hierarchy is emphasised. These are

more public situations in which people affirm the formal or stage meanings of their groups, often in relation to other groups. Contexts are more inner (*uchi*) [house] if they are organised to encourage emotionally expressed harmony and intimate relations. Here people affirm their informal, backstage relations with others, forming an inner group of people' (Rosenberger, 1994, p. 69).

Also, Japanese linguistic *house* expressions incorporate various connotations ranging from architectural, spatial to gender-related notions. For instance, the originally Chinese pictograms that express *house* in Japanese are: ie 家 (house; building; apartment; home), uchi 内 (house; inside), ka カ (house), taku 宅, and oku 屋宇 (house; building; dwelling). 'Ie 家 nonetheless presents the meaning of dwelling - or of living in it, 住まい sumai' (Bonnin & Nishida, 2014, p. 179). Similarly, the Japanese philosopher Watsuji Tetsurô (1889 - 1960) analysed the concept of *house* by highlighting gender-specific linguistic terminology:

'Ordinarily, Japanese understand ‘ie’ 家 house as the interior ‘uchi’ 内. The world outside the house is ‘soto’ 外. In this interior, the inter-individual separation disappears. For the woman, her husband is 'inside', 'the man of the interior' uchi no hito 内の人 and 'home' taku 宅; reciprocally for the husband, his wife is 'inside the house' kanai 家内. This way of using the terms interior/inner and exterior/outer express well the intimate Japanese understanding of human existence' (in Bonnin & Nishida, 2014, p. 179)

Moreover, Watsuji Tetsurô (2011, pp. 201 - 2, 204) further explicates the linguistic history of the notions of *house,* and its familial and societal structures:

‘The «house» (*ie*) signifies the whole family. It is the head of the family [literally speaking *head of the house*, *ka* meaning *house* or *family*, *cho* means *head*] (*kachô* 家長) who represents it; but he (p. 202) does not just represent himself, but rather the totality of the family. In particular, this is understood in a historic context, which is the essential feature of the «house».

> Heir to this historic «house», the current family is therefore responsible for its totality, past and future. The «reputation of the house» (*kamei* 家名) can work to the detriment of the head of the family himself. Also the people who belong to the house are not only husband-wife-parents, they are at the same time descendants vis-à-vis the ancestors, and ancestors vis-à-vis the descendants. The fact that the whole family precedes each of its members is revealed in this «house» with the most notoriousness. […] (p. 204). Thus, the manner in which Japanese exist as a «house» is none other than the realization in family terms, as collected emotion and combative detachment of the «social body» (*aidagara* [間柄]). This is also how the specificity of this social body is at the base of the remarkable development of what a «house» is' (my translation from French).

In other words, these linguistic examples clearly illustrate how language, based on historical, and socio-cultural notions, exemplifies male, female and generational relationships together with societal expectations via *house* and *home* terms, that were depicted by some patients. Hence, these words point to gender-attributed roles in which women, or wives are expected to be *inside*, most likely producing or taking care of the children and household, whereas men's part is played *outside* the mutual *home,* assuring the economic stability of the family, an additional dimension that my analysis will address (see section 9.2.3.2.).

7.11. The Symbolic in the Context of Japan

In the following, I will include some topic-related reflections regarding the symbolic architectural space in Japanese culture, which integrates again notions of the colour *white* linked to Japanese spiritual Shintô expressions that played a role in some patients' images. In this specific context, Hara writes (2016, pp. 45 - 46):

> 'A state in which there is emptiness offers the possibility of filling it with something. If you don't view a hollow vessel negatively, but rather with regard to its latent potential to be filled, this sets the dynamics of communication in motion. […] The empty space in the centre of the

> Japanese Shintô shrine, *Jinja*, in which people pursue religious activities, is called, homonymous to white (*shiro*), *shiroi* or *yashiro* and is designed according to the fundamental principle of the embracement of the void. Aligned with the cardinal points, four wooden pillars are erected on the ground, and are connected to each other at their tips by a taut straw rope. This is the original form of the *shiro*. Within the area marked out by the pillars and the straw rope, a *space* is created that contains nothing. Precisely because it is a space that does not contain anything, the possibility arises that something may come inside' (my translation from German).

In other words, the designation of a specific colour, *white*, goes far beyond 'simply' being a colour, but accommodates powerful symbolic, architectural and spiritual notions that are profoundly grounded within Japanese culture. Therefore, *how* colours are perceived can be culturally diverse and so are the attached culturally grounded symbolic meanings.

To come back to art therapy, Hogan, in her chapter addressing 'analytical (Jungian) art therapy (2016, p. 44) refers to Furth's (2002, p. 9) elaboration of the symbolic:

> 'A symbol refers to something so deep and complex that consciousness, limited as it is, cannot grasp it all at once. In this way, the symbol always carries an element of the unknown and the inexplicable, that which is not amendable to words, and which often has a numinous quality. Yet the very fact that the symbol exists tells us that at some level we know or feel the meaning behind the symbol. In this tension between the knowing and not knowing, between conscious and unconscious, there is a great deal of psychic energy'.

The reason for highlighting notions of 'shiro' and related symbolic spatial delimitations in Shintô practices is grounded in my reflections regarding unconscious influences and choices linked to Ohmiya patients' ways of being and consequently, their pictorial and verbal expressions. The next section provides a

deepened elaboration of the country's foundational myth via the Ise Jingu Shrine, that might still influence, or 'mould' Japanese persons.

7.12. The Ise Jingu Shrine Complex and the 'Collective Unconscious'

In order to integrate the importance of the use of Japanese cultural notions into a historic context, one might consider the Japanese Shintô belief. A brief definition of what Japanese Shintô consists of is required. According to Yusa (2002, p. 19), it comprises,

> 'the way of *kami*' [the way of the gods]. The word "kami" has several meanings. It can refer to spirits of nature − mountains, rivers, trees, rocks and ocean − all conceived to be alive and sacred. It may also refer to the deity dwelling in these natural objects, or indeed a supernatural power, a collective ancestor spirit that protects a clan (the early Japanese social unit)'.

Having visited, or rather experienced the site of the holiest Shintô Ise Shrine complex in Japan, it was as if I would sense something that would go beyond the personal, something of which I wondered whether it is perhaps related to Jung's concept of the 'collective unconscious', with its underlying influences that became manifest in the Japanese patients' material. Jung's definition of the 'collective unconscious' is as follows (1995, pp. 92 - 93):

> '[…] whose source, which is not to be sought in the *personal unconscious* […] but in that sphere of unconscious mythology whose primeval images are common property to humanity. I have therefore called this sphere the *collective unconscious* and thus differentiated it from a personal unconscious, which I call the totality of those psychic processes and contents that would in themselves be capable of reaching consciousness, often already were, but are subject to repression due to their incompatibility and thus are artificially kept below the threshold of consciousness'. [...] 'In contrast to the personal unconscious, which is to a certain extent a

> relatively superficial layer immediately below the threshold of consciousness, the collective unconscious has under normal conditions no capacity for reaching consciousness, therefore cannot be brought to a reawakened recollection with any analytical technique because it is not suppressed and not forgotten' (my translation from German).

In line with the above, contemporary scholarship defines the *unconscious* as 'unconscious processing as the rule rather than the exception in the generation of mental and physical behavior' (Fuchs, Sattel, and Henningsen, 2010, p. 328). Whether the numerous Japanese patients' references to cultural phenomena reside in the realm of Jung's notion of the 'collective unconscious' can certainly be questioned. However, given the prevalence of patients' various references to culturally grounded forms I consider that a discussion of the spiritual and cultural elements that seem very significant must establish a link to *embodiment*, which is philosophically conceptualized by Fuchs, Sattel, and Henningsen, (2010, p. 310) as:

- 'the anchoring of subjectivity in bodily experience,
- the relevance of sensorimotor skills and bodily situatedness for cognition, and
- the developmental role that the body has in shaping the mind'.

Such possibly 'unconscious' cultural phenomena are in my view best exemplified by the Shintô Sanctuaries of the Ise Jingu temples, which are dedicated to the Sun Goddess Amaterasu-Ômikami. This temple compound with its spacious grounds embedded in nature and its temple forests, may perhaps have influenced participants' being (Sein). Interestingly, the Sun Goddess is symbolized by a 'Holy Mirror' inside the shrine; however, neither the Goddess, nor the 'Holy Mirror', nor a reflection, may be seen by the general population. In this sense, I wonder whether a notion of spirituality may reside within this invisible visibility (the temples), which manifests itself in the realm of the untouchable, and unapproachable. Hence, what resides *inside* the *house* (temple in this case) can only be imagined; the temple and the *house* consist of architectural bodies, an alternation between *inner* and *outer* worlds and entails, from what we could see above, 'a Japanese understanding of

human experience', which Watsuji conceptualised via the reciprocal notion of spatiality and people's environment; 'human to environment and environment to human' (Carter & McCarthy, 2017).



Fig. 117, ‘Geku 外宮 (Outer shrine), Ise Jingu 伊勢神宮, Japan's most sacred Shintô Shrine’, Luca Mina Plaito, license: CC BY-NC-SA 2.0

Furthermore, one element of this hypothesis touches on culturally and geographically grounded specificities in Japan, which could be conceptualized as 'impermanent permanence' (Wyder, 2018, p. 81). For example, in the case of the *Ise Jingu* temple (fig. 117), it is worth noting that it has been rebuilt every 20 years for millennia, that is, the current building is the 62nd iteration, each of which is symbolically conflated with its predecessor.

The little temple called *Kodenchi* (fig. 118) can be considered as a ‘placeholder’ during the transitional time, built after a previous temple stood there, till a new, bigger temple is again rebuilt on the same grounds.



Fig. 118, ‚Kodenchi', Japan, photograph, © Silvia Wyder, 2018

The temples' location itself seems to symbolically represent a safeguarded space within nature for the ever-troubled Japanese island's geological and climatic instabilities due to earthquakes, tsunamis, and typhoons. However, the alliance between nature and human beings is an essential component of Shintô belief (Winogradowa & Nikolajewa, 1980). Everyday activities are far removed and even though the many visitors are omnipresent, the spatial coexistence and mutual interactions among humans, temples and nature are always perceptible.

In my view, such profound aspects regarding the choice of architectural form, the alternation between two adjacent positions on the same grounds and its overall placement within and relationship to nature could be seen in conjunction with some of Ohmiya clinic's patients' expressions. Commonalities can be seen in the importance attached to traditional Japanese *houses* depicted in, for example, in Mr **J4**'s house with its straw roof and stone made path (fig. 87), Mr **J6**'s *house* (fig. 89), which allows views into the *tatami*-mat living space, or also Mr **J7**'s traditional *house* (fig. 90) next to a river with willow trees and where a man is fishing in traditional attire. All these houses are in the countryside and highlight the importance given by the patients to the natural environments, or Mount Fuji as a sacred mountain and symbol of Japan, which are summed up in the 'Culture Cluster'.

From a central European's point of view, the cyclical notion of the repeated

destruction and reconstruction of temples may effectuate a reassuring and holding function thanks to its continuously shifting impermanent permanence, possibly mirroring humans' meandering inner lives and could be linked to art therapy inner processes. Additionally, such temporal destructions are also regularly endured because of frequently occurring typhoons, earthquakes, and tsunamis. One could thus consider that nature's threads are spiritually conceptualised by addressing life's perishability through beauty and thought.

7.13. Cultural Theoretical Contextualisation of Observed Phenomena

An important finding of this chapter is that despite, or perhaps precisely because of this 'moulding', the topic of the *house* proposed in art therapy settings seemed to be suitable cross-culturally, as my fieldwork in Japan demonstrated. Specifically, this topic allowed for, on the one hand expressing traditional, or modern culturally grounded forms, and on the other hand, it also permitted Japanese participants to integrate nature-related and geographical phenomena.

Origins and shaping of such culturally grounded phenomena are transmitted over generations. Unconscious 'reproductions' of such forms might be substantiated and theoretically conceptualised to be similar to Jung's *collective unconscious*. Manifestations of such expressions could be related to similar pathways germane to, for example, how body language (e.g. facial expressions) is passed on to the new-born, which is unconsciously transmitted by the parents and is thereafter picked up by the baby; such processes can result in something that could be qualified as 'cultural moulding' (Mauss, 1934), or are linked to Bourdieu's concept of 'habitus' (see *chapter five*, section 5.2.3.), expressed via an unconscious shaping of the self. Therefore, I hypothesize that what culture consists of is related to underlying reproduced processes, which however shift over time and that became apparent in the present research participants' specific *house* forms and narrative material.

Even if unearthing the reasons *why* and *how* specific cultural manifestations (in-cluding past and ongoing exposure and influence from various coexisting cultures)

have developed is challenging, some further scholarship is integrated here in an attempt to grasp some notions that may lie behind the concept of cultural transmission, and as we shall see, reproduction and iteration.

More generally, attempts that have been developed by scholars in order to understand culture are summed up by the umbrella term of 'cultural theory', which Oxford University's Encyclopedia (2019) defines as an '[...] attempt to conceptualize and understand the dynamics of culture. Historically these have involved arguments about the relationship between culture and nature, culture and society (including material social processes), the split between high and low culture, and the interplay between cultural tradition and cultural difference and diversity.' Furthermore, culture can be regarded as a complex system that includes idiosyncratic diversity, that is, distinctions within one society that are perhaps more easily recognizable by people coming from other cultures. In order to anthropologically and socio-culturally conceptualize these, notions regarding *system*, *grid*, *habitus*, *agency,* or *structure* have been generated by various scholars in an effort to explicate societies' functioning.

Offermans (2010, pp. 7 - 8), for example, in reference to Giddens, describes a model of societal functioning that also results from underlying ontological reasons regarding humans' existence and – one can conclude – issues of groups' survival, by drawing on cultural theory:

> 'Giddens' theory of structuration is widely held to present one of the most influential efforts to overcome the dichotomy of structure and agency. He uses the term duality (as opposed to dualism) to show the mutually interdependent relation between structure and agency. Structures enable and constrain human behaviour and agents produce and reproduce these structures through their actions (Fay, 1996; Smith & Riley, 2009). Structure is both the medium and the outcome of action. The *reproduction of structures* [my italics], according to Giddens comes from the human desire for ontological security: routinization and conventionalization of social life makes people feel safe, trustful and certain.' [...] On the one hand people are constrained by social pressures and expectations telling them how to behave in specific situations (high grid in terms of Cultural Theory), on the

other hand, however people have possibilities to also adapt or change these structures, expectations and pressures (low grid)' (2010, p. 20).

In a similar vein, Whittington (2015, p. 146) also refers to Giddens' 'structuration theory (1984), though the social practice concept is particularly useful for its bridging role. Thus, practice is obviously about activity, but through this lens such activity is neither merely individual nor simply voluntary.' [...] 'The neologism adds to the static word ‘structure’ a sense of action over time: structuration implies an active historical process' (p. 149). To this effect, structure-related material forms, and *how* and for *what reasons* these have been expressed within a given socio-cultural context, are at the core of my research that emphasizes individual self-expression. Ideally, as Wheeler-Brooks (2009, p. 130) puts it by reference to one aspect of Giddens' theory, this self-expression can lead to the notion of '*knowledgeable agent'* [...] because 'the social actor is an agent because she always has the capacity to act, and she is knowledgeable because she has a tremendous amount of social information in practical, discursive, and mutual forms.'

Saleebey (1994, p. 351) in reference to Bruner (1990) distinguishes overarching properties and useful substances regarding culture that constitute societies. He writes: 'First, human beings can only build themselves into the world by creating meaning, by fashioning out of symbols a sense of what the world is all about.' He continues to elaborate what culture can consist of (1994, p. 352): 'Culture is nothing if it is not a system where meaning is given to action by "situating its underlying intentional states in [this] interpretive system" (Bruner, 1990, p. 24). Culture insinuates its patterns on us, and they become embedded deeply within us. Culture is the means by which we receive, organize, rationalize, and understand our particular experiences in the world. Central elements of this cultural patterning are story and narrative', elements that I expand on in this art therapy thesis by also including material artefacts in addition to purely narrative forms.

Moreover, Turner (1969, 1997, 2011, p. 96) with his focus on ritual processes, highlights the importance of 'communitas' (by preferring the Latin word to 'community'), so as 'to distinguish this modality of social relationship from an "area of common

living".' According to his concept: '[C]ommunitas is a relationship between concrete, historical, idiosyncratic individuals' (p. 131). Thus, similarly to Bourdieu's (1972) and Douglas' (1970, 1973) concepts he emphasises that '[c]ommunitas itself soon develops a structure, in which free relationships between individuals become converted into norm-governed relationships between social personae' (p. 132). Figuratively speaking, *structure*, *habitus* or *the grid* can in my view be regarded as necessary forms that 'hold societies together' and which, by developing idiosyncratic ways of communal living, develop culture-defining properties.

Such processes and the notion of 'cultural reproduction' stem, according to Edgar and Sedgwick (1999, p. 100), from Pierre Bourdieu (1973), who uses them 'to refer to the process by which the culture, and thus political power, of the dominant class is maintained from one generation to the next, through the education system.' They further explicate that [...]

> 'the term may be seen to highlight the problem of how societies continue to exist and remain relatively stable over long periods of time. This continued existence requires more than just physical reproduction, in the sense of sufficient births to replace those who have died or left the society. The culture of that society must be transmitted to the new generation. *Cultural reproduction* (my italics) is thus intimately linked to the role that socialisation, or the process through which individuals internalise the culture of their societies, plays in this stability. As Bourdieu's definition highlights, part of this problem of cultural transmission is not simply the stability of the manner in which society is organised, or the stability of the key values and beliefs of its culture, but rather the stability of the political structures and the structures of domination and exploitation within the society.'

To briefly recap what the concept of *habitus* implies, I refer to Jourdain and Naulin (2011, p. 9), who consider that '[...] the notion of habitus occupies a central place in the sociology of Pierre Bourdieu. Of this, he gave many definitions. The most famous is found in 'The Practical Sense' where habitus are described as "systems of durable and transposable dispositions, structured structures predisposed to function as structuring structures [...]. They further develop that: 'The habitus are based

on schemes of perception (ways of perceiving the world), appreciation (ways of judging it) and action (ways of behaving in it) inherited and then implemented by individuals' (p. 9, my translation from French).

Interestingly, an emphasis seems to be put on either socio-political or narrative forms, while specifically material iterative expressions seem to be rather rarely conceptualised. My statement that 'what culture consists of seems to be based on underlying reproduced processes', including occurring 'shifts over time' (Wyder, 2022, p. 259) must, in my view, also include *material forms*, in the sense of *physical objects* (paintings or drawings in the present case, but also, for example, art, artefacts or built structures as in architecture) that are firstly of equal importance, and secondly can also be often seen as indications of socio-cultural, political or hierarchical symbolic representations (e.g. Velasquez' portraits of Isabel de Borbòn, 1635).

To come back to the notion of transmission of socio-culturally grounded behaviours, customs, or aesthetic and material forms (and especially in regard to the latter), a revealing distinction between *repetition* and *iteration*, which is also of particular interest for cultural transmission through the arts, is elaborated on by Ferry (2019). She writes:

> 'While the word *iteration* means “to repeat” and is derived from the Latin word *again*, it is not the same as the more common *reiterate*, which should mean “to re-repeat.” With *reiteration* the stress falls on sameness. [...] *Iteration*, in contrast, implies something repeated with an emphasis on difference. An iterative task is one that passes through successive versions. Iteration in mathematics refers to the process of performing the same operation multiple times, taking the output of each operation as the input for the next one. Other notions of iteration place it not in a causal or temporal sequence but as several expressions or instances of the same thing.'

One could thus name such processes 'material iterations', which represent an iterative use and creation over generations of similar, but not identical, socio-culturally grounded behavioural and material art and artefacts (see also the discussion of some Japanese artists' trans-generational form-related processes called 'copier -

coller' (Loveday, 2022) in relation to Japanese patients' use of postcards (*chapter seven*, section 7.7.2.1)).

Such iterated or transmitted forms, whilst they may be critically 'evaluated' (e.g. public display of statues of politicians), can reach beyond their identity-creating function and are vital for communities in general, as they can, ideally, enable possible amelioration, but also destruction, by all members involved, of what the forms stand for. In that sense, Posner (2008, p. 64) for example, considers that '[a] culture makes available to each member of that society experiences of their contemporaries and ancestors so that they can repeat [or as we have seen, iterate] and refine them when they were positive [e.g. artistic expressions together with socio-culturally grounded patterns] and avoid them when they were negative. So culture is to society what memory is to the individual.' The importance such iteratively transmitted cultural structures play is also highlighted by the unceasing sequence of clashes between cultures, in which one culture attempts to eradicate the other by destroying not only the other culture's population, but additionally precisely those artefacts (think of the razing of Carthage by the Romans (146 BCE), or of book burning during the Nazi-regime of WWII).

To come back to theme of the house, which represents a very potent and salient repository for conveying a multitude of inner contents within multi-cultural settings and various geographical locations. In spite of the evident influence of the cultural context on the forms that appeared in the Japanese patients' aesthetic works, and narratives that this chapter has discussed, it became clear that the above benefits and specificities of the art therapeutic process itself manifested themselves independently of a cultural context thanks to the universality of the *house* as topic.

Interestingly, painful and difficult life experiences emerged during the creative process via the narratives but did not seem to lead to unbearable re-experiencing of PTSD-phenomena within the participants despite the overall mostly high IES-R scores. The act of drawing and painting in the context of art therapy permitted also here an externalisation, in conjunction with their narratives, of various distressing life events. Ultimately, the creative process enables a transition from a passive, towards a self-driven inner and outer movement resulting in a more active state. This

transformation from passivity to activity through artmaking is radically expressed by the artist Louise Bourgeois (in Palmiéri, 2002, p. 19) who said: "Dans la vie, je suis victime, en art je suis un assassin". The argument addressing shifts from passivity to activity will be addressed in the discussion *chapter nine*, section 9.2.4.

7.14. Resume

The suggestion of the topic of the *house* to out-patients at the Omiya clinic in Japan was a culturally and temporally valid proposition for all age groups and genders. Also here, the level of concordance between the quantitative (section 7.5.) and qualitative datasets (section 7.7.) supports the topic's validity within this patient group.

Of particular note was the importance of culture-related topics and forms, specifically with regards to notions of *nostalgia* and *furusato*, within this group, for which a historical and socio-cultural contextualization was attempted. Transmission, or reiteration of idiosyncratic patterns within the Japanese context, but also more generally, were also addressed through Jung's notion of the general unconscious, Shintô spiritual traditions, and patients' use of postcards.

Chapter 8 Hôpital Pitié-Salpêtrière, Paris

8.1. Introduction

This chapter's findings and discussion are based on a three months' fieldwork during which art therapy, based on the topic of the *house*, was carried out at the Hôpital Pitié-Salpêtrière's in Paris within a psychiatric adolescents' inpatient closed unit. The same qualitative and quantitative approaches were applied as in Wil and Ohmiya. Among many other areas of application, art therapy is also an adjuvant component used in adolescent psychiatric treatments. Here, the aim was to investigate how the topic of the *house* could be used within this population (aged 15 to 18 years) in contrast to the adult participants in the other fieldwork situations. Also, whether *self-representations* and PTSD-phenomena would become apparent in the adolescents' aesthetic works and narratives was investigated and whether cultural notions would appear: how the self is symbolically constructed and aesthetically represented can be expected to depend on a wide range of parameters: individual, societal, and cultural (Caullier, 2012).

8.2. Method

As was the case in the other venues, the overarching methodological approach was mixed methods, which combines qualitative phenomenological material with quantitative data. The overall analytic strategy was carried out similarly as in the other two places of fieldwork by phenomenological coding of all gathered material and is verbally summarized and visually represented with graphs, or tables (see *methods chapter three*).

8.3. Context

The hospital Pitié-Salpêtrière's adolescents' department 'is the most important hospital site in the discipline, both in the Paris region and in France […]' (URL: Service de Psychiatrie de l'Enfant et de l'Adolescent Hôpital Pitié-Salpêtrière). The closed ward where my research took place is named "Seguin" and consists of 15 beds for adolescents aged from 15 to 18 years who presented various psychiatric disorders,

including cognitive issues.

Access and exit to the locked ward were only possible for mental health workers and nurses. The adolescents' rooms were however not locked, and one can thus not talk about seclusion proper as it is defined by Lendemeijer and Shortridge-Baggett (1997, p. 300) by referring to Leopold (1985, p. 26): 'The confinement of a patient alone in a room, the door of which cannot be opened from the inside'. The policy entailed that I had to call the social worker on her phone or ring a bell in order to enter the ward. The same was true for visiting parents. This situation provoked personal unease and questioning of the psychiatric rationale behind this approach, especially regarding the duration of patients' hospitalization (in several cases up to seven months). In contrast, based on a neuropsychologist's information of the clinic Clienia Littenheid in Switzerland, the mean length of juvenile hospitalization is of 40 days, or depending on the situation, even shorter (private communication, April 2021).

The patients spent their weekdays within the closed ward and could leave on weekends to go to their parent(s), or other carers' homes. Depending on their mental state, the adolescents either shared spartan hospital rooms with three other young persons or occupied individual rooms. Males and females were separated; existing homosexuality did not seem to interfere with gender-stereotypical attribution of space. The closed ward included a community space with i.e. a TV and a table-top soccer game, tables, chairs, and a couch. At times, access to a roof terrace whilst being escorted by staff was possible.

8.4. Protocol

Fieldwork procedures consisted of art therapy focus group workshops (weekly, 90 min, split into two temporal blocks), which took place within the closed inpatient adolescents' unit from April to June 2018. The workshops were held in a space which served as educator's office, art studio, and kitchen. The number of attending patients per focus group was mostly four, with a total of six young women, and three young men.

Based on the clinic's terms regarding my research Ms Simon, educator, was present during the art therapy sessions during the first block of the fieldwork. Her attributed role was however to be rather in the background. Tensions arose based on this function since her wish had been to play a more active part during my fieldwork. These were firstly dealt with by more detailed explications of my stance but as these were not fruitful enough, by having a communal discussion with the ward's psychiatrists, which led to relaxation of the uncomfortable situation. During the second block of the fieldwork, I was let to work alone with the adolescents.



Fig. 119, 31 House postcards on kitchen furniture, © Silvia Wyder, 2018

The aesthetic works remained in the studio space's drawer within a folder for the duration of the fieldwork period. At the beginning of each session, they were pulled out by the adolescents to decide whether they wanted to continue to work on them, or not. Naturally, as in the other two fieldwork situations, the aesthetic works were patients' property.

8.5. Ethical Approval

Patients' selection was provided by the psychiatrists in charge and in agreement with the participants' parents. According to the department head, Professor Cohen (2021, personal communication), 'in France for education and non-experimental research there is no need to [go through an] ethical committee. Parents of patients give an informed consent in the hospitalization unit that they [the adolescents] may participate in activities with therapists, educators and so on. Acceptation is by the participation of the child that is not compulsory'. Yet, most participating patients have signed my written informed consent form, which also informed them e.g.

about their right to withdraw at any time during, and after the study, as well as agreeing to the anonymous use of photographic documentation of their work, of the recordings of their narratives and of my observations in publications and in my thesis.

8.6. Focus Group

The focus group method relies on small sample sizes, allowing for rich and in-depth qualitative and quantitative material to occur. Detailed methodological descriptions are provided in *chapter three*. Evans (2011, p. 3) points out that this approach permits 'open investigation procedures as well as the use of projective methods', or in the present study, suggesting a symbolising topic, the *house*.

The below photograph (fig. 120) gives an impression of the art therapy workshop space with some of the participants' drawings.

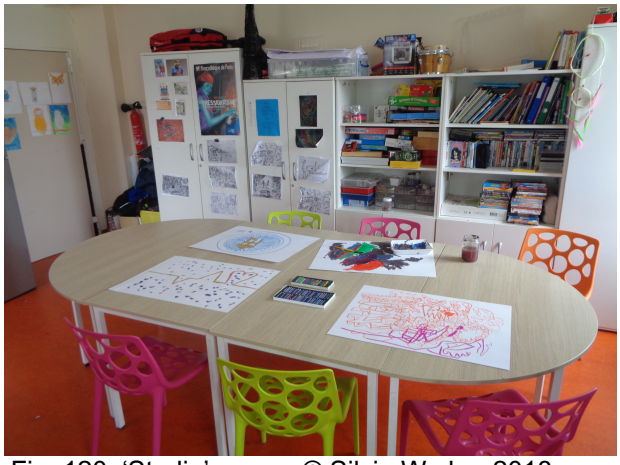


Fig. 120, 'Studio' space, © Silvia Wyder, 2018

8.6.1. Patients

The patients in the focus group were adolescents (six females, three males). Based on the clinic's psychiatrists' diagnosis, health issues included depression (e.g. loss of a parent), drug addiction, bipolarity and borderline disorders, autistic spectrum disorder, self-harm, obesity, and cognitive impairment.

8.7. Results

8.7.1. Patients' Vignettes

Of the nine adolescents of this study seven will be discussed in more detail within this chapter as their work is exemplary of the whole cohort. For the remaining two adolescents, the duration of their presence was too short to provide meaningful material. The rationale for this selection is thus mostly related to the length of their workshop participation, the pertinence of their aesthetic works, and the specificity of mental issues (see section 8.7.1.8).

8.7.1.1. P1, 16 years

Patient **P1** was a girl who suffered from a depressive episode, anxiety and a precarious social-affective environment (separated parents). IES-R score: 44.

Drawings

P1 used the theme of the *house* by representing external situations. Her access to speech and thinking wasn't obvious; she was not very accessible during the workshops, nor during the final semi-structured interview (Wyder, 2016). However, **P1**'s drawings seemed to illustrate an internal and psychological evolution (including her physical posture) as she became more affirmative, and less tense over time. Her drawings seemed to demonstrate a transformation from an architectural situation that appeared to be rather hopeless (fig. 121) via a stone house whose entrance is



Fig. 121, P1, 14.3.2018



Fig. 122, P1, 21.3.2018



Fig. 123, P1, 4.4.2018

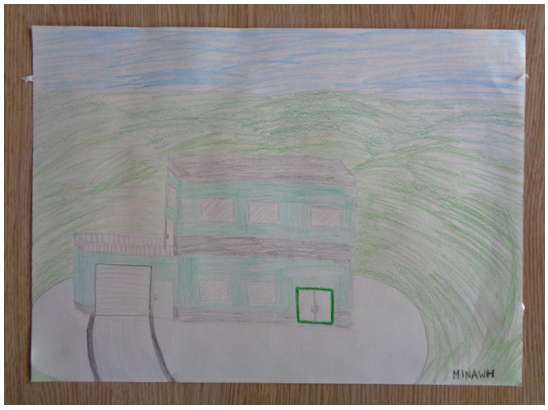


Fig. 124, P1, 11.4.2018

partly walled-up and broken, the window barred, passing through a period linked perhaps to childhood (mushroom, fig. 122), towards a more positive perspective (Paris, fig. 123) and individual contemporary *house* situations, (fig. 124), even if the last pencil *house*-drawing still expressed, I believe, some fragility.

8.7.1.2. P2, 16 years

P2 was a girl who suffered from depressive episodes, borderline personality traits and self-mutilation. No IES-R test result.

The length of her clinical stay was of seven and a half months. Weekends were spent with her grandmother or an aunt. The family background included divorced parents who had major conflicts and **P2** was consequently abandoned. The mother was also in psychiatric care suffering from depression whilst **P2** was hospitalised. She was placed in a home and received childhood social assistance. After the end of **P2**'s clinical stay, she was sent to Southern France where she entered a new high school.

Drawings

Patient **P2** used the *house* theme for depicting *interior and exterior spaces*. For example, **P2**'s drawings show the ward's community space in a rather realistic way (fig. 126). Her second drawing was a *house* made of flower petals (fig. 127). This drawing is on the one hand poetic, on the other hand the 'walls' are 'perforated', porous. There is movement via the flower petals under a black tree, yet self-protection seemed impossible. The 'horse-house' (fig. 128) whose interior space in the

horse's belly is accessible by a ladder through its mouth. The horse is walking and not standing still. Interestingly, Herzog writes: 'The Trojan horse comes to mind. The cunning hero Odysseus finally puts his soldiers in the imaginary horse, seems to be beaten and wins rather by the powers of imagination than solely through physical combat [...]' (Herzog, 2011, p. 314). Patient **P2** said to like horses a lot. Whilst she was finishing her drawing, she carried out an affirmative gesture by imprinting her hand (in pink) next to the horse, which could be understood as an affirmation of her existence.

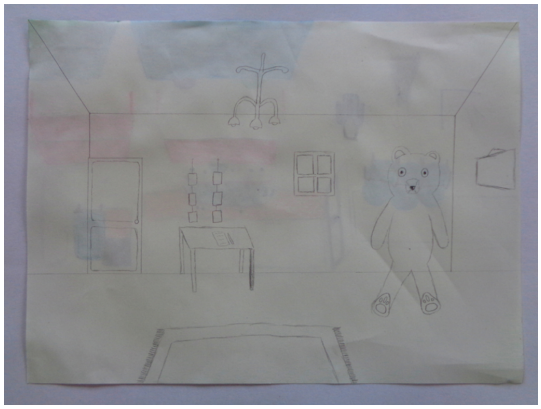


Fig. 125, P2, 14.3.18, 2018

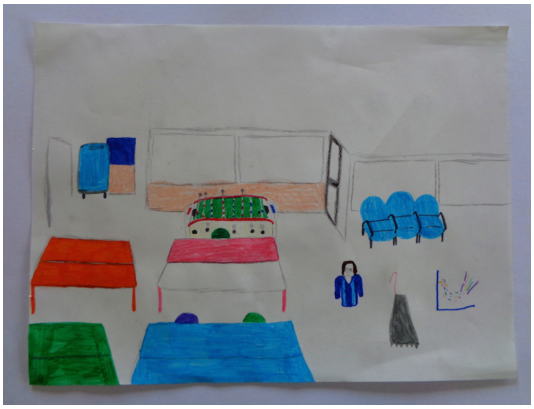


Fig. 126, P2, backside of fig. 123, 14.3.2018

Regarding the stark presence of her pink imprint, one might refer to the 'prehistoric artists' hands applied to the walls of the Pech-Merle Cave 'that are still visible after 25,000 years. The hands seem to guide the horses' energy across the wall, evoking a sort of shamanic permeability between humans', animals' and spirits' worlds. Hands symbolize the sovereign, world-creating range of consciousness; they embody effectiveness, diligence, adaptation, invention, self-expression and possessing a will that can pursue creative and destructive goals. Hands are lightning rods of psychic energy' (Herzog, 2011, p. 314).



Fig. 127, P2, blossom house, tree, 21.3.2018



Fig. 128, P2, 'maison-cheval', 21.3.2018

The fifth drawing (fig. 129) illustrates the precariousness of a young man's (a beggar, according to **P2**) existence. He is situated practically in the middle of the scene, sitting on the edge of a fence (perhaps similar to **P2**'s personal situation, where she was still 'closed in' the clinic, which she would soon leave). The drawing shows a tree, again with flowers petals, but is expressed in a fashion that seemed



Fig. 129, P2, 'Les pauvres ont la plus grande maison du monde', 28.3.2018

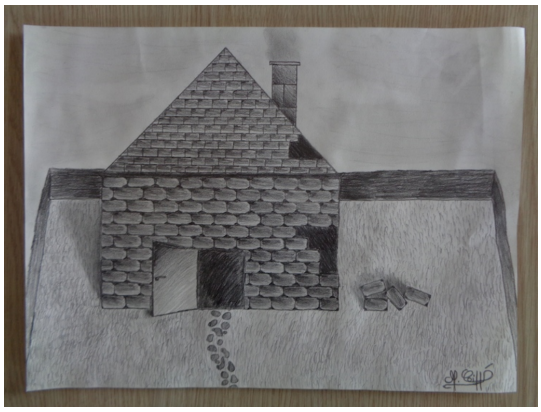


Fig. 130, P2, 'Maison briques', 11.4.2018

more harmonious. Does this drawing perhaps symbolically indicate a transition period? The last *house* drawing (fig. 130) is a brick *house*, whose roof and façade are partially damaged, showing an open door and a well-defined, rather hermetic fence. Hence, there are no more 'porous' walls, even though this physical built body, remained damaged. At some point during the workshop **P2** exclaimed: "Ah, putain, j'ai oublié les fenêtres!" I was surprised that she would have intended to draw windows at all, as the walls seem to be built out of solid bricks. Consequently, the *house* is much more delimitated than **P2**'s previous structures, even though the front door remained open and the wall and roof damaged.

8.7.1.3. P3, 16 years

Patient **P3** suffered from a genetic syndrome causing a renal failure. She presented with learning issues, including anxiety disorders. Her parents were married. **P3** didn't attend the semi-structured interview, no IES-R results.

P3 always sat next to **P2** with whom she also shared her hospital room. A lot of discussions went on between **P3** and **P2**. In general, it seemed as if **P3** repeatedly needed **P2**'s advice, even though the latter's tone of voice was at times rather

aggressive, or even intrusive.

Drawings

P3 always used A3 sized paper and preferred pencil outline drawings (‘ligne claire’), which she occasionally coloured. Her first drawing (fig. 131) was the only one where she drew a more conventional *house*. **P3** verbally pointed out the turquoise pool and the bathroom on the top floor, which is however invisible.

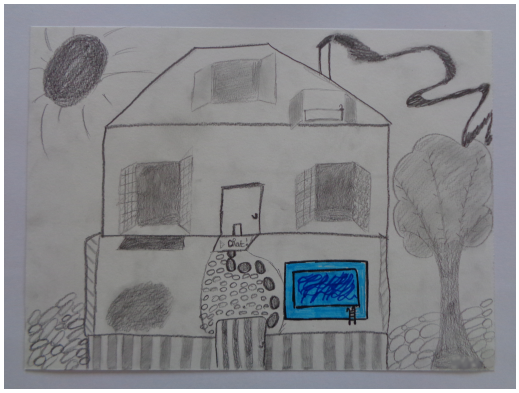


Fig. 131, P3, 14.3.2018



Fig. 132, P3, “Maison-Oeuf”, 21.3.2018

The exterior form of the “Maison-oeuf” (fig. 132) is also repeated in the *houses* interior, and again in its ‘roof’. Here too, the water-related bathroom and toilet spaces are prominent, as is a bedroom. The form of the ladders that connect the spaces show a very similar form to the ones in her ‘La Maison des Fleurs’-drawing (fig. 135), in which each room has its own ladder. The latter drawing shows a ‘salle à manger/cuisine’, bed, and perhaps working spaces, and one for sports. Interestingly, the right part of the drawing is exclusively dedicated to plants, or “flowers” (2018) but each has its own door. One could hypothesize that the *house*-related left parts of the drawing concern the present, whereas the right, plant-based forms suggest the future.

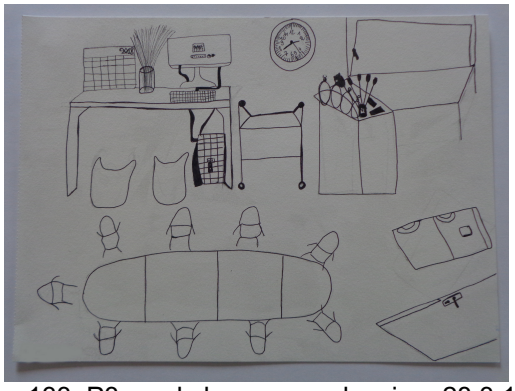


Fig. 133, P3, workshop space drawing, 28.3.18



Fig. 134, P3, “Le building”, painting, 28.3.2018

Fig. 133 shows the art therapy studio although none of the participants are depicted. Right after this drawing **P3** quickly painted the “le building” (2018) water colour painting (fig. 134) with its big “fenêtre” (2018) showing a grid-like structure. It is in stark contrast with her earlier, and later drawings, which were done in a slower pace, and are also less dramatic. I wondered whether she needed to (unconsciously) express something rather scary, oppressive and locked-up in suspension?



Fig. 135, P3, ‘Maison des Fleurs’, 4.4.18.



Fig. 136, P3, „Ma chambre“, 11.4.2018

As **P3** had done before, in “ma chambre” (fig. 136) she drew an interior space, which is situated “à la maison”, she said (2018). The way she drew the perspective remains similar as in her first drawing, showing a selected range of objects, a stereo system, a single bed, a door, a computer and so forth, according to her.

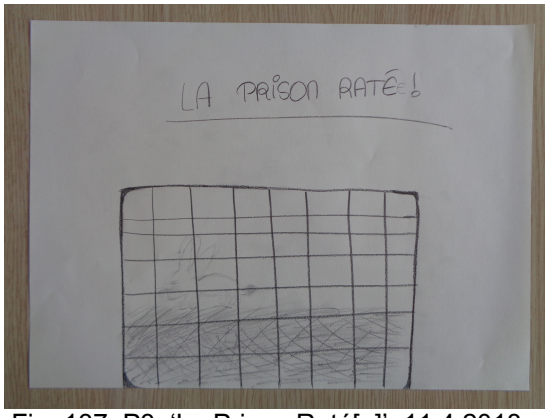


Fig. 137, P3, ‘La Prison Raté[e]’, 11.4.2018

The last drawing, “La Prison raté[e]“ (2018, fig. 137) shows the “foin” (hay), a rabbit and the “prison”, or in this case the cage. **P3** had difficulties drawing a rabbit saying: “Je n’arrive pas à dessiner un lapin” (2018), which is why one still can see two overlapping rabbits’ heads. The second ‘e’ of the “ratée” has been added by patient **P1** without previous consultation with **P3**, who didn’t react regarding this correction.

8.7.1.4. P4, 17 years

Patient **P4** presented with a depressive episode, self-harm and cannabis addiction. He was born in Paris, then lived in a rustic *house* in the forest, and thereafter again in the city. His father had suffered from an autoimmune illness and had passed away. He subsequently lived with his mother and elder brother. Additional psychological distress was caused due to mobbing at his school and partner separation. He had started jewellery studies in Paris, which he abandoned, causing him to suffer.

He said that he missed his country home and nature. His self-harming scars on the arm were very ‘structured’, showing a graphic, almost ‘orderly’ form, hence not ‘chaotic’ (as in **P5**’s case). During the first two workshops (of a total of three) he made a rather ‘balanced’ impression on me; his speech was very sophisticated, like an adult. During the last workshop he seemed depressed and said that this was “because of my fluctuating moods” (2018). His high IES-R test score of 56 seemed to indicate possible presence of trauma, or PTSD. However, according to the psychiatrist’s information he “does not have a clinical PTSD” (2018).

Drawings

As a starting point, or perhaps as an inspiration, **P4** chose a black and white post-card of a painting showing a heavily cluttered, longish, poor-looking hut (fig. 139). He also showed an interest in the crooked house postcard (fig. 138).



Fig. 138, Richard Greaves, 'La Cabane à sucre', 1985, photo©Mario del Curto



Fig. 139, Paul Sarkisian, Untitled (Mapleton), 1971/72, acrylic on canvas, 406x826cm, MUMOK, Vienna

The first subtly rendered pencil drawing (fig. 140) shows a mountainous village with small little *houses* and trees. His second delicate pencil drawing was named “Home sweet” (fig. 141), where the second word “home” “had no room”, and where “the nails of the house are not well hammered” (**P4** (2018) during the semi-structured interview, Wyder, 2016).



Fig. 140, P4, 7. & 13.6.2018

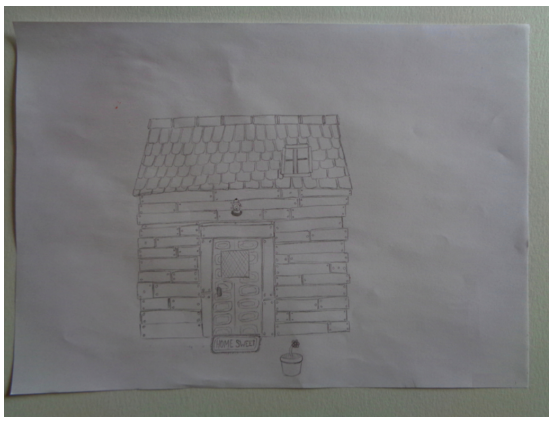


Fig. 141, P4, 13.6.2018



Fig. 142, P4, Japanese ink, 20.6.2018

According to **P4**, the form on the right in the Japanese ink drawing (fig. 142) refers to a "*house* in a rock, with an open door and furniture inside" (2018). He indicated that the rendering of the rock designates the brain and its neurological connections. He added: "The moon almost seems to eat the tree" (2018). **P4** said to like Tim Burton's artworks.

8.7.1.5. P5, 16 years

Patient **P5** presented a bipolar disorder. Rather strong self-harming scars were visible on her forearms. No IES-R test; she underwent an operation and did not return before the fieldwork ended.

The parents were divorced; the mother was hospitalized with mental issues, during which **P5** was placed at a public home, which she subsequently left again once her mother's state improved. Later, **P5** developed also physical problems.

Drawings

The outer forms of **P5**'s *house* drawings were always very similar, that is rectangular (figs. 143 - 147). The interior of these spaces remained in most cases inaccessible except the *house* containing a piano (fig. 143), and the *house* on fire, "cramée" (fig. 145). **P5** said to "love this form [of *houses*] with a flat roof", and also "nature"

(2018). Her parallelepipedal drawings gave me a feeling of floating in space, of precariousness, even though the *houses*' shape indicates (in principle) stability. Also, the *houses* appeared to be 'held' either thanks to trees (fig. 143), or the tree's branches (fig. 144).



Fig. 143, P5, 14.3.2018



Fig. 144, P5, 21.3.2018



Fig. 145, P5, "maison cramée", 28.3.2018



Fig. 146, P5, "maison nénuphar", 28.3.2018



Fig. 147, P5, 28.3.2018



Fig. 148, P5's clinic room, 4.4.2018

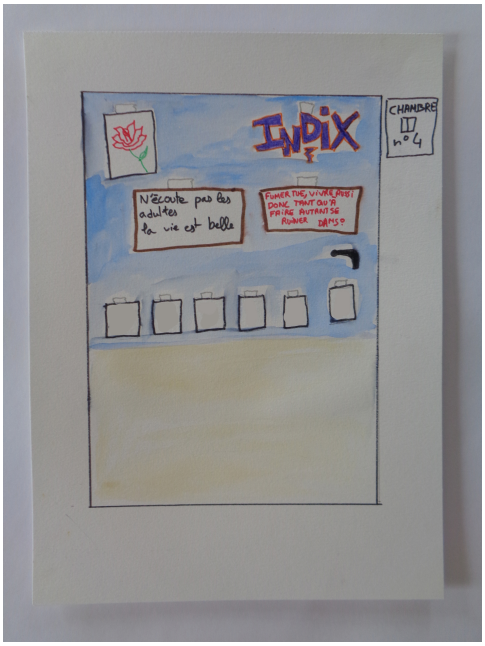


Fig. 149, P5's door, "chambre no. 4", 4.4.2018

The drawing fig. 148 shows the interior view of her hospital room but is "more tidy" (2018) [than in reality], with clothes spread out on the floor, drawings on the walls, the window slightly open, padlocks on both sides, and a view on a tree. **P5** wanted the room to be drawn in central perspective, and proudly said that she had learned that before. The blanket's initials 'AP–HP' (Assistance Publique–Hôpitaux de Paris) refer to hospitals of the city of Paris. Regarding her bearing, she often demonstrated the rather affirmative and 'pouting' behaviour of a teenager.

8.7.1.6. P6, 16 years

Patient **P6** had suffered a depressive episode with learning disabilities, presented with the Gilles de la Tourette syndrome, and self-harming cuts were visible on her arms. Her parents were separated. She didn't fill out the IES-R test.

Drawings

The delicately rendered *house* drawing (fig. 150) was based on the black and white photograph by Bernd and Hilla Becher (fig. 151). **P6** had brought a little ruler and used it to carry out this drawing. **P6** was the only European patient to 'copy' a *house* postcard.

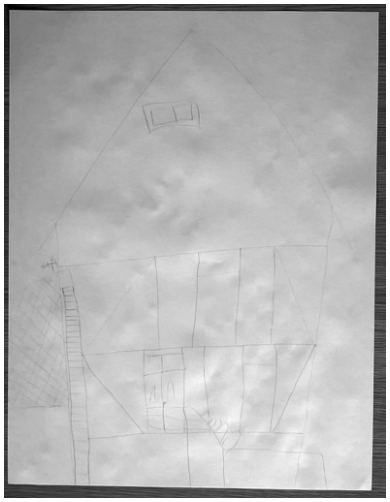


Fig. 150, P6, Becher house, 23.5.2018



Fig. 151, H. & B. Becher, Fachwerkhaus, Eisern, 1970, Gebr. König AG, postcard

P6 didn't continue the art therapy workshops as there was another workshop that happened simultaneously on the roof terrace. No interview.

8.7.1.7. P8, 15 years

Patient **P8** had received a psychiatric diagnosis of schizophrenia (hearing voices) and presented self-harm. Her parents lived together.

During the first art therapy workshop **P8** demonstrated an upper body rocking behaviour called 'motor stereotypies, which can occur in children who have developmental problems' such as e.g. 'autism spectrum disorder, mental retardation, vision or hearing impairment' (The Johns Hopkins University's website, 2022). **P8** talked in a very flat, monotone voice, which might indeed point to an autistic spectrum disorder. The 'rocking' movements mostly disappeared during the workshops; however, she exhibited these once more during the semi-structured interview (Wyder, 2016).

Drawings

Patient **P8**'s first drawing showed three circles made with oil crayons. Within she painted a golden *house* with acrylic colour (fig. 152). After about 15 minutes she said: "Voilà, j'ai terminé". As she didn't wish to start a new drawing, she quietly sat on her spot for a while and then continued to draw these little *houses* within the circles that enclose the big *house*. She repeated: "Voilà, j'ai terminé" (2018), with the

same monotone voice.


Fig. 152, P8, 23.5.2018



Fig. 153, P8, “Maison”, 6.6.2018

P8 named the second drawing “Maison” (fig. 153, 2018). She seemed to have discovered this ‘smearing, or blurring’ effect thanks to the dry pastel crayons. **P8** also used this technique regarding the little blue *house* on stilts “sur les vagues” (2018), the yellow *house*, and the sun. Interestingly, round forms appeared in all drawings, as well as the colour blue. The “Maison”-drawing was the only one showing (seven) persons. “C’est un carré avec des bonhommes”, she explained during the interview, with a “cube,” a “garage” and “des fenêtres” (2018).


Fig. 154, P8, 13.6.2018

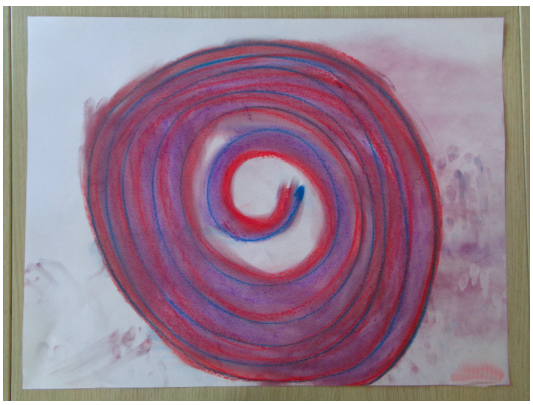


Fig. 155, “Spirale”, 20.6.2018

One day, **P8** was in her room lying on her bed when I went by to see if she would join the workshop. “Oui, je viens”, was her answer. As soon as she was in the workshop space she asked: “Est-ce que je peux commencer à dessiner?” When I asked her whether she likes round forms, she answered: “Non”. After having finished the drawing (fig. 154), she said once more: “Voilà, j’ai terminé” (2018).

The spiral drawing (fig. 155) was made during her last art therapy workshop during

which she was slightly ‘rocking’ her upper body back and forth again. As she rarely talked there were practically no explanations regarding her drawings, and she had stated: “Je n’aime pas trop parler à des gens”. I had thus decided to radically adapt the interview as she seemed anxious, which was perhaps expressed through her renewed ‘rocking’ behaviour. Most of the interview questions were answered by “oui”, or “non”.

8.7.1.8. P9, 16 years and P7, age 16

Since patient **P9** presented with cognitive issues, his vignette is not discussed here. Instead, it forms part of my publication *The house as symbolic representation of the self: Drawings and paintings from an art therapy fieldwork study of a closed inpatient adolescents’ focus group*, Neuropsychiatrie de l’Enfance et de l’Adolescence, 67(5-6), 2019 (Wyder, 2019b). Patient **P7** was removed from the study because he dropped out very early and did not actively participate, most likely out of disinterest.

8.8. Quantitative Findings in General and BBS-related Data

8.8.1. Results from Phenomenological Coding: Themes and Patterns

Based on the phenomenological coding procedure and the summing-up of the emerged themes into clusters, three categories featured most prominently, as mentioned earlier. Specifically, the ‘*House/Home*’, ‘*Inner Life’* and *‘Aesthetic’* clusters occurred most frequently (ranked highest) based on the coding procedure of my field notes and the semi-structured interview findings (if applicable). In contrast, the *‘Human Relationships’,* the *‘Physical/Mental Health’*, the *‘Culture’* and finally the *‘Nature’* clusters received less attention by the adolescents. While for five patients, data could be gathered both via the coding of my field notes as well as from the analysed semi-structured interview (Wyder, 2016) findings, for four patients the obtained data are exclusively based on the findings of my field notes; the observed general consistency of the two data sets is helpful in ensuring comparability also for those four.

The main focus given by the adolescents was mainly on creatively addressing

notions of the *house*, be it in regard to their present clinical situation or related *home* spaces, thus addressing interior, or various imaginary outside *house* or city scenes. The high score of the '*Inner Life'* cluster can be considered as an indication of the youngsters' concentration on *how they themselves* conceived notions of the *house*.

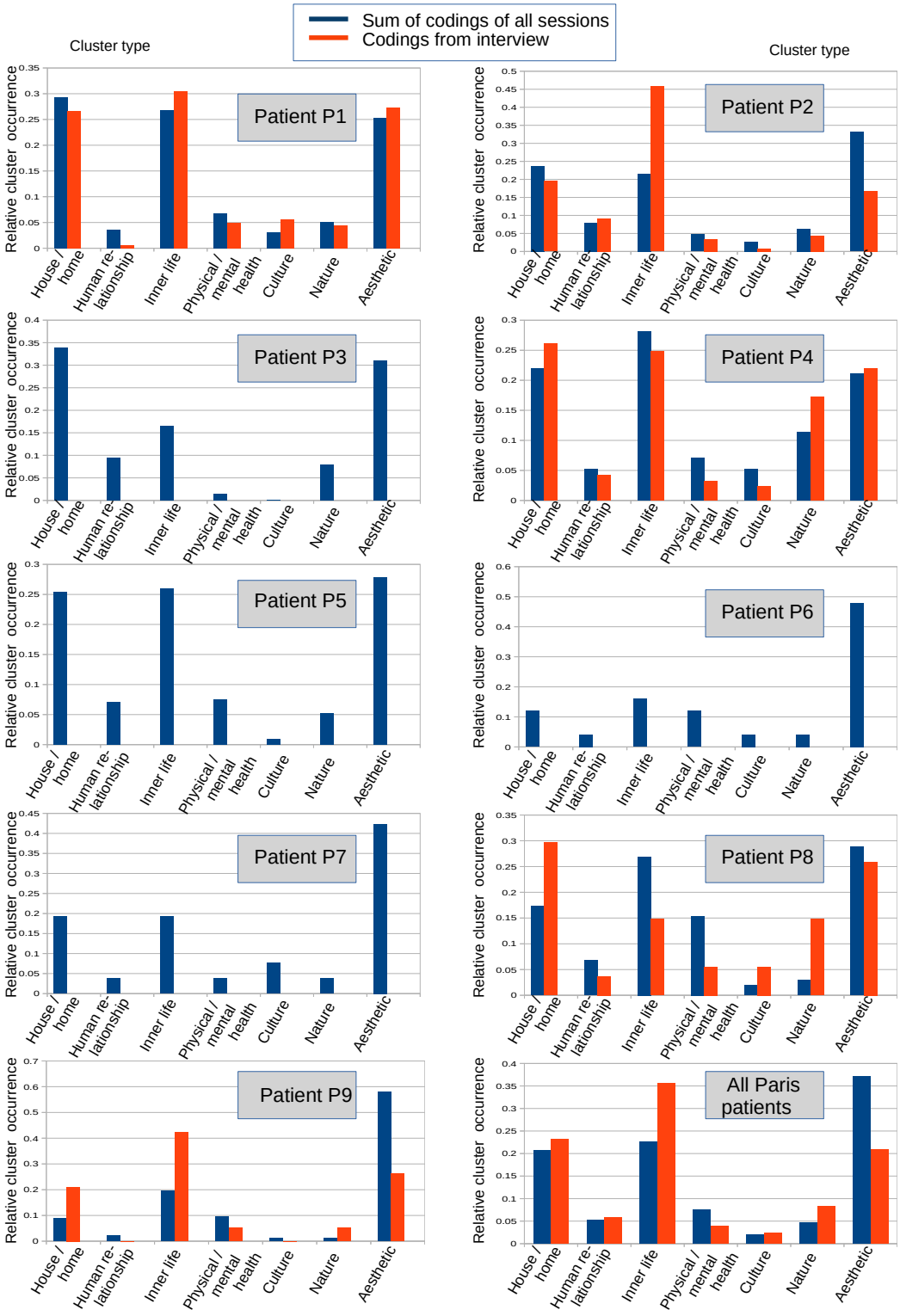
In comparison to the observation-based findings, the '*Inner Life'* cluster shows greater prominence in the interview-based data, as this presented the participants with a unique opportunity of solely talking about themselves. The discrepancy in this respect between the coding of my observations and the coding of the interview is related to patient **P8**'s low level of communication during my observations. Similarly, patient **P2**'s *Inner Life'* cluster (see *table 10*) shows a strong disparity between the coding results stemming from the semi-structured interview (Wyder, 2016) and the observational field work data. This patient revealed a lot of personal information and issues during the interview (in presence of her drawings) in which she seemed to have been very eager to share things extensively and seemed to have appreciated this private moment with me. Interestingly, and perhaps as a result, her at times rather 'aggressive' behaviour seemed to have completely disappeared.

As pointed out above, the *Culture* cluster wasn't very prominent within the adolescents' narratives, but *written language* appeared in seven drawings, which might be related to the importance given to language in French culture. Lubart (1999, p. 344) established a link between 'culture, language and creativity' by stating: 'Language structures, categorizes and expresses a culture's understanding of the world (Lakoff & Johnson, 1980). Language, as a vehicle of culture, can therefore be expected to shape creativity.' However, verbal explanations, or comments provided by the adolescents' aesthetic works, or their inner life issues were generally scarce, which might be related to the adolescents' age, or stage of development. Thus, whether French language influenced the adolescents' aesthetic works remains speculative.

Finally, the applied analytical procedures allowed to cross-check the validity, completeness but also demonstrates limitations of the various sources of material and data. As a result, it does as best as possible do justice to the complexity of my final

findings.

Table 10: Overall Results from Phenomenological Coding: Relative Rates of Appearance of the Identified Themes and Patterns.



8.8.2. Basler Befindlichkeitsskala Test Results

As was the case with the other BBS-fieldwork patients' results, also here the self-reporting Basler Befindlichkeitsskala's (wellbeing test) results need to be considered as indicative, firstly, regarding patients' self-evaluations, which are at times in opposition to my observations. Secondly, an additional factor was the brief attendance to the art therapy workshops by some adolescents, resulting perhaps in a different kind of group integration (including with myself), which might have had an influence on the overall test results based on the criteria such as 'vitality', 'intrapsychic equilibrium', 'social extroversion', and 'vigility' (Hobi, 1985).

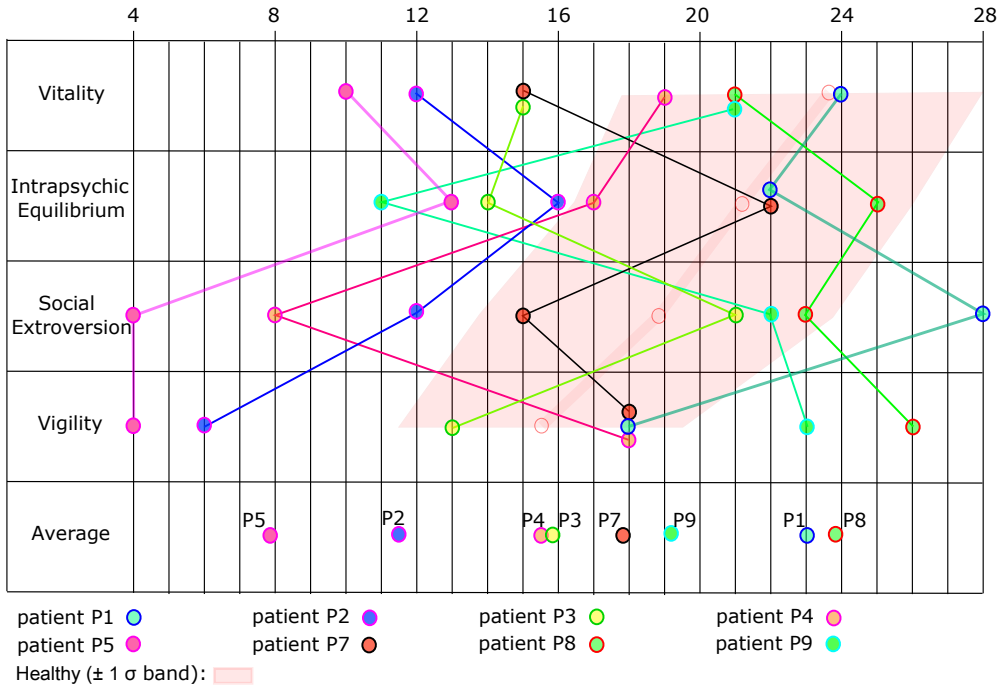
Finally, the test was administered only once, thus representing a momentary snapshot, rather than reflecting an evolving situation, which might have been preferable. The BBS-results are visualized in the *table 11* here below. For example, patient **P1**, scored on the upper end of the 'healthy band', but demonstrated a maximum level of the 'social extroversion' cluster. This is rather surprising as she rarely talked during the workshops. On the other hand, patient **P2**, who was a talkative and rather active girl, scored low (12) regarding 'social extroversion' and 'vitality'. Further, patient **P3**'s results seemed to be more in line with my observation of being somewhat vigilant, showing a mid-range of 'intrapsychic equilibrium' and 'vitality', but more extroversion than I would have expected.

Moreover, patient **P4**'s results seemed similar to my observation ranging from slightly vigilant, to very low extroversion and situating him in the 'healthy band' regarding his intrapsychic equilibrium, and 'vitality'. Female patient **P5** scored outside the 'healthy band' range showing very low scores regarding the 'vigility' and 'social extroversion'. Results from patients **P6** and **P7** can be regarded only as a 'snapshot' based on their very brief attendance to the art therapy workshops.

Finally, patient **P8** might be related to the autism spectrum disorder. She scored very high on the 'vigility' cluster, which might be part of a possible explanation of her not wishing to talk. On the other hand, her score of 'social extroversion' is also rather high, which seemed to be contradictory, as are possibly also her high scores of 'intrapsychic equilibrium', and 'vitality'. Hence, as mentioned above, these results

have thus to be regarded with great prudence.

Table 11:



8.9. Analysis

The overall analysis was performed as in the other two clinical fieldworks according to phenomenological 'coding' (Sutton & Austin, 2015) based on the totality of the gathered material and data of my Hôpital Pitié-Salpêtrière's research by looking for emerging themes and patterns (see 3.12).

8.9.1. Emerged Axes

The analysis of the data detailed in the following sections delineated several axes (plus appearance of a fifth theme):

- a first axis: notions of *outside* and *inside* of the *house*.
- a second axis: referred to the degree of *maturity* and *introspection* of *participants*.

- a third axis: the degree of *variability* of the *aesthetic representations* of the *house drawings*.
- a fourth axis: *participants'* and *author's meaning-making* of *house representations.*

Ultimately, my analytical strategy comprised 'the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher. This process enables the researcher to begin to understand the world from each participant's perspective' (Sutton & Austin, 2015, p. 228).

The second analytical procedure consisted of scrutinising the material regarding the emergence of themes and clusters in patients' semi-structured interviews (Wyder, 2016) (if applicable), and my observational phenomenological field notes. As will be shown, the same seven clusters emerged as in the other two venues. However, the results demonstrate an emphasis on 'House/Home', the 'Inner Life' and the 'Aesthetic' Clusters. In contrast, the 'Human Relationship', the 'Physical/Mental Health', the 'Nature' and the 'Culture' clusters received far lesser importance.

8.10. General Findings

Table 12 provides an overview of the adolescents' ages and gender, attended art therapy workshops, the PTSD IES-R-scores, indications of self-harm (SH), including references to *house*-types, interior, or exterior *house* situations, abstractions, and culture.

The findings of this period of fieldwork are manifold and must be considered as tentative because of sample sizes. While not systematically expressed in all patients' *house* drawings and paintings, several elements appearing in individual cases indicate that these:

- Represented a means of expressing *current mental states*, or *present clinical situations* as the topic allowed an exteriorisation of personal experiences as well as giving form to inner sufferings (e.g. to convey confinement, **P3**,

figs. 137), life transition (**P2**, fig. 129 and **P3**, fig. 135) and movement (**P2**, fig. 127 and **P8**, fig. 155), clinical situation (**P2**, fig. 126, **P3**, fig. 133, **P5**, figs. 148 & 149).

- Pointed to *past painful experiences* (e.g. broken, abandoned, porous, burning houses, for example in **P1**, fig. 121, **P2**, fig. 130, **P4**, fig. 142, **P5**, fig. 145). However, adolescents only rarely verbally expressed such content.

- Allowed experiencing *sensual and physical contacts with art materials* in particular ways for autistic spectrum disorder-related patients (e.g. dry crayons and paint 'smearing'), exemplified by **P8**, figs. 153 & 155) and extensively by **P9**.

- Demonstrated an overall emphasis by most of the adolescents' regarding notions of '*House/Home*', '*Inner Life'* and *'Aesthetic'* clusters. In contrast, the *'Human Relationships',* the *'Physical/Mental Health'*, the *'Culture'* and finally the *'Nature'* clusters received less attention.

Observational documentation of the body language and patients' behaviour over time, as well as interview findings in line with the other fieldwork group participants (in the Wil and Ohmiya clinics) with the same topic, corroborate the observed positive (at least momentary) evolution of well-being for most participants.

In parallel, for several patients, the produced aesthetic works were equally characterized by an evolution. That is, for the two female patients (**P2** and **P1**) with the longest participation in the sessions, this trend is strongest: the positive evolution that became apparent in **P2**'s drawings is corroborated by a positive self-evaluation in the final interview and the fact that shortly after the end of the workshops, she was able to leave the clinic. In **P1**'s case, both increasingly stronger verbalisations and a 'coming out' regarding her sexual orientation during the sessions also underline a personal evolution. However, given that my art therapy workshops were simultaneously embedded in a larger clinical context including other forms of therapy, it is not possible to claim a causal connection between the observed positive

evolution (in well-being as well as in the produced drawings) solely in regard to my interventions, nor with the specific topic of the *house*.

Moreover, all sessions were focus group sessions; what generally happens during group art therapy sessions (even though each person worked on his, or her own work) can be related to McNeilly (Mc Neilly, 1984) and Roberts' (1984) concept of 'resonance' (see discussion in section 4.6.1). Nevertheless, the experienced togetherness and shared narratives among the patients and the art therapist was observably facilitated via a common symbolising topic, the *house*, which allowed the emergence of a multitude of individually distinct forms showing inside and outside views.

8.10.1. Posttraumatic Stress Disorder (IES-R) Test Results

Based on three adolescents' PTSD IES-R test results (and in absentia of additional test results) but considering the possibility that more than these three youngsters might present with PTSD, juveniles' psychopathology will briefly be addressed. PTSD issues can have different consequences for children than they might have for adults, and they can thus possibly be overlooked. Séguin and Brunet (1999, p. 585) refer to Terr's (1979, 1983, 1985) observations regarding such differences, which can consist of:

1) 'Children choose not to think about a traumatic event, by engaging in a daytime reverie, for example, without it being however inaccessible to their memory process. For some aspects of a traumatic event, amnesia may only occur later.
2) Children relive the event mainly through repetitive games using one or more themes linked to the traumatic event.
3) Children are prone to developmental regressions. They may, for example, want to sleep in their parents' bed, suck their thumbs, lose control of their sphincters, or stop talking.

4) Educational difficulties in children are usually short-lived compared to prolonged social dysfunction in adults.

5) Temporal distortions vis-à-vis the event would be frequent in children.

6) Children are more likely than adults to view their future negatively and to imagine bad omens' (my translation from French).

Regarding my fieldwork, three out of the nine participating adolescents filled out the PTSD-test. All three qualify for having PTSD with IES-R scores ranging from 38 to 56. The male patient **P4** had the highest score, possibly related to three biographical factors: a) death of father, b) having to move away from his initial residency in nature, c) and having failed his jewellery studies. In **P1**'s case the situation seemed less evident; there might have been issues regarding her homosexuality. As for the self-harm manifested by participants **P2**, **P4**, **P5**, **P6** and **P8**: I am unaware of other reasons for their behaviour unless if one considers their psychiatric diagnosis consisting of depression, borderline, bipolar and autism spectrum disorders. Also, some of patients' **P2** and **P5** drawings could point to possible PTSD (e.g. burning, damaged, porous *houses*).

8.10.2. Specificities of the Juvenile Group

Regarding possible differences and similarities between juveniles and adults, Klessmann and Eibach (1993, p. 35) point to distinctions between the two groups based on their extensive adult and children drawing and painting *house*-related study:

> 'What distinguishes children's and adult *houses* [drawings] from one another […], is in the first place not the symbolic content (which is more simply realized by […] children), but the different access they gain to their houses. Children seem to unconsciously cultivate deeper insights than they can consciously integrate. Conversely, we have learned that children cannot, or do not always want to see the 'as-if' character of their fantasy-houses, which is not the case with adults (apart from psychotically disturbed persons)' (my translation from German).

In other words, Klessmann and Eibach (1993) suggest that adults are more likely to perceive the analogous and symbolic potential of aesthetic works than children; the experience thus predominates the cognitive in the latter. Indeed, and regarding the Parisian adolescents' *house* drawings and paintings, it appeared as if possible unconscious content of their aesthetic works would remain inaccessible to them, which would be in line with Klessmann's and Eibach's findings. However, even though in some of the adolescent participants' the semi-structured interview narratives did at times reveal some underlying content, it seemed difficult to identify to what extent they might perhaps have more insight, than they might have communicated.

Then again, it could also be linked to developmental stages discussed by Piaget regarding the 'evolution of drawing' (1972, p. 45) within adolescents between '13 and 14', towards young adults from '19 to 20 years', in which intellectual, spatial, sensorimotor, or operational stages are linked to adolescents' ages. Thus, according to Piaget: 'The final result is that for space in general, as for drawing, we can distinguish a primary evolution characterized by stages in the ordinary sense of the term, and then a growing diversification with age due to gradually differentiating aptitudes with regard to imagined representations and figurative instruments' (1972, p. 45).

Table 12: Paris Patients IES-R Scores, House Forms, and attended Workshops

Partici-pants	Gen-der	PTSD IES-R score	# of House drawings, paintings	"Built body" drawing, paintings	Other (house) forms	Culturally specific house forms	Inside (interior)	Exterior (outside)	Abstraction (no house form)	Attended sessions per participant
P1 16 years	F	44	4	0	+1 (mush-room house)	+1 (Paris street view)	0	1(Paris street view)	0	5
P2 16 years	F	no test	1	0	+2 (1flower petal house, 1 horse-house)	0 2 (with text)**	+2 (1 hospital, 1 community space)	+1 (street scene, no house, tree, fence)	0	5
P3 16 years	F	no test	2	0	+1(egg form), +1 ("la prison raté!"	0 (1 text)	5 (1 "atelier", 1 "maison des fleurs", 1 "ma chambre")	3	0	5
P4 17 years	M	56	3 (2 POS)	0	1(faces, gun), 1 (rock-brain-house)	0 (1 text)	0	3	0	3
P5 16 years	F	no test	5	+ 1 (flower-house for bees)	0	+1 (her hospital room & + her hospital door)	0	0	4	1
P6 16 years	F	no test	1 (POS)*	0	0	0	0	1	1	1
P7 16 years	M	no test	0	1 (tree), 1 (phone?)	0	0	0	0	2	2
P8 15 years	F	38	3	0	1 (flower), 1 (tree)	0	0	3	1 (spiral)	4
P9 16 years	M	no test	1	"cubes, clouds, clouds with rain, window, strings, strokes"	0	0	1	28 (1 POS)	10	10

* POS: Use of postcard
** Text on the drawing/painting

Inpatient adolescents' art therapy focus group
Total of 10 art therapy sessions, divided in two periods of time between March to July 2018
9 adolescents (6 young women, 3 young men)

8.11. Symbolic Expressions in Art and Art Therapy

The adolescents' choices of how to draw, or paint a *house* (e.g. in form of a horse (**P2**, fig. 128), a mushroom (**P1**, fig. 122), or a brain (**P4**, fig. 142), or if one symbolically extends paintings to be part of the *self*, are opportunities offered within the realm of the arts and art therapy which might be difficult to achieve if relying only on verbal means. To illustrate this point, the topic of the *house* seemed to lend itself to various applications and contexts. Klein (2018, pp. 2 - 4) quotes Darrault-Harris (2007) who writes regarding art in therapy: '[…] we advocate other ways of progress: working with 'the detour strategy', with the symbolic, the metaphor. When playing with the autistic child [e.g. **P8** and **P9**] we palpate all the walls of the room, we know that it is a way of delimiting one's own body too open sensitively to the quickly hurtful contact. When the child models clay in art therapy it is both discharging aggression by beating and crushing it and building houses to rebuild oneself' (in Klein, 2018, my translation from French).

Furthermore, as we have seen earlier, every drawing of patient **P8** involved round forms, or a spiral. Historically, the form of the circle and spiral are ancient pictorial, or carved stone manifestations as the illustration here below (fig. 156) of the Northern Italian Val Camonica stone engravings demonstrate. The reason for patient **P8**'s choice of round forms will remain inaccessible, however her first drawing with the big *house*, encircled by many small *houses* (fig. 152) within a golden frame, seems to have something almost sacred, in which the main *house* is surrounded, and protected by the outer circle containing small *houses*. Jaffé (1981, p. 240) by referring to Marie-Louise von Franz stated: 'The symbol of the circle ('das Runde') in the arts, or the sphere is to be considered as a symbol of wholeness, or the self. Wherever the motif of the circle appears, in ancient sun cults or in modern religious representations, in myths or dreams, in meditation images or in the layout of modern cities: it always points to one aspect of life - to its original wholeness' (my translation from German).

However, in **P8**'s spiral drawing (fig. 155), this particular round form adds on the one hand an additional aspect of movement, as e.g. the trajectory of the Archimedean spiral implies, and on the other hand is *not* a closed shape as a Western

circle suggests, which is yet again different from a Zen calligraphy circle (‘ensô’), which is open but additionally indicates movement and wholeness, among



Fig. 156, Rock engravings (2800-2400 a.C.) Val Camonica, Italy,
Exhibition Museum Rietberg, Zurich, photograph, © Silvia Wyder, 2021

other connotations. Ultimately, whether **P8**’s *spiral* drawing might be related to her rocking motor movements remains speculative.

8.12. Space: Interactions and Expressions

The present fieldwork’s situation was particular in respect to the topic of the *house* as it took place in the enclosed space of an inpatient clinical environment. This experience was in stark contrast to the other two psychiatric fieldwork locations where, (a) the clinical setting was a studio structure in Wil, and (b) within a clinical multipurpose space in Ohmiya. Regarding a closed space Mayer (2018, p. 87) writes: ‘In the safety of foreclosure, it is possible for oneself to explore one’s past, browsing through more or less useful patterns and formulating a goal according to true needs’ (my translation from German). However, Mayer’s statement must be seen in its context of a chosen 'space of reflection' or an 'extended psychological internal area'. The notion of ‘foreclosure’ received a very different dimension whilst extending into the private realm.

Further, being secluded (in a closed clinical unit) may comprise additional challenges due to the omnipresence of various persons, including the lack of access to

private, or exterior spaces, or to family and friends. It further raises the question of re-adaptation once ‘outside’ again, within society, especially after an extended duration of hospitalisation. In his reflections on space, Samuel Thoma (2018, pp. 178 - 179) refers to notions of intimacy, closeness, and openness. He writes: ‘Another aspect is the experience of experienced closeness and distance of other people in spaces. How close people are to us in certain spaces depends on the order that exists between us. This [the order] regulates how we connect with each other and how much we open up our private space to each other’. He continues his reflection: ‘The more openness is allowed, the more resonance can be experienced by those present in a room; on the other hand, the more they can also be injured by the possibly overwhelming or even violent closeness of the other’ (my translation from German).

Thoma’s reflections are however not only applicable to a closed clinic but situate themselves also in general societal contexts. Even though closed wards need to adopt a set of rules and entail an imposed exposure to others and ‘forced’ sharing of space (e.g. rooms, therapy spaces), it would be a fallacy to consider that general society would be free of regulations or of possible culturally imposed structuring customs. Lendemeijer and Shortridge-Baggett (1997) in their literature review entitled ‘the use of seclusion in psychiatry’, critically address various authors’ pros and cons regarding seclusion. Even though in the present study the situation was not of a seclusion proper, some of the raised criteria might still be relevant. For example, the two scholars summarize that ‘seclusion as a therapeutic intervention is commonly used to deal with problematic behaviour of patients who are “overstimulated” or who lack “internal” structure”; the aim is thus to come to a ‘reduction of sensory stimuli’ (p. 301). In contrast, they further refer to Kilgalen (1997) and Tardiff (1992) who consider ‘seclusion in case of serious self-mutilation and suicidal behaviour’ to be ‘contraindicated, because in these situations continuous control is necessary. To leave a lonely, depressed individual alone in an empty room can only increase feelings of hopelessness and helplessness’ (p. 302).

Interestingly, and in contrast to the clinical adult participants of my study, some of the adolescents depicted either their room in the clinic, including locks to close the windows (**P5**, fig. 148), the room‘s door (**P5**, fig. 149), or the art therapy workshop

space (**P3**, fig. 133). Also, drawings of a rabbit cage by **P3**, entitled ‘la prison raté(e)’ (fig. 137) emerged; these drawings can be regarded as clinical context-specific expressions. Hence, I suggest that these drawings might have been a means for the adolescents to address their very present lived experience in a closed clinical context.

Bringing the topic of the *house* within a bodily realm by extending the physicality of *houses*’ walls to the human skin, which (ideally) in both cases encompasses and protects us, incorporates, according to Anzieu (1995, p. 39) the view that: ‘La peau est permeable et impermeable. Elle est superficielle et profonde. […] Elle a, dans toutes ces dimensions […] un statut d’intermédiaire, d’entre-deux, de transitionnalité’. As we have seen, several of the study’s adolescents displayed self-harm, which could be considered as an act of self-destruction similar to degrading *house* facades that would be in need of care. According to Hawton, Saunders and O’Connor (2012, p. 2373 - 2383), ‘Self-harm refers to intentional self-poisoning or self-injury, irrespective of the type of motive or the extent of suicidal intent’. They further explicate: ‘Although international variation exists, findings from many community-based studies show that around 10% of adolescents report having self-harmed, of whom some will report some extent of suicidal intent underpinning their self-harm’. More specifically, they point out that ‘self-harm presentations become increasingly common from age 12 years onwards, particularly in girls, such that between ages 12 years and 15 years the girl-to-boy ratio is as high as five or six to one’. Additionally, self-harm rates are higher in adolescents from lower socio-economic groups. Regarding adolescents’ backgrounds they find that child and family adversity, maladaptive parenting, and parental divorce are associated with self-harm (Hawton, Saunders, and O’Connor, 2012, p. 2373 - 2383). Indeed, three of the (all girls’) adolescents’ *house* drawings consisted of broken *house* walls (**P1**, fig. 121 and **P2**, fig. 130), and a burning *house* (**P5**, fig. 145), which might symbolically be considered as damaged selves, or perhaps as indications for having undergone physical, and, or mental violence.

The notion of *space*, how one can define and embody it (or not) and inhabit one’s *house* (symbolically in the sense of self) is thus of crucial importance. Participants’ painful experiences and damaged, suffering selves became manifest through

aesthetic representations of, for example, damaged roof (**P2**, fig. 130), porous walls (**P2**, figs. 127), or cage-based containment (**P3**, fig. 137), all spaces in which the self may not find a secure situation or one in which it is impossible to construct one-self due to a prevailing permeability leading to potentially intrusive danger.

Furthermore, there were several depictions of *interior spaces*, be these within a *house* (**P3**, figs. 135 - 136, or **P2**, fig. 126), or within a *horse-house* (**P2**, fig. 128). The level of detail of the adolescents' drawing regarding these interior *house* situations, or perhaps *home* spaces, were similar to those of the Japanese patients, but not to the ones of Swiss German patients. The theme of the *house* offered however not exclusively possibilities for expressing notions of the *inside* or *outside*; windows and doors can be regarded as transitional spaces from one physical, or inner space to another. Patient **P5**'s *door* drawing (fig. 149, or Ms **W2**'s fig. 53 in Wil) allowed in and out-movements and withdrawal including confrontations with the 'outside world' (the clinic's ward). In this context Bachelard (1964, p. 222) wrote:

> 'For the door is an entire cosmos of the Half-open ("In-between-openings", "l'Entre-ouvert"). In fact, it is one of its primal images, the very origin of a daydream that accumulates desires and temptations: the temptation to open up the ultimate depths of being, and the desire to conquer all reticent beings. The door schematizes two strong possibilities, which sharply classify two types of daydreams. Sometimes, it is well closed, locked, chained. At other times, it is open, that is to say, wide open.'

Further, patients' potential inner changes could be expressed via their *house* paintings, which offer *creative spaces* for possibly occurring processes of transformation. As Mayer (2018, p. 83) states: 'If one has painted pictures at different times during therapy and then reads these pictures in their entirety as history, then this view has something documentary in itself: it actually documents the [process of] wandering through spaces and thus makes precisely that general map with its typical stations visible' (my translation from German). For example, this notion became apparent in **P5**'s drawings where, with time, her box-like houses (figs. 143 - 147) disappeared. **P5** had thus moved from the exterior to the interior, which may reflect her months' long inner and exterior reality. In contrast, **P2** carried out the reverse

procedure, from inside to the outside, initially depicting the recreation space (fig. 126) and thereafter showing a street view (fig. 129), or a brick *house* (fig. 130) before leaving the clinic.

Globally, the overall spectrum of individual *house* depictions was large in this adolescent group, ranging from more ‘common’ *houses* to rather unusual animal, plant, or brain-rock-based forms, including varied degrees of stability, movement, perhaps childhood related imagery, to relatively porous structures.

8.13. Use(fulness) of the Topic of the House for Adolescents

This question appeared as some adolescents had several times expressed their reluctance at the start of the workshops that they 'had' to work on the topic of the *house*. Hence, I had asked them to find out more about this issue. For example, patient **P2** said that ‘in the beginning of the workshops she didn't feel like readdressing the topic again, but during the time spent working on her drawings, it was nice’ (2018, my translation from French). Several hypotheses regarding some of the adolescents' initial reluctance can be raised:

a) The adolescents might not have the personal understanding necessary to focus on the same *house* topic (or perhaps any other one?) over an extended duration.

b) Adherence may additionally be linked to adolescents' developmentally related behaviour of contradicting adults’ topical suggestion. As pointed out, there were some ‘pouting’ complaints about “having” to continue working on the same topic. However, they nonetheless proceeded to focus on *house* depictions (without me insisting); they seemed to have forgotten their initial unwillingness and seemed to find satisfaction. This observation was not only based on my personal interpretation but was also linked to witnessing their concentration whilst drawing and the pleasure visible on their faces.

c) The level of psychological elaboration, even if it were on an unconscious level, might not (yet) be possible at this developmental stage (all were between 15 and 17 years old). It could mean that the content of their drawings

was a) for some still related to their childhood (e.g. huge teddy bear, rabbit), and b) their aesthetic and verbal ways of expressions seemed at times to alternate between two opposite states from very detailed childlike drawing styles (e.g. 'wrong' perspective, mushroom), to ‘pouting’ or ‘aggressive’ speech.

d) Adolescents might present an inability to bear the unexpected, potentially painful, or anxiety loaded content that may emerge, that may be triggered by the topic of the *house.* The question is whether the topic of the *house* would have provoked too much pain (three qualifying for having PTSD according to the IES-R test results), or it could have been suggested too early, in which a conscious elaboration of possible painful content would be premature.

Provided that some of the above notions might bear some truth, the reality is that the adolescents continued addressing the topic, and it seemed that the aesthetic and inner processes generated joy and stimulated playful and creative moments.

Ultimately, whether the fieldwork participants consisted of adolescents or adults, a possible influence of exterior circumstances relating to my presence as an art therapy researcher, or the omnipresence of the clinical environments with all the factors it incorporates, can never be disregarded.

8.14. PTSD in the Context of Adolescents’ Drawing and Narratives

Regarding the adolescents’ PTSD-scores in reference to their *house* drawings and narratives, **P1**, **P4**, and **P8** who filled out the IES- test all presented with PTSD. Furthermore, I suggest that **P1**’s first drawing (fig. 121), **P3**’s “building/fenêtre”-drawing (fig. 134) or **P5**’s “maison cramée” (fig. 145) might point to PTSD, or to past painful experiences. In contrast to several of the adult participants, verbally addressing issues of difficult life events was rare within the adolescents’ group.

8.15. Resume

To conclude, this fieldwork’s findings are to a large extent supportive of the usefulness of the topic of the *house* for adolescents’ who stayed in a closed clinical ward

in Paris. It allowed them to aesthetically, and to some degree also verbally, express present and past pleasant and hurtful experiences. Working on this specific topic did not, as much as I am aware of, trigger painful flashbacks. The *house* thus seemed to have been an adequate topical suggestion for this specific age group, including those adolescents who qualified for having PTSD according to the IES-R-test results.

Furthermore, the reluctance initially expressed by some of the adolescents to continue working on the same topic during the art therapy workshops was broadly overcome. Also, the topic of the *house* seemed to have been accessible for the youngsters exhibiting various mental and physical issues ranging from depression, self-harm, possible PTSD symptoms, to autism spectrum-related disorders.

Chapter 9 Fieldwork Findings and Discussion

9.1. Introduction

Chapter nine provides an overall discussion based on the analysis of the pooled findings of the three clinical fieldwork locations in Ohmiya, Japan, Paris, France and Wil, Switzerland, which included adolescent and adult participants. The findings discuss the outcomes of the topical applicability of the *house* during short and long-term art therapy sessions by investigating process-related changes (if applicable). It further demonstrates the degree to which the theme was adopted and discusses the findings regarding this thesis title's concepts concerning the *house* and whether the resulting paintings can be qualified as *self-representations.*

The overall body of this thesis' findings can be divided into three groups, that is, a) art therapy fieldwork findings (covered in this chapter), b1) theoretical space-related and b2), methodological findings (both covered in *chapter ten*), to be followed by c) relevant implications, and recommendations for art therapy practice, together with an outlook (covered in this chapter and in chapter eleven):

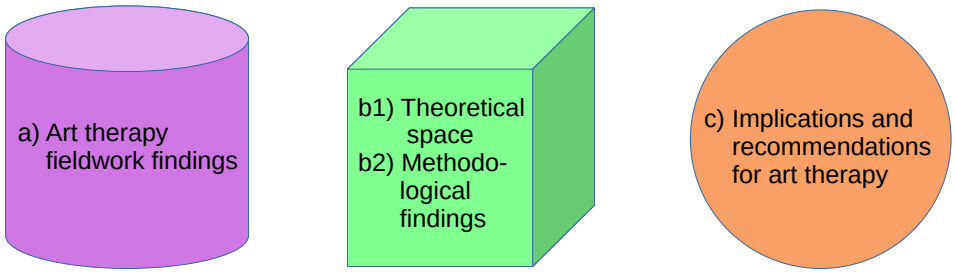


Fig. 157, Categorization of findings, © Silvia Wyder, 2022

Naturally, as is often the case with graphical illustrations, they serve as a conceptual abstraction of the relevant topics, which are however not intended as strict content-based compartmentalization of the gathered findings, as there is also overlap between these groups.

Specifically, this chapter differentiates the most *important* (*main) findings* (section

9.2) from *additional* (*secondary*) *findings* (section 9.3). The former cover findings regarding the self, cultural aspects as well as PTSD phenomena which became apparent (or not) in participants' paintings and narratives while the latter include gender and age-related issues. Regarding culturally based specificities, if not clearly indicated by reference to the research location, or individual patients, the findings are applicable to *all* patients' cultural circumstances, ages and gender.

The findings suggest that the topic of the *house* has been taken up aesthetically and verbally by most of the patients independent of their age, gender, types of suffering, or socio-cultural backgrounds (see section 9.2. for further information). However, some painting process related findings point to culturally based distinctions, which became apparent amongst the Japanese patients, but also in different ways and to a lesser extent among the European patients. The findings furthermore testify that a long-term (five months) suggestion of the *house* topic seemed useful for the majority of patients.

Chapter nine further discusses the important art therapy finding of the overall absence of retriggering traumatic material whilst it was aesthetically or verbally addressed together with patients' paintings.

This chapter ends with art therapy practice related recommendations regarding cultural awareness, methodological, as well as specific suggestions based on the *house* topic for patients with, or without PTSD.

9.2. Main Findings

One of the main goals of this thesis was to investigate whether a third party, resulting from the proposed topic of the *house,* can stand in symbolically for the self. This would allow both art therapists and patients to address the self indirectly, in form of idiosyncratic expressions.

Indeed, the overall findings demonstrate that this theme, the *house*, was applicable for patients' irrespective of their socio-cultural and geographical situation (section

9.2.3), which can thus be qualified as a suitable topical suggestion for these cohorts. Findings also show that patients mostly used the theme as a form of self-representation (section 9.2.2) even though in the context of PTSD (section 9.2.4) the narrative content was larger than the pictorial one. Additionally, findings regarding culture, and in particular notions of *nostalgia,* are especially salient among Ohmiya clinic's patients (section 7.9., p. 258).

9.2.1. Suitability of Topic

Ideally, I would like to think that art therapy can lead to an emergence from a passive to a more active state, that is, allowing a process which is in-line with patients' own needs and rhythm. Usually, this procedure can be regarded as a rather general property of an art therapy process that clients, or patients may experience.

Even though my thinking must remain hypothetical (since I did not carry out a comparative study), I could imagine that the topic of the *house,* because of the embodied, symbolic, and self-representative potential it carries, could, in the long run, lead to a more holistic and perhaps more fundamental transformation of the person, thanks to the theme's all-embracing potential and cross-cultural universality it incorporates. Figuratively speaking, the theme of the *house* allows building up from the foundations of the cellar to the roof's structure and simultaneously permits addressing interiority through the representation of rooms' configuration of spaces.

Besides, the theme does not stop at the '*house*'*s* walls' but can also range beyond its physical (and metaphorical) body and expand into the neighbourhood including other *houses*, people, or simply nature. Thus, patients' stories, or issues can be told and, or depicted spanning from the very intimate within the house's interior, or *home*, to the outside, toward the more socio-cultural contexts. The topic can thus be individually shaped and can also talk e.g. about isolation as much as about personal integration within a specific societal context.

Importantly, the topic allows also expressing not 'just' aesthetic or narrative description or depiction of 'standing' *houses*, but it can also offer opportunities for addressing damage and destruction symbolically, be these related to lived experiences

(e.g. personal trauma), or individual forms of e.g. anxiety. Hence, the theme spans from the 'molecular' to the 'universal' via which idiosyncratic culture-based properties can also be expressed and shared.

9.2.2. Self as Symbolic House Representation

The thematic phenomenological verbal-based coding procedure detailed in the *methodology and epistemological framework chapter three*, section 3.3., allowed gathering further findings in respect to the question of whether the *self* can be considered as a *symbolic representation* via the *house.* Specifically, my findings demonstrate the emergence of a theme in most of the patients' interviews, narratives and at times *house* paintings that I call 'Overlap between House and Self' (OHS). The findings suggest that identification between patients' *selves* and their *house*-related aesthetic works occurred repeatedly.

My PhD-thesis' research asks: can aesthetic *house*-based works be seen as expressions of *selfhood*? To some extent it seemed they can, and I will draw on Jung's definitions (1971, p. 477) regarding the notion of *symbol*, and the manifold components that humans' *selves* incorporate:

> 'There are individual psychic products whose symbolic character is so obvious that they at once compel a symbolic interpretation. For the individual they have the same functional significance that the social symbol has for a larger human group. These products never have an exclusively conscious or an exclusively unconscious source, but arise from the equal collaboration of both.'

The theme of the *house* and the 'obvious', or omnipresent importance it has for people seems to lend itself to developing, as Jung puts it, 'individual psychic products' (1971). Even though the topic of the *house* had been suggested, there was no obligation to carry out aesthetic works that would address it. In other words, *if* or *how* patients adopted this topic was most likely based on partly conscious, rational, and unconscious choices, as Jung states. To what extent the 'OHS' occurred varied from one person to the next or was perhaps at times even absent. For example,

regarding Ms **W4**'s painting of a *turtle* as a *house,* one could consider that there might have been an unconscious (symbolic) choice of this animal since, as Bachelard (1957 [1961] pp. 161, 162) wrote: 'A elle seule la tortue, l'animal a la maison qui marche,' [...]. 'La bête, dans sa boite, est sûre de ses secrets. Elle est devenue un monstre de physionomie impénétrable [...].' In other words, the turtle does, on the one hand, carry its *house* constantly with itself and is protected from exterior aggressions, and on the other, consists of a 'moving house', which also carries its secrets within it, as Bachelard suggests. The question remains whether also Ms **W4** remained with her secrets concerning her "almost rape" (2016) buried within herself.

Regarding the notion of ‘representation’, the term might ultimately not be fully appropriate in the context of ‘selfhood’. If, as the Cambridge Dictionary (2021) indicates, ‘representation’ is ‘the way someone or something is shown or described’, or is ‘a sign, picture, model, etc. of something’ I would argue that the *house* painting does not point to the person’s *self*, but rather *IS* the *self* in the form of a *house.* In the sense of: it *is me* who painted *myself* as a *house*. Hence, I do *not represent* myself, it *IS* myself, similar to a photographic portrait, in which one would say, "this *is* me", and not "it represents me". Arguably, the physical object, photograph, or painting, isn’t me *per se*, but *symbolically it is*. The question of *representation* was discussed in more detail in sections 4.6.2. and 5.2.1..

Is the Depiction of the House the Self?

Although a large proportion of patients produced *paintings* that can be considered as *self-representations*, a finer differentiation is appropriate. Three situations regarding the depictions of patients' self-attributions in their works are possible. Firstly, patients may have qualified themselves as being *the house.* Secondly, the researcher may interpret that a given painting symbolically represents the patient. Thirdly, patients might indicate (by the pictorial content of the painting and, or via their narratives) that they situate themselves within their painting, although in this case, it is debatable whether one can consider the *house* as being the *self*.

The only patient who literally stated that the painting of a *house* was herself was Ms

W2 in Wil with her "shaky *house* as myself" (2016, fig. 43), which served as a "wobbly" depiction of herself suffering from Multiple Sclerosis: interestingly, this was her first painting during the art therapy workshops. Hence, only a tiny number of patients explicitly attributed themselves to a *house*. Likewise, in my interpretations of patients' *house* paintings, representations that *fully* corresponded to the patients themselves were scarce. However, on a *symbolic level* I observed that specific paintings rather clearly depicted content in form and, or colour, that pointed to patients' aspects of selfhood, to their particular life experiences, or real life-based projections into the future. For example, the colourful and imaginative *house* forms consisting of a snail, shell, or turtle (one exception being a *house* in the country) of Ms **W4** in Wil corresponded, in my view, very well to her lively way of being, which was however in stark contrast to her past and on-going difficult life experiences.

In contrast, one of the drawings of the Japanese patients', **Ms J2**, could be seen as belonging to the first category (biographical) as it showed one of the three buildings in which she grew up. This drawing showed **Ms J2** and her female schoolmates, but one cannot say that she *is* that house. This is one of several examples in which *house forms* narrate personal elements and point to, among other issues, patients' memories. Similarly, three of the youngsters in Paris drew their current situation within the closed psychiatric ward thus not showing an exterior *house* situation, but rather addressed their current interior, and perhaps inner, locked-in space.

From a methodological, scientific, and ethical position it would be limiting to exclusively focus on patients' *house* paintings without simultaneously integrating their narratives, as such an approach would be reductive. Practically, as I was present during the entire process of patients' paintings' creations, a fully 'neutral' distancing of myself, or separating out the painting from the narrative was to some extent feasible. However, I might myself be subject to unconscious integration of their verbal material which thereafter might also have influenced my pictorial perception and interpretation of their aesthetic works (and vice versa).

Ultimately and by considering the above and additional patients' findings, I conclude that it is not easily possible to fully identify *house* paintings with the individual *self*, even though it nevertheless provides patient-based information *if* one

additionally integrates their respective verbal material. More generally, without an analysis integrating a large diversity of information, interpretations of paintings may easily be erroneous and consequently, also *house*-based self-attributions.

Depiction of the *House* in Patients' Aesthetic Works

During the art therapy workshops the suggested topic of the *house* was adopted by most of the overall thirty patients of the psychiatric clinics in Paris, Wil and Ohmiya. That is, of all the patients, 73 % created various (at least once) *house*-types in their paintings (see *table 13*) that can be regarded as self-representations. The four different types of paintings are also summarized in *table 13* below. Clearly, irrespective of the location and the cultural environment of the clinics a large majority of the patients produced *house* paintings in reference to the *self*.

Specifically, the topic has been picked up by seven out of eight patients in Wil, similarly, by seven out of eight patients in Paris and by eight out of 14 patients in Ohmiya. From the large number (188) of fieldwork paintings, four thematic pictorial themes emerged, without preconceived groupings:

- Biography and culture
- Self
- Ambiguous paintings
- Non-house self

The *biography and culture* grouping includes paintings that provide a clear indication to patients' biographical (e.g. life history) and, or cultural backgrounds (e.g. culture-specific architecture), but without showing a direct sense of self-representation. The *Self Cluster* contains distinct pictorial references to forms of self-representations, or depictions of self within the *house.* The *Ambiguous Paintings'* category regroups paintings that are neither clearly attributable to the *Self*, nor to the *house* (e.g. tree branch). Finally, the last category is that of *Non-House Self* which also contains a few abstract paintings.

Interestingly however, the fraction of *house-based self-representations* varied considerably between the clinics' locations. Among the Wil patients, 74% of the paintings represented the *self* and only a small fraction of their paintings addressed other topics. Among the Paris adolescent patients, the corresponding fraction was 45% and for the Japanese patients 39%. In other words, more than half of the produced paintings in the latter two groups addressed topics not directly representing the *self*. In those two groups, there was thus a larger thematic breadth, and a lower focus on the *self*. Even though these numbers as well as the above categorisations must be considered as findings along a spectrum and not as 'precise' numerical results that would be representative for each fieldwork location, it is interesting to note that they confirm additional results based on patients' aesthetic works, narratives and semi-structured interview data, as the findings visualised in *table 13*, demonstrate.

More specifically, most of the Wil patients' *paintings* revolved around *self and house*, which seems to point to a rather Western conception regarding the independence of one's own *self*, highlighted by Markus and Kitayama (1991) as described in *chapter five*, section 5.2.2. In contrast, as has been shown in *chapter seven* based on the analysis of the Japanese patients' *paintings*, obvious *self-references* are not as pronounced as among the adult patients in Wil. Interestingly, also the youngsters in Paris showed a lower degree of clearly attributable *self-references* in their *paintings*, and a rather high rate of 'ambiguous' ones, which might be related to their developmental stage, and, or culture.

This raises the question to what extent criteria focusing on 'Western' and 'Eastern' categories are sufficient in order to establish valid patterns, or to what degree patients' ages (e.g. developing personalities), and, or their clinical situation (closed section in Paris versus day patients in Wil and Ohmiya) played a role, or whether they are also linked to personality traits. Clearly, more research is needed to better answer these questions. Yet, my assumption is that the reasons behind the highlighted distinctions are most likely grounded both in socio-culturally shaped patterns (Mauss, 1934, Bourdieu, 1972) and developmental stages, as will be discussed further below.

9.2.3. Culture Related Findings

This section describes the findings regarding the cross-cultural applicability, the culture-specific usage of the topic of the *house* based on the Wil, Paris, and Ohmiya patients' data.

9.2.3.1. The Theme of the House in its European and Japanese Cultural Contexts

In all the cultural and geographical contexts of this study the topic of the *house* was well adopted by the adult or adolescent participants. Various levels of cultural, or self-relating aesthetic, or narrative references with regards to painful and joyous experiences and, or specific cultural embeddedness appeared among the participants residing in France, Switzerland, or Japan. The topic was also used by some to develop future *house* related perspectives or to experiment with their creative potentials. For others, their personal life story was depicted and narrated from early childhood to their current situation. While specific references to traditional *house* types in Europe did occur, these were scarce in contrast to the Japanese patients' works with larger numbers of cultural allusions concerning historic Japanese, or modern *houses*. Also, nature played an important role for many of the Japanese patients, with regards to spiritual, or material contexts. In contrast, for their European counterparts, while nature-based environments were depicted by some, they played a lesser role. Pictorial references to family situations were more common among the Japanese patients' paintings than among the European patients, which might be related to Japanese society's higher importance concerning group structures. However, regarding patients' family related narratives, these were equally addressed by the overall adult patients, but less so by the adolescents.

Moreover, the overall *paintings-based findings* show that *house* forms were quite diverse, ranging from abstractions to one-family *houses* to city situations. Among the European participants (adults and adolescents) *house* types spanned from imaginative *houses* to animal-based *'houses'*, buildings, cave and caravan, to city spaces. Interestingly, the emphasis on the '*House/Home*', '*Inner Life'* and *'Aesthetic'* clusters is similarly pronounced among the Paris adolescents as for the

Swiss German adult patients at the psychiatric clinic Wil (see *chapter six*). In contrast to the Japanese participants, there was a lesser influence of 'real' existing *houses*, even though some of the European's paintings were clearly architecturally situated within a European context, these however were not their own family-related *houses*, as was the case for several Japanese patients. *House* depictions based on tradition, culture or history (e.g. temples, and often embedded in nature) were rather prominent among the Japanese patients (see *chapter seven*), which points to a more prominent importance given to traditional, and cultural Japanese origins.

Indeed, the Japanese patients demonstrated a strong focus on the *'Culture'* cluster (see *chapter seven*), including nature. In that sense, participants' ages seemed to play a lesser role than did their cultural context. It would however be a shortcoming to interpret these findings as European-, versus Asian-based cultural distinctions. Hence, there is no foundation for considering the present research findings as being exclusively 'Asian', or 'European', which would be rather simplistic even though certain trends could be observed.

Regarding the findings' validity and generalisability, one needs to consider additional factors, or limitations. That is, the number of the *paintings* produced, and the length of the art therapy fieldwork varied greatly between the clinics in Wil, Paris and Ohmiya, as did patients' attendance within the same focus group. For example, the total number of *paintings* produced by the Wil patients was 61 for a duration of five months, whereas 44 paintings were produced by the Paris adolescent patients over three months with a similar number of overall patients. As for the Japanese patients they produced 54 paintings during four weeks of art therapy. Focusing on these numbers per se is not necessarily very interesting; rather, they point to variations in art therapy related inner processes, in which one patient may create three paintings in one session (Mr **W1**, Wil), whereas another person focused on the same painting over two months (Mr **W3**, Wil). The number of *paintings* produced by the Japanese and the Paris adolescent patients was rather similar in the sense that they created mostly one painting per session, which points to individual personality styles rather than to culture, or age-related factors, which is important to keep in mind.

Detailed patient findings demonstrating the 73% adoption of the theme of the *house* are visualised in the righthand distribution of *table 13*.

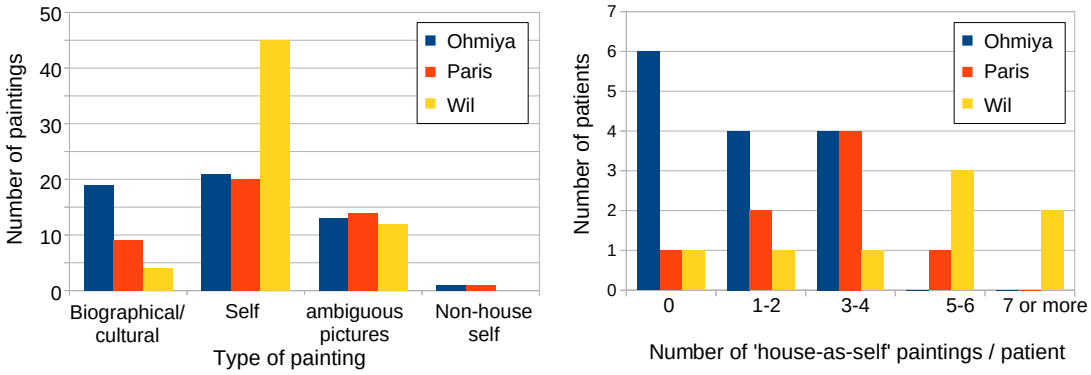


Table 13 Categorization of the different types of paintings produced by the patients of the three fieldwork venues. House 'self' paintings were produced by 73% of the patients.

Finally, a limitation of these findings might be linked to the underlying reasons for adopting the *house* topic, that is to what degree it was the participants' free choice. As noted earlier, patients were informed that they could choose (or not) to focus on the theme. Yet, a perceived sense of hierarchy, to please me, or the impact of the clinical context, can never be avoided. Nevertheless, it can be concluded that the topic seemed to have made sense for, and was personally addressed by, the vast majority of patients overall, as their aesthetic works and narratives, often via a deep focus on inner and creative processes, demonstrated.

Self and Culture-based 'Reproduction'

Similar to the discussion regarding *nostalgia* (section 7.9.), aesthetic cultural forms are transmitted from one generation to the next in most (if not all) cultures and their peoples. My discussion regarding 'cultural moulding' within the Japan *chapter seven* must be seen as stemming from the patient-based material that I gathered in the Ohmiya clinic during the fieldwork, observations made by myself regarding specific, generation-spanning forms of cultural or spiritual ways of being and transmission in Japan, and additionally drawing on topical scholarship. That is, while such phenomena are, in my view, additionally linked to Mauss' (1934) notion of 'moulding' and Bourdieu's (2005) concept of 'habitus' and are thus also conceptual-



Fig. 158, Palermitan eggplant mould for almond sweets, plaster, © Silvia Wyder, 2020

ized within in a ‘Western’ framework (see fig. 158), the cultural phenomenon of transmittal (including e.g. aesthetic and, or behavioural forms) is most likely universal.

In spite of this universality, the specifics relating to *tradition* or *nostalgia* described above are grounded in the Japan fieldwork-gathered material and my analysis and highlight the need to be alert to nevertheless existing cultural specificities. Particular forms or patterns cannot be transferred directly as they are representative and idiosyncratic of a given culture; they did not appear in the Paris and Wil fieldworks to the same extent.

Patterns of Painting Processes in Japan and Europe

As described in the methodology and methods' chapter three, and in the fieldwork chapters, the suggested procedures were each time as similar as possible, and so were the provided art materials. Also, as was the case in every clinical situation, the *house*-based postcards served as a visual stimulus that could be used, or not.

Overall, the European patients initiated the painting process in similar manners. Observed differences were rather linked to personality traits than culturally based. Some patients felt perhaps unsure of how to commence, or what to draw, whereas others didn't show any hesitation. Nonetheless, it seemed that the patients in Wil demonstrated a greater ease whilst starting the painting process and were overall also more explorative in trying out a greater (or new) variety of art materials. This distinction could be due to the Wil patients being accustomed to the Living

Museum’s large provision of art materials, while in Japan, patients had never experienced this approach. Western style traditional preparatory painting procedures in which the painting is firstly outlined with a pencil, and thereafter coloured, were carried out by four out of eight of the Wil patients and then only occasionally. In contrast, most Japanese patients started their work via pencil drawing and thereafter colouring it with watercolours, or crayons, similarly to the Paris adolescents.

Regarding the choice of materials, the Japanese participants used a smaller selection of art materials (two out of 15 used acrylic paint) while the other cohorts used all drawing and painting materials. Furthermore, the adolescent patients in Paris and the out-patients in Wil all selected bigger paper sizes, whereas the Japanese patients exclusively used the smaller formats (A3) instead. However, seating arrangements were rather narrow in the Ohmiya space, especially in comparison with the Wil fieldwork location, although there was no 'obligation' to remain seated.

Furthermore, my study's findings demonstrate that *how*, *if*, or *not*, integration of the postcards into the participants' aesthetic works was carried out was different regarding the cultural, as well as the personal context. *How* a process of 'copying', or 'imitation' is regarded can depend on cultural traditions that differ between Europe and Japan. For example, Nakamura (2007, p. 80) writes regarding Western art that 'it is characterized by individuality, singularity and novelty. In Japanese calligraphy, by contrast, 'creativity' is not always encouraged [...] what is valued is a *different kind* of creativity - one that does not oppose the original to the imitation but rather has imitation at its very source.' She further explicates (p. 81) that 'in Japan, learning methods based on mimicry, imitation and copying have been vital for creativity in literature, visual and performing arts.' Hence, art therapy researchers or practitioners having different cultural origins than the clients, how creativity related processes are regarded, or *interpreted* needs to integrate possible different cultural, and aesthetic traditions.

Moreover, the *house postcards* were used more by some of the participants in Ohmiya than by their European counterparts. Interestingly however, even though parts of the postcards were copied, none of the Japanese patients fully copied the entire image. It seemed as if the postcard had been a springboard, were perhaps

utilised as an aesthetic ‘background’, or ‘crutch’ for some who experienced some anxiety regarding their inner drawing process, while others might have unconsciously followed culture-specific procedures (see discussion in 7.7.2). Yet, these patients thereafter aesthetically shaped their drawings according to their own wishes by adding or omitting visual contents, or by changing the colour schemes. One prominent example was Ms **J8**'s work, in which she proceeded in this manner throughout four (out of five) drawings (figs. 92, 94, 96, and 98).

To put these observations in context, most of the Japanese patients' narratives and aesthetic works demonstrated either strong family related contents (e.g. parents, grandparents, or friends), and, or made additional striking references to tradition (e.g. Kannon-sama Temple, crab *house*) or nature (e.g. people working in the fields, traditional *houses* in nature, or view of Mount Fuji mirrored in the lake). Hence, one could say that there exists a distinctive connection to these realms in which the individual *self* is either framed in nature, and, or integrated with either existing persons, references to past and lost family situations, or wished for ones. Also, within this group the verbal and aesthetic narratives were rather group related, whereas in the other two groups these were more based on their individual real or imagined spaces.

In contrast, the presence of people, nature, or tradition in patients' aesthetic works within the Wil and Paris groups was scarce (only in the narratives was the importance of people as prominent as among the Japanese).

9.2.3.2. Societal Aspects

Overall, the adult patients' sociological backgrounds were diverse, ranging from professions such as electrician, graphic designer, unemployed, to engineer, law studies, garbage collection, or nursing to name just a few. Some of the patients were single, others were in relationships, lived with parents or were divorced. A very small number of them were married at the time of this study.

The adolescents' educational backgrounds were mostly prior attendance of secondary school, or they had dropped out. As they resided in a closed psychiatric ward,

they had some schooling within the clinic. Outside the clinic the parental situation was diverse; some youngsters had parents, others had, or lived, with one parent due to either separation or death.

The overall 'European' ethnic backgrounds were mostly Caucasian, ranging from middle to Southern and Eastern European mixed origins with influences stemming from South America and Northern Africa. Within the Japanese patients, the ethnic background was Far East Asian. Ethnicity issues were highlighted only by one patient, Mr **W3** in Wil, based on his Serbian origins; immigrants from Ex-Yugoslavia were not always well received in German speaking Switzerland.

Conflicts were never observed in respect to patients' diverse backgrounds such as ages, ethnicity, gender, religious or spiritual beliefs during the art therapy workshops; the atmosphere was generally supportive and well- meaning.

Regarding the theme of the *house* in patients' paintings and narratives, their societal backgrounds did not seem to become apparent. Hence, their educational or social standing did not play a notable role in their aesthetic and verbal expressions, or during their interpersonal interactions.

Patients' Gender Specifics

Patients indicated their gender orientation as being either 'male' or 'female' (I had implemented a 3rd gender possibility on the IES-R PTSD form). Initial integration of the topic of the *house* was similar for all the patients irrespective of their gender, ages, ethnic, or socio-cultural backgrounds. Interestingly, the number of male participants in my *house* art therapy workshops was rather high. Overall, there were 14 female, and 18 male participants. It is however important to point out that the attendance was rather diverse, and the dropout rate within the male-only group in Ohmiya was of 50%. The reason for their discontinuation was due, according to their treating psychologist, to them restarting work. Overall, however, it can be stated that the attendance by male and female patients was rather similar.

Considering psychotherapy research concerning men, it is important to note that

the suggested *house* topic and the focus group format led to, as pointed out above, an interest and a perhaps untypical art therapy attendance by male patients. The importance of this observation is supported by Brandes' discussion (2010, p. 115) by reference to Andronico (1996, p. XVIII) in which 'groups' are qualified as 'the "ideal form" in terms of gender specific [societal zeitgeist] transformations [...] with the argumentation of men being rather "used" to groups as a medium for personal development'. Brandes' consideration of the usefulness of group-based therapy for men is also supported by Brooks (1996) regarding "therapy resistant men"' (my translation from German). However, whether male patients' attendance was also related to the *house* theme, and, or whether another topic would have raised a similar interest and participation remains speculative. Certainly, as indicated in *table 14, house* (outside) depictions were similarly prevalent and dominant among women and men, although the fraction of *home* paintings was lower among men or male adolescents.

Specifically, regarding gender-related choices of *house* depictions (thus exterior views), or *home* (interior views), my findings show that even though *house* paintings dominate among both women (80% of paintings) *and* men (90%), the occurrence of *home* paintings amongst women is twice as high (20%) as for men (10%).

Table 14: Overall Female and Male Patients' Inside and Outside House Paintings

Male patients	Inside	Outside	Female patients	Inside	Outside
Wil	3	17	**Wil**	3	24
Paris	0	3	**Paris**	7	9
Ohmiya	4	38	**Ohmiya**	3	13
Total	**7**	**58**	**Total**	**13**	**46**
In %	**11 %**	**89 %**	**In %**	**22 %**	**78 %**

As discussed, also these numbers have to be regarded as indications, as there are

a few paintings in which *houses'* exteriorities are depicted together with inside (e.g. living room) views. *Table 14* summarizes the data behind this discussion.

Moreover, the topic of the *perspective* was an additional preoccupation in several men's, and to lesser extent in women's and girl's aesthetic processes. As discussed in section 6.4.2.3. besides individuals' wishes to draw the *house* "correctly", the notion of *perspective* could be considered as a sub-topic of the theme of the *house*, as it carries the potential to address further content. *Perspective* can also unconsciously have a structuring function as it gives the *house* more stability. It refers to geometry and perhaps 'order' and in the broader sense permits symbolic and conceptual *perspectives,* projections into the future (see Wyder, 2013).

Finally, gender issues regarding stereotypically based societal expectations regarding female, or male patients, were rarely verbally addressed in the context of the *house*. Yet Mr **W1** had expressed that "men are not supposed to cry" (2016), Ms **W4** raised the question of women's dress code in respect to men's possible sexual arousal in the context of her "almost being raped in front of the *house*" (2016), and some Japanese patients addressed issues of divorce. Among the adolescent patients however gender related conflicts didn't arise.

9.2.4. Posttraumatic Stress Disorder Findings

One could hypothesize that posttraumatic rehabilitation can be more constructively and less painfully (relatively speaking) addressed whilst working via a specifically elaborated art therapeutic method. It seemed that the topic of the *house* was, for some PTSD-sufferers, an adequate and fruitful road that comprised a specific containing topic, also for long-term art therapy. Of the overall 30 patients, 16 patients qualified on the dimensional scoring based IES-R PTSD-scale for presenting with PTSD. 14 patients did not fill out the test (absence, refusal (two), or drop-out). In the context of trauma, Levine (2009, p. 68) explicates: 'From a phenomenological perspective, what I remember is never the event itself; it is the event as experienced by me. [...] I only remember moments of my experience of an event − otherwise my memory would take as long as the event itself [...]'. In that sense, art therapy offered the possibility to address traumatic experiences (e.g., "wobbly house"

(fig. 43, snail (fig. 63)) and either to expand on these, or also to distance oneself by developing new creative forms (e.g. figs. 28, 102, 128).

Regarding PTSD test results, it is evident that they were ‘only’ indicative regarding experienced trauma, or on-going PTSD phenomena. I do however believe that test results flag possible trauma-based issues, which art therapists should be aware of. This is important, especially since my study's findings demonstrate that PTSD-phenomena appeared only rarely in patients' aesthetic works, and even if they became more apparent in their narratives, the testing procedure allowed to draw attention to, and added further valuable information on, possible underlying, often deeply hidden, painful issues, which may be at the root of more ostensible comorbidities or interpersonal issues.

Yet an activity via creative expressions alone does not, I suggest, allow a long-lasting transformation; additionally, there needs to be a process of cognitive awareness and restructuration. Malchiodi (2020, p. 33), a specialist in trauma and expressive arts therapy, referring to Marks-Tarlow (2018), underscores 'the idea that creativity and imagination promote a necessary sense of safety that sets the stage for engagement in treatment, positive shifts in thoughts and feelings, and ultimately, discovery of novel ways to overcome life’s challenges'. Hence, stronger emphasis put on 'creativity', 'treatment', transformation, and I would add, increased self-awareness, altogether might lead towards improved mental health. Specifically, findings demonstrate that for some patients’ inner changes were initiated after some weeks of workshop attendance, during which cognitive insights were expressed. Thus, there seemed to exist a continuous inner and material bond regarding the creative externalisation (paintings) and the emergence of patients' mental insights.

PTSD in Aesthetic Works and Narratives

Patients suffering from PTSD are often described as not being able to express their torment. Fuchs writes (2004, p. 151) in respect to 'Schweigen' (remaining mute): 'Silence surrounds and delimits language. On the other hand, there are limits inherent to language itself, which in principle make certain experiences unspeakable. To fall silent and to remain silent refers to the unutterable: like nameless fear, mute

pain, speechless joy'. He further explicates (p. 153) possible reasons for such silences: ’There is also a speechlessness due to the sudden overwhelming affects when "surprise let us speechless, when words fail us", due to fright, amazement and horror’ (my translation from German). Yet, painting could provide a way to emerge from the passive, silenced voice and to transform distressing subject matters actively and creatively. In this sense, it is interesting to consider Fuchs' statement (2004) that traumatic experiences can neither be expressed verbally, nor can they be symbolised. The latter seemed to be mostly supported by my study's pictorial findings as prominent content of trauma, or PTSD was rarely present in patients' paintings.

Many of the patients did, however, talk about traumatic life events, and when they did, they did so in a rather direct manner. Fuchs writes (2004, p. 158): 'The trace of the trauma returns within symptoms - in pain, somatisation, eating disorders or depression: symptoms that importantly hint at an unspeakable secret and at the same time distract [oneself] from it. The central affects that keep the secret alive are shame and fear' (my translation from German). Thus, and in partial contradiction to Fuchs' consideration, the overall patient-based findings demonstrate that:

a) *traumatic experiences were verbally* expressed during the sessions, *whilst* or *after* patients *created personal paintings*. The narratives thus emerged in presence of their aesthetic works,

b) whilst working on the *topic* of the *house* and,

c) *traumatic issues* were a*esthetically* and *symbolically* depicted by some patients via *house* forms.

Interestingly, the only paintings that indicated PTSD were produced by the Wil-patient **W3** (IES-R PTSD-score of 87). In contrast, neither his Japanese counterpart, with also a high score of 64 (Mr **J3**), nor another Swiss patient scoring 63 (Mr **W7**), produced work with any obvious PTSD-content. That is, only a tiny fraction of paintings revealed possible PTSD and in most such cases, those were painted either very early (patients **P1**, **W2**, and **W3**) or at the very end (**P2**) of the workshops. The

question thus remains whether the emergence of *visual PTSD*, or trauma content via *house* paintings within study's participants was linked to the level of the IES-R PTSD score. Or was it perhaps linked to patients' personality traits, or additionally linked to 'cultural moulding' (Mauss, 1934) or socio-cultural conventions in which painful, or disturbing content should not be expressed nor shown publicly.

Ultimately, this finding contrasts with Fuchs' claim, as the 'unspeakable' did, for some, find an aesthetic *and* verbal response, which emerged from patients' past and the silence could hence be broken. Such art therapy-based findings are important for fostering this approach's psycho-traumatological potential, which deserves further research regarding the elaboration of a PTSD *house*-specific method (Wyder, 2022s).

More specifically, Schnitzer's, Holttum's & Huet's findings based on their [...] *Systematic Literature Review of The Impact of Art Therapy Upon Posttraumatic-Stress Disorder* (2021), which also includes neuroscientific findings, point to possible explanations concerning differences between the available expressive pathways regarding the integration and types of traumatic experiences and memory-related accesses. Referring to 'Brewin et al.'s dual-representation theory (1996, 2010)' (DRT), they suggest '[c]linical recommendations [...] [for the use] of art therapy when avoidance feelings of guilt/shame make engaging in standard talking therapies difficult' (p. 147). Structurally, encephalic pattern differences regarding experiential, memory, and retrieval-based distinctions might be related to my observed differences in which patients' narratives and paintings PTSD-related content was a) heterogeneously approached, but, b), was accessible in presence of the painting and consists thus of a distinct art therapy feature. Indeed, Brewin (2014, p. 219) underlines that '[o]n the treatment side, DRT suggests that PTSD will be helped by interventions' such as those that encourage 'the visualisation of trauma scenes from alternative perspectives'.

Specifically, pictorial content per se, and, or together with some of the patients' narratives clearly indicated previous, or current suffering. For example, Mr **W3**'s 'bombed house', Ms **J1**'s "scary" Buddhist Kannon and mother figure, or Mr **J6**'s "wish to live like an animal in a cage" demonstrated suffering, or ill mental health.

However, based on such paintings and narratives it would only in a few cases be possible to conclude that a specific person indeed suffered from PTSD. Thus, formal PTSD-test results add important complementary information and raise therapists' awareness of such issues, which is crucial in order to provide best possible art therapy.

House Paintings as Diagnostic 'Tool' in Detecting PTSD or Trauma

Based on the analysis of patients' paintings it appeared that PTSD, and, or trauma related content rarely became visible, as we have seen. That is, out of the overall thirty patients, sufferings were evidently, visually expressed by five patients, but clearly manifested by Ms **W2** and Mr **W3**. Furthermore, indications of painful experiences were also depicted by Ms **W4**. Manifestations of painful content via their *house* drawings were observed as well in the first of adolescent **P1**'s, and in adolescent **P2**'s last drawing. Consequently, detecting trauma, or PTSD suffering by exclusively 'analysing' patients' *house* paintings was to a great extent impossible even though IES-R PTSD scores indicated presence of PTSD in many.

The question why some of the patients were able to address painful issues via their paintings but didn't seem to be suffering whilst painting, nor while they verbally addressed distressing events in the presence of their paintings, remains unanswered. Is this observation regarding patients' psychological behaviours related to the topic of the *house* specifically? Or rather is it generally the case that artistic activity leads to a rather anxiety free aesthetic experiential process, which even when jointly linked to verbal, or cognitive painful content, is not (as) distressing?

For example, Rankanen et al.'s (2022, p. 3) study investigating 'physiological measurements and emotional experiences of drawing and clay forming' state that 'drawing and clay forming appear to be information-rich tasks requiring simultaneous cognitive processing [...] hypothesis[ing] that drawing may provide a more relaxed state and clay forming could enhance the imaginative creative state.' More generally, could thus the experience of the individual art therapy process be regarded as a self-activating, positively enhanced 'coping strategy' (besides the arts' additional rewarding and self-fulfilling aspects) and as a potentially transformative activity,

which would be in stark contrast to other PTSD related self-medicating strategies such as e.g. drug misuse?

Finally, the degree, or permanence of long-lasting inner transformation based on the *house* art therapy workshops remains unclear; however, it became rather evident that these improved the patients' wellbeing during the sessions. An additional open question remains whether, or not, further PTSD-revealing paintings would have emerged if patients would have had the possibility to attend *house*-based art therapy over the long term.

Do House Art Therapy Workshops 'Retrigger' Trauma?

What became apparent in patients' paintings and narratives was that they seemed to be able to address traumatic events, past or on-going sufferings by expressing themselves over weeks, or months through the topic of the *house*. Interestingly, they did not manifest any discomfort or distress whilst they addressed difficult experiences in their aesthetic works. In this sense, the topic of the *house* didn't seem to provoke any flashback. A positive factor was perhaps that patients generally didn't exclusively focus on traumatic experiences but alternated between light and heavy issues by also drawing on personal imagination, with a principal (unconscious) attention paid to the creative and haptic act.

Admittedly, flashbacks *did* occur in two (out of 30) patients whilst filling out the IES-R PTSD test. Fundamentally however, this study's findings demonstrate the *house* topics' appropriateness for PTSD-sufferers undergoing art therapy. Following Gromes (2008, p. 95), it is hoped that '[c]hanging a problematic image always involves empowerment and allows for a change of perspective'; she furthermore recommends a 'precise and binding preparation [...] especially for instable patients' (my translation from German). A 'binding preparation' and function could in the present context be the *house* topic, together with the art therapist's PTSD-related expertise; any occurring patient distress could thus be addressed.

9.3. Secondary Findings

The research's methodology incorporated qualitative methodologies, such as phenomenology, anthropology, and sociology, together with psychological quantitative methods, and, importantly, also integrated notions of the arts and briefly, architectural theory. Hence, carrying out a mixed-methods approach in art therapy research and cross-validating not only these procedures, but also producing rich and compelling findings, is another important contribution to the field of art therapy.

9.3.1. Art Therapy Patients' Overall House-Based Findings

Overall findings show a large variety of cross-cultural *house*-based aesthetic works that range from small to large sized ones, from completely abstract to rather realistic *house* depictions, employing a selection of art materials. The variability of the aesthetic works seemed to point to participants‘ personality traits or personal issues in conjunction with cultural specificities. How symbolic notions regarding *houses*’ interiorities and exteriorities are regarded within distinct cultures was also addressed by integrating several theoretical approaches ranging from art-therapeutic, symbolic, socio-cultural, anthropological, linguistic, to architectural.

This study's findings demonstrate its cross-cultural appropriateness within art therapy settings and contribute to an extension of scholarship including recommendations for practice and research regarding topical, cultural and methodological questions. Specifically, both overlapping and dissimilar patterns within European, and Japanese participants have been observed. While avoiding reductionist approaches, this highlights distinct culturally grounded phenomena, which Mauss (1934) referred to as ‘cultural moulding’. Such phenomena became also apparent in participants' distinct use of *house* related aesthetic works as well as in their linguistic expressions. It is important to stress that the *house* topic was integrated by 73% of the patients over-all. However, *house*, *home*, or *city* related expressions emerged from *all* the patients, within the various clinical art therapy workshops but to different degrees.

Furthermore, as discussed in section 9.2.4, findings show that obvious visual indications of PTSD in patients' drawings and paintings were scarce and were in stark contrast to some patients' narratives or PTSD scores. Verbal, versus visual expressions during art therapy interventions in the context of traumatic events and PTSD were compared. The question of why PTSD-related content was more easily verbally expressed than aesthetically depicted remains open and requires further (perhaps collaborative neuroscientific, see 9.2.4.) research. However, in the context of art therapy it is crucial to highlight that the PTSD-related narratives became manifest *during* and, or in *presence* of patients' *aesthetic works*, which might point to underlying and unconscious art therapy process-related phenomena. Further, utterances were mostly conveyed in the presence of co-patients, thus in a group-based context, and in the final interviews.

More research is needed regarding the utilization of the *house* topic as a specific method for trauma, and PTSD sufferers. Questions related to the elaboration of a specific method, the optimal implementation and the duration of such a PTSD-*house* art therapy require bearing in mind problematic issues of e.g. re-experiencing, or flashbacks, but also possible positive transformation in the form of a 're-construction' of the self.

Outcomes show that the theme of the *house* could be suggested during shorter and longer art therapy for patients coming from various socio-cultural and ethnic backgrounds. That is, longitudinal art therapy research could be realised thanks to the Wil patients, addressing issues of PTSD, gender, age, and culture. The gathered findings indicate a usefulness regarding a long-term suggestion of the topic of the *house*. Also, the theme seemed to be helpful for PTSD-sufferers, whether they maintained the topic, or not. Questions regarding the continuous adherence, or 'abandonment' of the topic and what it could (if so) entail, require further research, even though my limited findings seem to indicate its usefulness for patients in both cases.

9.3.2. Patients' Perceptions of House and Home

Generally, most of the patients differentiated between notions of *house* and *home*,

even though some considered it to incorporate similar concepts. Also, based on the semi-structured interview (Wyder, 2016) answers, while most of the patients indicated that they would have attended art therapy workshops with the theme of *home*, some explicitly excluded engaging with this topic.

Some distinctions were made, for example, patient Ms **J8** in Japan considered the theme of the *house* to be more "formal" and that *home* would be "something warm" (2018). Another Japanese patient, Ms **J2** (2018), extended notions of *house* to family or *home country*, stating: "It means your own house. It reflects your own *family*, not only *house*". Similarly, for patient Mr **J3**: "*Home*, means quality time with family" (2018). However, patient Mr **J6** in Ohmiya would not have participated if the topic would have been *home* "because I don't want to write about [my] family [...] the image is very strong. I don't want other persons to know my family" (2018).

It can thus be concluded that most patients distinguished between *house* and *home*, which is an important aspect to consider in art therapy practice that requires differentiating these conceptions theoretically (including culturally). Overall, patients' paintings expressed notions addressing outside, architectural façades but also interior depictions of living rooms or kitchens, which I consider implying *home* inside *house* situations. Amongst the Wil patients most depicted rather exterior views, which can be qualified as belonging to *house.* The same can be said about the Ohmiya patients, even though here more patients drew inside views, like the adolescents in Paris.

The linguistic elaborations and differentiations amongst the Japanese patients were challenging for some as *home* was also translated with "hômu", ホーム, the Japanese-English word for *home*. The foreign word generates a concept and connotations that are ‘alien’ to Japanese culture, which might have differently shaped their perception. Importantly, in English and German the term *home* or *Heim* also signifies e.g. a retirement *home*. Additionally in German *Heim* is the term for either foster, or orphan *homes*, and it is also a denomination for institutions linked to psychiatry. Hence, given these *home*-related meanings, *home* comprised also negative associations for some.

Patients' Interpretation of the Theme of the House

The concept of *house* was, as we have seen, conflated by some patients with *home* and seemed to be linked to a highly charged emotional longing which I call 'Verklärung', comprising notions of transfiguration, romanticization, or idealisation of what *home* should (ideally) incorporate; the habitat of a happy family life. The depiction, and notions of *house* as a built body in the 'verklärter' (transfigured) form could symbolically be put in relation with the white immaculate bride's wedding dress, or life project, which is often influenced by societal expectations and conformist pressure. It is the idealisation of something that lies, for many, in the realm of a fulfilling and collective future. Hence, the wedding dress serves to maintain a symbolical myth of a pure physical habitat, in which the 'interior' remains hidden.

Interestingly, *home* remained 'holy' for several participants, even though they deeply suffered from real-life's experiences; although it often became maculate, or shattered, the notion of *home* nonetheless retained aspirational or nostalgic elements. Since this romanticising 'myth' was mostly maintained, the degree of patients' access to their experienced painful issues and their possibilities to self-reflect is debatable; it can potentially influence the extent of possible transformations towards improved mental health. This observation seems to be in line with Mallett's references to 'home as haven' (2004, p. 70). In her *home* & *house* literature review, she writes (ibid.): 'It is a point that is reinforced by Rapport and Dawson (1998:8) who argue that home encompasses 'cultural norms and individual fantasies'. 'Home brings together memory and longing, the ideational, the affective and the physical, the spatial and the temporal, the local and the global, the positively evaluated and the negatively (see also Saunders, 1989)'. Thus, *home* incorporates distinct psychological notions and individual needs that contrast with the realms of the architectural *house*, as scholarship and this study's findings demonstrate.

9.3.3. Psychiatry

The three different clinical situations at the Hôpital Pitié-Salpêtrière in Paris, the Living Museum at the Psychiatrie St. Gallen Nord in Wil and the out-patient structure at the Ohmiya Kousei Byoin in Japan were radically different. Divergence existed in

terms of the clinical settings' approaches ranging from closed (Paris), to ‘semi’-open in Ohmiya to open in Wil.

As my art therapy research was carried out in psychiatric clinics, patient-specific psychiatric diagnoses were sought at the end of each fieldwork period (see section 4.3.). This allowed, with the caveat that the duration of my observations was patient-specific, to compare (to some extent) a formal psychiatric diagnosis, that I was initially unaware of and uninfluenced by, with my own observations and findings. Even though I consider psychiatric diagnoses to be useful, I do prefer the concept of *formulation* to the one of *diagnosis.* A psychiatric formulation is defined as a 'biopsychosocial formulation [and case formulation] in psychiatry [as] a way of understanding a patient more than on a diagnostic level. Hypotheses are generated about the origins and causes of a patient's symptoms … first described by Engel, 1977' (PsychDB, 2022). In other words, the procedure of formulation integrates a more holistic set of patient-based information and backgrounds and additionally takes patients' issues expressed in their own words into account.

Moreover, as psychiatrist Christian Mayer points out, there is 'at a first glance something very 'verführerisch', (seductive) regarding diagnoses as they integrate something complex − such as a variety of individual symptoms − into something that allows to come up with a pithy formula and thus to imply an apparent knowledge of what somebody is and what this human being needs' (2018, p. 80) (my translation from German). In other words, one might ask oneself for whom it is good for, whether it takes patients' possible shifts over time into account, and how complete it can possibly be (arguably these questions are valid ones regarding the procedures of diagnosis *and* formulation). A diagnosis, as formal as it may appear (i.e. the 'formula', Mayer, 2018), is always based on a subjective selection of procedures, which may be incomplete, as for example the absence of PTSD-testing during my study clearly illustrated.

While there seems to exist some overlap between the psychiatric diagnosis and my findings, nevertheless perhaps due to my art therapy phenomenological stance, the resulting patient-based interactive experiences and findings were partly different and thus allowed additional insights. However, it would be too hasty to come to any

valid conclusions and further interdisciplinary research is needed regarding methodological and diagnostic investigations that would also integrate patients' own accounts. Ultimately, even though my presence and interaction with patients during this study was relatively brief and an on-going and in-depth analysis of patients' issues was thus limited, I remain critical regarding some psychiatrists' diagnoses.

Open versus Closed Clinics' Departments

As indicated earlier, the three clinical situations were rather diverse ranging from open, 'semi'-open, to closed wards. Overall few patients complained regarding this issue, rather, they emphasized their appreciation of being able to express themselves creatively during art therapy. However, it appeared that the specific structure of the wards cannot be ignored, and that these had an influence on some (e.g. the adolescents' in the closed ward) drawings that pictorially and verbally narrated their current lived experience. Therefore, I hypothesize that the specific clinical situation affects patients' health development. In that light, Thoma, Schwänzl, and Galbusera point out (2021, p. 6) that, 'when speaking of psychiatric treatment and psychiatric institutions (as the space and frame of therapeutic practice), it first must be noted that psychiatry itself often has a tendency to in fact *enclose people*, and it does so both on the experiential and physical level. This tendency comes to the fore especially in phenomena such [as] closed wards, diagnostic labelling (with related stigma), and coercive treatment.' Outcome evaluations regarding this particular issue are beyond the scope of this study even though I remain critical towards extended stays in psychiatric clinics, especially in closed wards (see Thoma, 2018).

9.3.4. Temporality and Duration

The duration of the workshop attendance was partially related to the maximum length of the fieldwork periods, but not exclusively. The minimum attendance to the workshops was one session in the case of Ms **W8** in contrast to 25 sessions of Mr **W1** (both in Wil) for an overall fieldwork duration of five months. Attendance by the Japanese patients was between two and four sessions for a fieldwork duration of one month. The participation of the adolescents in Paris varied between one, to ten sessions for an overall duration of three months. Hence, there was a large

variability between the individual patients within the same group, which was more pronounced in the long-lasting art therapy fieldwork in Wil.

The five-month duration of the fieldwork at the psychiatric clinic in Wil qualifies It for discussing a longitudinal use of the *house* topic. The gained findings demonstrate that of the two patients who attended the workshops longest, one used it to depict her life story (Ms **W2**), whereas Mr **W1** initially used it for future-related projections (figs. 26-28, "my company", 2016). He later 'abandoned' the theme in order to create *non-house* related drawings and built a three-dimensional paper object. Mr **W3**, who dropped out earlier, also transformed his last drawing into an object in the form of a self-portrait-paper-airplane. The other Wil patients maintained *house*-, or city-related drawings and paintings throughout their full attendance.

Naturally, the data regarding a long-term use of the topic of the *house* is limited and it is thus challenging to come to reliable conclusions. However, the choice by Ms **W2** and Mr **W1** to maintain, or not, the topic seems revealing to me. Regarding Ms **W2**'s pursuit of the topic it seemed to have allowed her to work through numerous personal and difficult life issues, and to finally express her possibly felt frustration or separation anxiety of me leaving the clinic (fig. 53, closed red door). That is, her level of integrating the topic was very high and seemed to be in line with her need to deeply process inner material and to very creatively externalise various sufferings, be these physical or mental. Also, it could be hypothesised that (for some) literally leaving the topic *behind* (Mr **W1**) could be seen as a sign of improved self-determination and of 'daring' to abandon not only a topic but to some extent of not 'respecting' (hierarchy) the art therapist's suggested theme any longer, and to follow one's own path.

9.4. Synthesis, Implications and Recommendations

9.4.1. Synthesis of Research Findings

This study’s findings demonstrate that the topic of the *house* could be used by most of the patients as a pictorial and narrative form of self-representation (73 %), irrespective of the socio-cultural contexts of Japan, France and Switzerland. Cultural

distinctions were observed between the Japanese and the European participants particularly in terms of references made to notions of *nostalgia*, *specific house forms*, and regarding *drawing*, or *painting-based processes* that integrated (or not) parts of the proposed postcards. Between *genders*, participation was slightly higher for the male patients, however more of the females' aesthetic works showed interior scenes (22% in contrast to men's 11%), even though for both genders these were underrepresented in contrast to depictions of *houses' exterior views*.

Furthermore, most of the patients qualified for having PTSD based on the validated IES-R test procedure. Interestingly, PTSD 'content' in their paintings was scarce but did however emerge during their discussions after having experienced an artistic process via the *house* topic. Also here, those paintings by patients who did address PTSD issues can be regarded as self-representations. For most patients, notions of *house* were depicted in a rather romanticized sense, which was in stark contrast to their life experiences.

9.4.2. Main Observations and Evaluation

As detailed in the previous sections, a large number of observations and findings touching on a very wide range of topics, from longitudinal studies to gender, age, or cultural specificities, PTSD and many more, were produced in the course of this thesis. The limitations of this thesis, as outlined in section 10.4., show the degree to which absolute conclusions on these are difficult to establish, even with a relatively large number of participants.

It should also be borne in mind that the same data might reveal further results, that a different methodological analysis might slightly modify some of the findings, or that a different approach than the mixed methods applied here could have revealed different facets. Nevertheless, a number of observations are particularly salient and can be considered reasonably robust, as they emerged among most of the patients participating in this study, which consist of:

- A high level of suitability and strength of the *house* topic thanks to its all-encompassing potential to address various personal issues across cultures

and socio-cultural contexts.

- The topic lends itself to foster *cultural awareness* as the theme allows addressing individual and socio-cultural distinctions.

- Important in the context of art therapy, *PTSD issues* did mostly not become visible in paintings, but did so in patients' narratives; crucially however, no retriggering was observed during the aesthetic process. An open question remains whether words could have been found *without* patients' undergoing an inner process of *creating house paintings*.

These observations lead to recommendations for the use of the *house* topic in art therapy that will be detailed in the following sections, with further recommendations dealing with cultural awareness in the subsequent sections.

9.5. Art Therapy Theory, Practice, Research: Recommendations and Implications

From a philosophical perspective this thesis is grounded in phenomenology and is to some extent also linked to Jungian analytical art therapy with its emphasis on the symbolic that might come to surface from the unconscious. Hogan writes regarding Jungian art therapy (2016, p. 38): 'Compensatory energy is seen as emerging in symbols; the compensatory symbol is seen as useful. Pictorial symbolism, emerging from the unconscious, acts as a compensation or complement to the conscious psyche […] potentially bringing into focus aspects of the person […]'. Without reducing the importance of such a theoretical framework, some implications stemming from the findings when dealing with culturally diverse groups do nevertheless emerge, either contextualizing or limiting validity, or pointing out areas that would benefit from further theoretical investigation:

1. Theory must be appropriately adjusted to idiosyncratic cultural context: meanings of symbolic expressions cannot be assumed to be universal, but equally,

extrapolation from a given culture to others requires cultural sensitivity and awareness.

2. The choice of a topic that is an inextricable part of all cultures and that allows integrating the self can be considered a specific art therapy 'tool'. Such a choice can also be linked to a Jungian approach with its potential for giving form to a topical suggestion surfacing from the unconscious, which allows expressing, and drawing on aspects of a patient's distinct personality and issues, which consists of the 'self' in Jungian terms. Such strongly emotionally loaded and encompassing topics allow the investigation of the central assumption of art therapy that symbolically charged aesthetic work and individualized narratives produced in the context of art therapy can help externalize, address, and transform personal issues *because* patients' expressions are personally shaped, leading to (ideally) individualized change, and inner transformation. However, not all themes can be expected to achieve a balance between an all-encompassing potential and an emotional link for patients as is the case for the *house* since emotional material that could be drawn upon with other topics might not be as multi-facetted and rich, or might be less suitable across cultures.

3. As this research has shown, PTSD at the very least is very prevalent (and underdiagnosed) amongst clinical patients. Any model that ignores the specificities of PTSD will by necessity be more limited than one that incorporates them; this speaks for the need to consider how to think about art therapy that would be targeted for e.g. PTSD-affected patients, and how to broaden any such specific approaches (besides e.g. Malchiodi's expressive arts approach).

Generally, given the complexity of patients' sufferings and their multi-cultural and ethnic backgrounds, I *recommend* the integration of interdisciplinary and non-hierarchical collaborations within psychiatric clinics, which would allow necessary exchanges among all mental and physical health specialists. Such an approach would foster mutual reflection, questioning and re-assessment of implemented procedures and patient-specific treatment plans that, ideally, would be agreed upon in common. I am aware that my prescription might partially be unrealistic for several reasons (e.g. hierarchy, budget, power-relations), but I am convinced that this more

time-consuming approach might in the end pay off not 'only' as it would do more justice to the patients' actual needs, but it might additionally result in fewer relapses, and thus ultimately in less financial costs in the long run. Reflection on such an empowering and more patient-based and multi-facetted approach would additionally involve expanding on existing theoretical models to investigate the resulting interactions and consider their impact on the art therapeutic process itself.

With regard to *art therapy practice*, identifying whether patients have experienced trauma, and, or might be suffering from PTSD is of primary importance as ignorance might lead to unfruitful treatment plans, deceptive interpretations and potentially life-long issues (e.g. addiction). However, two challenges can arise when quantitative procedures such as PTSD-testing are carried out by art therapists; one is related to clinically existing hierarchies and the roles attached to specific professions. The other obstacle is that some art therapists themselves might not be inclined to administering and analyse quantitative tests. That is, possible tensions could arise within the art therapy community regarding *how* art therapy as a profession is perceived and defined and what the consequent roles are. If PTSD-testing has been carried out by additional mental health workers it is important that art therapists are aware of these results, similarly as they are usually aware of other psychiatric diagnoses.

In order to carry out *research*, methodological and analytical procedures need to be grounded within a *theoretical framework* defined by the researcher. In this respect, Huss (2015, p. 5) also highlights the importance of theories but points out that 'it is also necessary to understand them not as an absolute reality, but as a creative type of problem solving within a specific context.' Regarding my own research methodology, it was important to integrate a phenomenological approach, that is a first-person perspective, thus embracing a methodology that is grounded in philosophy, in contrast to e.g. psychology, in which human beings are more 'distantly' researched, with an overall perhaps 'pseudo-objective' stance. Practically speaking, art therapy researchers need to fully integrate patients' idiosyncratic expressions in whatever form these may become manifest and take various socio-cultural backgrounds into account by experiencing the situations as they are presented to them while remaining, however, self-critical.

These considerations result in several recommendations that are discussed in the following.

9.5.1. Methodological Recommendations

Methodological recommendations regarding art therapy research are twofold:

- to consider a mixed methods approach, which permits gathering rich qualitative and quantitative data that serve to obtain material from diverse sources,
- and to carry out several analytical strategies, which allow crosschecking the obtained data, which increases the findings' validity.

Adopting such a methodology enables gathering complex and multi-facetted material and offers the possibility of not only an in-depth analysis, but of additionally ‘doubly’ scrutinizing the obtained data, which increases the overall validity of the results. Findings based on a mixed-method approach might also be more accessible and appropriate to other mental health professionals such psychiatrists.

A further methodological recommendation is to theoretically anchor a predefined art therapy, or research approach, that is suitable for one's personal stance, but which is also appropriate to investigate the formulated research question. My suggestion is however not to narrow-mindedly stick to a specific approach, but to remain aware of and open to what the specific art therapy research situation demands, which includes integration of oneself, the patients, the socio-cultural, clinical, and geographical contexts. Hence, in my view, scientific research in art therapy requires constant verification, adaptation, and potential change of initial preconceived pathways in order to do justice to a particular research question, situation, and to all persons involved, which naturally asks for integrating a self-reflexive stance.

Furthermore, following rigorous, systematic, and as equally replicable as possible research procedures is fundamental for gathering the most consistent material even if this may prove to be challenging as fieldwork situations and cultural specificities are diverse. Yet, methodological, and as similarly carried out procedures as

possible lend themselves to realize comparative (cross-cultural) studies that allow identifying specific trends and patterns within each fieldwork situation, and to thereafter draw combined conclusions stemming from all fieldwork locations' materials and findings.

9.5.2. Art Therapy Practice-Related Recommendations

Recommendations for art therapy practice based on this study's findings consist of raising awareness and being sensitive to culture-based distinctions. This includes learning about and being sensitive to one's own and other cultures' symbolic meanings in order to as best as possible understand patients' aesthetic and verbal expressions in conjunction with their own interpretations and utterances. Being aware of such distinctions is also crucial to suitably interpret patients' expressions in order to perform, more globally, the most adequate art therapy interpretations. Indeed, highlighting the importance of a culturally aware stance, explicating not only the differences, but also the similarities between people was one of the aims of this thesis' research. Globally, human suffering is alike, but *how*, or *if* it is shown may vary and it is thus crucial that art therapists are aware of, and sensitive to such distinctions.

9.6. Culture Specific and Culture Aware Approaches

Becoming aware of cultural specificities and distinct ways of being is becoming more and more important as contemporary societies globalise, all the more given the fact that within each society, heterogeneity of cultures exists. Thus, a very important stance in art therapy is to integrate cultural sensitivity, whether health professionals work or carry out research in their home countries, or abroad. Cultural sensitivity is of major importance as unawareness may lead to inappropriate formulations, interpretations, and treatment plans. For example, in spite of the dominant background of 'cultural moulding' (Mauss, 1934) that appeared in the e.g. Ohmiya study, it is also important to be informed about the prominence of rather 'obvious' culturally grounded phenomena (e.g. depiction of traditional Japanese *houses*) which did not as strongly appear in the Wil and Paris participants' aesthetic works. Consequently, it would thus be inappropriate to expect such phenomena in every

clinical context; instead, the specificities of such phenomena's 'presence', or 'absence' need to be similarly and carefully examined as they are opportunities to foster a deeper understanding of individual patients' embeddedness within their specific socio-cultural context and distinct personal issues. Thus, art therapists considering specific phenomena as being 'absent', or 'missing' can be regarded as culturally unaware, which might lead to erroneous (and unconscious) interpretations and thus treatment. The 'missing' issues rather need to be acknowledged (whenever possible) as idiosyncratic distinctions within a particular socio-cultural context. Hence, art therapists are required to further integrate socio-cultural knowledge that goes beyond patients' individual traits, or formal psychiatric diagnosis.

Moreover, being culturally sensitive also implies a self-reflective stance towards one's own cultural background(s) and *how*, if so, it might influence art therapists' formulation of the research question and methodology, perceptions of clients' verbal, bodily and aesthetic expressions, and the research-based analysis and interpretation of findings. Integrating such a culture-sensitive approach might be challenging as it requires addressing one's own and others' life's complexity via an ongoing process of self-confrontation and of readjustment. Ultimately, with ever more culturally heterogeneous clinical contexts, awareness of culture-specific expressive and aesthetic manifestations is relevant to good art therapy practice and research, as Huss (2015, p. 116) points out: ‘Unless we have sensitivity towards cultural difference, we run the risk of imposing a form of aesthetic imperialism or reductionism’. Hence, adopting a self-reflecting stance is similarly crucial for art therapy practice as it is for art therapy research.

Chapter 10 Discussion of Theoretical and Methodology Findings

The development of a dedicated mixed methods methodology allowed the multiple aspects covered in this thesis to be addressed and has permitted cross-checking both phenomenological enquiry and art-therapeutic approaches, through which the qualitative procedures have been validated by quantitative measures.

10.1. Research Methodological Findings

As detailed in *chapter three* my initial *methodological stance* was grounded in qualitative phenomenological approaches. However, as fieldwork-based considerations emerged, basing my analytical strategy on an exclusively qualitative methodology seemed not to be sufficient in order to analyse the complexity and the amount of the obtained material. My phenomenological stance underpinning my procedure had allowed in-depth observations and interactions with the participants. Therefore, rich material could be gathered and a very detailed analytical strategy via phenomenological coding was carried out, which resulted in the identification of emerging themes and patterns. Hence, I searched for an as objective as possible analytical mixed methods approach without, however, losing sight of individuals' humanity. The image that comes to mind, would I have carried out a more 'traditional' art therapy or phenomenological analysis, is that of a dune in which each grain has, to some extent, its own 'fine-grained' characteristics. However, *because* of the in-between similarities and the accumulated masses of sand grains (large amount and heterogeneous patient-based material), the in-depth data analysis that this mixed method allowed revealed more dune-like 'global' patterns.

Furthermore, an exclusive textual description of findings is often difficult to grasp, and one might get lost in the mounds of textual data (thus the image of a dune). Consequently, going beyond usual art therapy and phenomenological procedures by adhering not only to a quantitative analysis in terms of pattern detection, but also applying graphical presentations of the findings, allows to seize these more easily as it provides an intelligible overview. In that sense, the resulting numbers are by no means regarded as a reduction, or demotion of the persons involved, nor do they claim to indicate an absolute, or increased level of 'precision' and

'exhaustiveness'. Instead, my procedure must rather be regarded as an expansion of, or association between, the previously validated procedures in the fields of art therapy and phenomenology by including quantitative approaches. Hence, the resulting numbers in my thesis findings' have rather to be seen indicative. Specifically, in fields such as art therapy, there is no single correct way of dealing with patients' issues or of coming to a full understanding of their various expressions or sufferings. Additionally, there was no possibility to validate the findings by repeating the same procedures with the same patients under the same conditions (even if one would have had a control group).

Furthermore, an inherent uncertainty based on the researcher's subjectivity needs to be considered and this not 'only' for statistical methodological reasons, but since, as pointed out earlier, this type of human-based studies that attempt to integrate numerous multi-layered factors is about as close as we can get in respect to the ‘precision’ of 'results'. However, as my final findings allowed cross-checking the several carried out procedures (phenomenological coding of the interviews, coding of the aesthetic works, coding of my written observations, results from PTSD and BBS tests, coding of closing sessions) it can be said that even though this study's findings are not absolute, they are in my view robust enough and allow drawing indicative conclusions.

More generally, this approach, while detecting general patterns, provides ample room for patient specificity: some quantitative (but de-facto qualitative) researchers' methodological approaches are based on methodological stances which stem from the 'hard' sciences, in which repeatable experiments lead to fully validated results (which, once humans are the subjects of the research, is very debatable, as discussed in chapter three). Even though there exist external political pressures for qualitative researchers to also present similarly accurate results in order to obtain, for example, grants, from a scientific understanding, I believe we would be better advised to defend field-appropriate research methodologies that clearly *do* allow gaining knowledge, but where the findings are *housed* within a valid spectrum of knowledge production, in contrast to 'hard' results. Interestingly, the Cambridge Dictionary defines 'spectrum' (2022) as: 'The set of colours into which a beam of light can be separated'. Thus, in the context of arts and health, and, importantly, as

the phenomenological approach requires acknowledging patients' distinctiveness, the image of various colours and shades can stand for individual patients' findings, whereas their superposition as light beam could represent the overall conclusive findings. Finally, more recent approaches and calls for a more 'personalized medicine' (i.e. medication *and* art therapy) are congruent with a greater appreciation of prospective mixed methods' research and interdisciplinary stances, which, thanks to the complexity of such findings, could deliver more patient-appropriate treatments.

In the following, a comparison between the different data sets is described and visualized by a graphical confirmation regarding the validity of the applied methodology.

10.2. Cross-Validation of Mixed-Methods Procedures

The implications of the methodological findings are discussed in more detail in the following while highlighting some examples. Crucially, the consistency between the findings obtained via qualitative approaches and the data based on the evaluation and analysis via quantitative procedures (see sections 6.5, 7.5. and 8.8.) demonstrates and substantiates the validity of phenomenological observational field-note taking and of the following coding-procedure; these allow discovering emerging themes and patterns leading to clusters and are an integral and accurate part of a qualitative scientific method.

Specifically, *table 15* summarizes in graphical form the quantitative outcomes of the phenomenological coding procedures (phenomenological observations versus semi-structured interviews (Wyder, 2016), applied to aesthetic works, and narratives of the three fieldwork venues in Paris, Wil and Ohmiya. The following clusters were independently found to arise from the phenomenological coding procedures:

- House / Home
- Human relationship
- Inner life

- Physical / Mental Health
- Culture
- Nature
- Aesthetic

These clusters and their relative occurrences identified the principal concepts and their importance for the three patient groups. The consistency of the obtained findings demonstrated in *table 15* ultimately shows that the outcome of all the carried-out procedures is on one hand independent of the specific approach, and on the other, indicates that the observed clusters and their relative weights have a degree of objective validity.

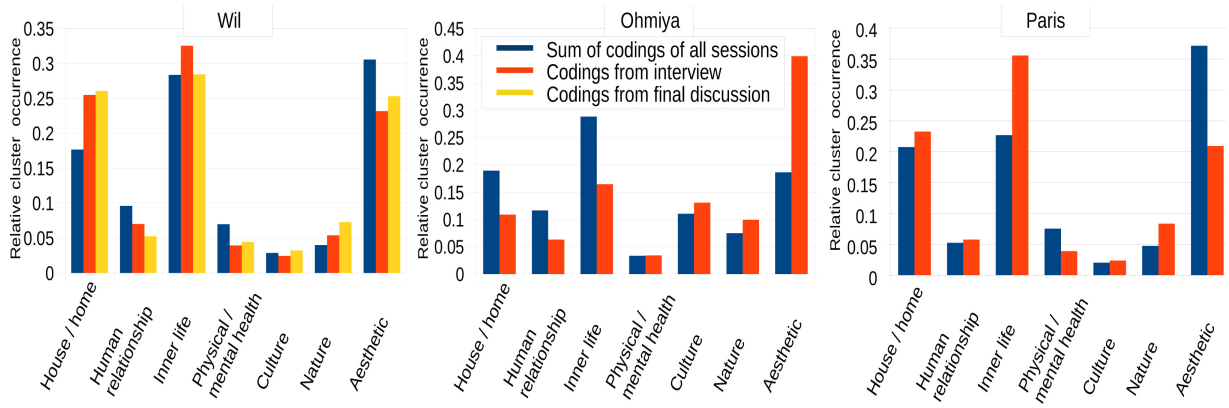


Table 15: Data from the phenomenological coding and its more prominent emerged clusters regarding Wil, Ohmiya and Paris. *Blue*: codings from my observational field-notes. *Red*: codings from my semi-structured interviews. *Yellow*: codings from final discussions with patients (only in Wil).

For instance, the overall semi-structured interview (Wyder, 2016) based findings regarding the themes and clusters demonstrate a strong similarity to the emerged themes and clusters stemming from my observational field-notes. This information is important because it provides an ensemble of findings, based on a combination of patients' narratives, patient-based individual semi-structured coded verbal expressions, and my own observational field-notes (narratives and aesthetic works' descriptions and group dynamics).

Remarkably, from a methodological and phenomenological point of view, the coding-based comparison of the data in *table 15* demonstrates a strong coherence

between the two (or three, in the case of Wil) types of datasets for all fieldwork venues. As a consequence, the carried out analytical method permitted a crosscheck of each type of qualitative and quantitative method and therefore additionally permits a cross-validation of each one. Thus, the similar values of the relative cluster occurrences within clusters, and this for all fieldwork locations, underscores the consistency of the different qualitative and phenomenological approaches.

Indeed, the applied analytical strategy can thus be considered as a methodological breakthrough in art therapy, as it allows to cross-validate a phenomenological qualitative and an interview-based qualitative approach resulting in the identification of identical conceptual clusters and furthermore in the same proportions. Importantly, the findings are independent of the involved cultures, ethnicity, age, gender, or the psychiatric clinics' format (closed, and out-patients). This is demonstrated by the overall similarities of the relative cluster occurrences within each of the three graphs of *table 15*. At the same time the imperfect agreement between the relative rates as determined by the three different approaches (phenomenological observation, semi-structured interviews, and final discussions in Wil) provides a measure of the uncertainty of the individual findings of the codings.

Hence, this study's findings demonstrate that if a rigorous qualitative method is applied within art therapy research, the resulting quantitative findings can be considered as valid. Furthermore, the imperfect concordance of the two different approaches within, for example, the 'Aesthetic' cluster in Ohmiya, or 'Inner Life' cluster in Paris also highlight the limitations of a purely quantitative interpretation of the data, which thus relativizes a 'belief' in increased trustworthiness of quantitative results. Thus, phenomenological coding of the differently obtained datasets, while agreeing on the gross features of the relative importance regarding the identified clusters, needs nonetheless to be regarded as indicative, pointing to specific trends and clusters within a spectrum.

10.3. The Topic of the House as a Cross-Cultural Art Therapy 'Tool'

Globally, in order to consider patients' cultural and personal idiosyncrasies, *if* a theme is suggested during art therapy, it needs to be culturally accessible by all

patients involved, irrespective of their socio-cultural, ethnic, and gender-related backgrounds. Indeed, this study's findings demonstrate that the topic of the *house*, thanks to its universality, seemed to be an appropriate suggestion during the art therapy workshops cross-culturally. It also proved to be suitable for patients who ranked highly on the PTSD-IES-R scale.

More generally, the question of whether it is useful, or not, to suggest a topic in art therapy doesn't seem easy to answer. One could argue that if patients' inner suffering is pressing, this might emerge unconsciously, be it verbally and, or creatively. However, based on my findings, I consider that the proposition of a specific topic in art therapy, in this case the *house*, implying an open but structuring, a non-entrapping but holding function, also for PTSD-sufferers, proved to be helpful. Additionally, it is worthwhile pointing out that the *house* topic was particularly fruitful both cross-culturally as well as for *male patients* (more than half of patients were men), of note as their adherence to therapy can be challenging. This finding is important, as an uncritical topical choice by art therapists might comprise some gender-based unhelpful preconceptions.

Furthermore, it seemed that the topic of the *house* was an incredibly rich repository, which allowed patients to address inner issues expressively and personally; the perhaps damaged or fractured inner selves were able to address painful experiences via various *house* related interior and exterior forms, which could potentially initiate a process of transformation. As the topic is symbolically related to the physical body, the conjunction of the externalised verbal and expressive forms might lead to therapist-accompanied ways of repairing the self. Hence, the creation of new inner forms, which can lead to personal insight, can bring about restoration and hopefully, improved and enriched living.

10.4. Study's Strengths and Limitations

It is evident that the complexity of this cross-cultural study also entails limitations. For example, the three functions I constantly occupied – that of a researcher, of the patients' art therapist, and that of self-observer – introduced a first limitation to this study, since exercising several roles simultaneously represented a challenge to

equally accommodate each one. These multiple and partly contradictory roles could have resulted in a certain reduction of the quality of the data, which was however unobtainable without the co-activity of the other roles.

A further limitation could be that I carried out phenomenological observations, wrote down the field-notes from memory, and performed the phenomenological coding myself, which might have led to a certain level of incompleteness and subjectivity.

In addition, some biases may have occurred since the study took place with patients from several cultural backgrounds and within various cultures, which could have led to personal tensions or perceptions based on different (or similar) socio-cultural experiences and contexts (Hogan & Coulter, 2014). One often insists on the difficulty of such a position, which requires a kind of dual consciousness. As Bourdieu (2000, pp. 43 - 58) critically questions: 'How can one be both subject and object, the one who acts and the one who, in a certain sense, sees himself acting?'

Moreover, limitations subsist due to the publications-based literature search, which mostly scrutinised English, but also French and German literature. 'Unorthodox' methods of searching for and discovering topic-related literature outside formal academic situations seemed to be crucial and allowed gathering valuable additional, often unexpected material within various cultural contexts. My recommendation thus consists of 'looking outside' the common frame in addition to more formal academic literature or online search procedures.

Furthermore, limitations subsist regarding the number of participants in these fieldworks and the rather dissimilar periods of patients' attendance to the art therapy workshops. Findings have thus to be regarded as indicative, even though consistency across the data and material analysed during the clinical fieldworks was rather pronounced. Any commonalities that go beyond those discussed above are hidden in the diversity of the patients' individualities; discovering any further features would require a much larger set of patients and an overall longer period of cross-cultural art therapy research.

Specifically, patients’ narratives may go beyond the individual’s self-knowledge and

can show commonalities (both within paintings and narratives) that point to phenomena that also occur at a group level. This doesn't however mean that these are ultimate 'truths' as, for example, adherence to 'fake news' demonstrates. Nevertheless, this shared commonality exists and can be considered as a set of *shared beliefs* that result from a common model of reality which manifests itself in the numerous aspects of patients' lives, both inside and outside the clinic, both material and immaterial. Linking back to Harman's approach of Object Oriented Ontology in the context of investigated reality of 'objects' in my research, it was my intention to give 'all objects' […] 'equal attention, whether they be human, non-human, natural, cultural, real or fictional' (2017, p. 9). Specifically, this concept seems to also incorporate fields of art and architecture nicely, as Harman's reference to Gage of Yale University shows: '[…] the extension to architecture [is] justified not by its own qualities, but by its relations – its process, its internal complexity, its contextual relations…' (in Harman, 2017, p. 8), a stance which also seems to emphasize the overall entanglement of life, and thus research.

Limitations of what can be known thus persist, nevertheless. Glanzberg (2021) in his essay on truth writes: 'One of the important themes in the literature on truth is its connection to meaning, or more generally, to language. There have been many debates in the literature over what the primary bearers of truth are. Candidates typically include beliefs, propositions, sentences, and utterances.' Given the fact that findings' origins are in a way bipartite, that is, consist of the analysis of patients' utterances *and* their aesthetic works, followed by interpretations or 'meaning making' of their narratives and paintings, these 'results' must be considered partial, as complete knowledge will remain inaccessible to the researcher, and perhaps also to patients' themselves. Ultimately, and relevant to art therapy researchers' own stance, Hammond (2017) states: 'Methods are then, implicitly or explicitly, the outcomes of an ontological [and personal] position.'

Nevertheless, irrespective of the above-mentioned limitations, it can be stated that the chosen mixed methods' approach, together with the suggested topic of the *house* was suitable for this cross-cultural study, which involved a wide age group and was carried out with Japanese and European participants. More importantly, a strength of the developed methodology is that the dual quantitative and

phenomenological qualitative approaches have allowed a crucial cross-validation of the different kinds of material and data produced. This results in findings that are to some extent generalizable, but as pointed out earlier, need nevertheless to be seen as indications as a certain level of researcher subjectivity cannot be ignored.

10.5. Additional Theoretical Findings

The overall thesis' findings are not exclusively limited to those stemming from art therapy fieldwork data, but additionally comprise theoretical elaboration regarding the importance of *house*, *home* and *space* in art and therapy, which have previously been discussed in *chapter two* (2.1. and 2.2.). Even though these findings form part of a more general discussion within art therapy, a deepened reflection on space-relevant questions emerged *because* of my thesis' *house* topic and concepts linked to spatiality, and connected physical, mental, art-related and symbolic notions. The specific finding of *how* notions of *space* can impact human existence is also an important phenomenological theme. For example, as are patients' life and spatial experiences, also their socio-cultural environment is important as it directly influences their mental and physical wellbeing, potentially *inside* and *outside* the *house*. Since this finding was already covered extensively in *chapter five* (5.3.), it will not be readdressed here.

Chapter 11 Summary and Outlook

This chapter briefly highlights the most original and salient findings, lists which topics will be disseminated in form of publications, presentations at conferences and points out directions or future research within the art therapy, culture, and mental health.

11.1. Thesis Summary

This study seems to have been the first to carry out research that introduced the topic of 'the *house* as representation of the self' to the field of art therapy. It consisted of a comparative study with extended cohorts in different locations, specifically, in Europe and Japan, thus involving various cultures, ethnic backgrounds, age ranges, genders, and different clinical formats (open and closed wards). The multiple findings discussed in *chapters nine* and *ten*, both methodological as well as regarding the comparative studies themselves, would not have been possible without the breadth of fieldwork sites and multiple, partly overlapping, study approaches.

11.2. Most Salient Findings

It can be stated that the suggested topic of the *house* was a valid proposition cross-culturally irrespective of patients' socio-cultural, ethnic, age- and gender related backgrounds or PTSD-status. Practical and theoretical content regarding the importance of *house*, *home* and *space* that integrated philosophical, art therapy, physical, and architectural related notions has been investigated and further knowledge has been produced.

Besides the applicability and proven usefulness of the theme cross-culturally, it was most likely of importance that irrespective of the geographical situation, conditions of linguistic fluency, awareness and knowledge of socio-cultural specificities have been met by me, which might have eased adherence to the topic and attendance to the art therapy workshops and might have provided a deepened reception of patients' idiosyncratic narratives and insight into the resulting findings.

Thus, a crucial contribution of this thesis to the field of art therapy concerns

- the validation of a topical suggestion, the *house*, consisting of a very potent emotive stimulus, which allows a wide range and depth of symbolic individualized patient-based topical expressions that permit patients and art therapists to carry out individualized cross-culturally sensitive therapeutic work.
- having established the importance of adopting a culture-specific and culture-aware stance in the field of art therapy practice and research, which includes art therapists drawing on, or gaining knowledge of, patients' idiosyncratic socio-cultural backgrounds, and, whenever possible, to literally 'speak their language'. Indeed, not only was a working knowledge of the spoken languages in the three venues highly beneficial in rapidly establishing a rapport of trust with the patients, but additionally, familiarity with the cultural contexts allowed identifying subtle clues, conducive to fruitful discussion with the patients.
- and addressing possibly emerging PTSD-phenomena via patients' narratives, aesthetic works, analysis of validated PTSD-test procedures and drawing on art therapists' own patient-based observations. Detection of such often well-hidden phenomena requires such an interdisciplinary set of approaches and highlights the importance of being able to employ these, but also to be able to look for PTSD-based suffering. Raising awareness of traumatic issues also among additional clinical staff is crucial as specific therapeutic methods, or heterogeneous ways of interaction might reveal further important issues. Thus, highlighting the importance of interdisciplinary exchange within a clinical context is fundamental and needs to be encouraged.

11.3. Dissemination

The most prominent results that I am in the process of publishing, include preparation for conference talks (IHSRC, Tôkyo and the University Hospital Charité, Berlin), are in the fields of human sciences, phenomenology, and psychiatry, situated within interdisciplinary contexts (e.g. The Cambridge Journal of Law, Politics, and Human Arenas Journal/Springer); these varied platforms will allow projecting the

obtained findings along multiple axes and reaching audiences from various fields.

11.4. Outlook

Several themes that emerged from my study's findings would be worth pursuing and deepening. One is to more precisely examine at what moment, and for what duration it would be advisable (if so) to suggest the *house* topic to persons who are presenting with PTSD? So far, I hypothesize that this topic might not be advisable for persons who have very recently been exposed to traumatic events related to war, in which bombed *houses*, or natural catastrophes including the loss of *house* and *home*, *loved ones*, or the *home country,* are major issues. For such individuals, the first need consists of providing a sense of *safety* and *stability* and not a *house* topic-based *confrontation*.

Methodological Development of Long-Term Accompaniment for PTSD Sufferers?

The suggestion of the theme of the *house* has worked well for patients suffering from PTSD, as this study has shown. *House*-themed art therapy could in principle foster creative expressions, individual externalisations, and could lead to transformative restructuring of persons suffering from PTSD via personally shaped *symbolic inner* and *outer house forms*. That is, since the theme of the *house* is of global relevance for humans, it can accommodate a large variety of idiosyncratic contents, irrespective of persons' cultures or types of PTSD-sufferings. Consequently, the research focus would be to investigate whether the topic of the *house* could become a useful *art therapy method specifically for PTSD*-sufferers.

In this context, another specifically PTSD-related question which requires further research remains, which is to evaluate at what moment the suggestion of the topic of the *house* might be appropriate for traumatised persons, or PTSD-sufferers.
As mentioned earlier, the observation that patients *talked* about traumatic events, but *few painted* these, could imply another investigation that I call 'saying but not showing', in contrast to 'showing but not saying', which also deserves further interdisciplinary studies.

Socio-Cultural Research Directions

Given this thesis' observation of the importance of *house*-related socio-cultural aspects, a deepened investigation between notions of *house* and *home* within different socio-cultural environments, and, or within various countries in the context of art therapy is very topical for globalised societies.

Similarly, comparative studies incorporating the *house* topic within a single cultural context, such as e.g. longitudinal studies in Japan, would allow consolidating some indicative, but still tentative conclusions of this thesis.

Finally, a rather practice-related research topic could be to investigate specific socio-cultural circumstances in which a *particular topical art therapy method* might demand divergent levels of *structured guidance* that are in-line with socio-culturally grounded preconceptions, or conditions (e.g. European versus Japanese art therapy approaches).

In summary, this study's findings demonstrate that participants' aesthetic and narrative *house* expressions reflected their individual self-states, are evidence for culturally grounded phenomena (e.g. nostalgia, or specific *house* forms), and point to PTSD, or traumatic issues (if applicable) in either patients' narratives, and, or aesthetic works, thus having an impact on art therapy research, practice, and theory.

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References:

Abe-Kudo, J. (2014) *Danchi, le grand ensemble*, in: Vocabulaire de la spatialité japonaise, Bonnin, P., Nishida, M. & Inaga, S., CNRS Editions, Paris, pp. 96-97

Alison, J. (2010) *The Surreal House*, Barbican Art Gallery, Yale University Press, New Haven and London, p. 15

Ando, S. (2010) *A Look at Nihonjinron: Theories of Japaneseness*, Otemae Journal, Volume 10, Nishinomiya, Japan, p. 33

Angé, O. & Berliner, D. (2015) *Anthropology of Nostalgia − Anthropology as Nostalgia*, in: Anthropology and Nostalgia, Berghahn Books, Brooklyn, pp. 2-3

Anzieu, D. (1995) *Le Moi-peau*, DUNOD, Paris, p. 39

Art & Architecture (2013) Collection du FRAC Centre, M. E. Brayer

ART Break OUT, the other blog (2019) Speaking with Dr János Marton, Co-Founder and Director of the Living Museum at Creedmoor Psychiatric Center, Interviewers: Lois Stavsky & Bonnie Astor, URL: http://artbreakout.com/interview/speaking-with-dr-janos-marton-co-founder-and-director-of-the-living-museum-at-creedmoor-psychiatric-center/

Artistes et Architecture, Dimensions Variables (2015-16) Pavillon de l'Arsenal, Paris

Asmuth, C. (2011) *Bilder über Bilder, Bilder ohne Bilder. Eine neue Theorie der Bildlichkeit,* WBG (Wissenschaftliche Buchgesellschaft), Darmstadt, pp. 99, 101, 102, 107

Assmann, A. (2011) *Einführung in die Kulturwissenschaft. Grundbegriffe, Themen, Fragestellungen*, Erich Schmidt Verlag, Berlin, pp. 32, 35, 181

Asukai, N., Kato, H., Kawamura, N., Kim, Y., Yamamoto, K., Kishimoto, J., Miyake, Y. & Nishizono-Maher, A. (2002) *Reliability and validity of the Japanese-language version of the impact of event scale-revised (IES-R-J): four studies of different traumatic events*, J Nerv Ment Dis. Mar;190(3):175-82. Doi: 10.1097/00005053-200203000-00006

Avrahami, D. (2006) *Visual art therapy's unique contribution in the treatment of post-traumatic stress disorder*, Journal of Trauma & Dissociation, 6(4), p. 35

Bachelard, G. (1957 [1961]) *La poétique de l'espace,* PUF, Paris, pp. 6, 27, 34, 42, 161, 162

Bachelard, G. (1964) *The poetics of space*. *The classic look at how we experience intimate places*, Beacon Press Boston, p. 222

Banks, M. (1990) *Visual Anthropology: Image, Object and Interpretation*, Chapter 1, pp. 6 - 19, in: Visual Sociology Review, Vol. 5, No. 2, p. 15

Barber, K. (2007) *The Art of Making Things Stick*, in: *Creativity and Cultural Improvisation*, Eds. E Hallam & T. Ingold, Berg, Oxford & New York, p. 36

Belogolovksy, V. (2016) *Interview with Yona Friedman: "Imagine, Having Improvised Volumes 'Floating' in Space, Like Balloons"*, ArchDaily.com/781065/interview-with-yona-friedman

Bergold, J. (2007) *Participatory strategies in community psychology research – a short survey.* In A. Bokszczanin (Ed.), Poland welcomes community psychology: Proceedings from the 6th European Conference on Community Psychology (pp. 57-66). Opole: Opole University Press

Bergold, J. & Thomas, S. (2012): *Participatory Research Methods: A Methodological Approach in Motion.* FQS, Forum Qualitative Sozialforschung, Volume 13, No. 1, Art. 30

Bergman, M.M. & Coxon, A.P.M. (2005) *The Quality in Qualitative Methods,* Volume 6, No. 2, Art. 34, FQS Forum Qualitative Social Research, pp. 11, 18

Bettlé, N. J. (2018) *AnGSt*,
URL: https://www.angst-geschichte.com/2018/03/24/wort-angst/

Bhui, K. (2012) *Culture*, transcript of lecture, Queen Mary University of London, UK

Bird, J. (2008) Towards babel: Language and translation in art therapy, ResearchGate, pp. 12-13, 29
https://researchgate.net/publication/272411013_Towards_babel_Language_and_translation_in_art_therapy

Bird, J. (2017) *Art therapy, arts-based research and transitional stories of domestic violence and abuse*, in: International Art Therapy, Taylor and Francis, pp. 11, 13, 20

Bird, J. (2022) *Social Action Art Therapy in a Time of Crisis*, Chapter 3, pp. 50 - 68: *Belonging, imagination, and modernity*, Routledge, p. 56

Boccagni, P. & Kusenbach, M. (2020) *For a comparative sociology of home: Relationships, cultures, structures,* Current Sociology 1-12, DOI: 10.1177/001139212927776, SAGE, p. 1

Boehm, G. (1994) *Was ist ein Bild?* Wilhelm Fink Verlag, München, Germany, p. 252

Boehm, G. (2021) *Die Passion der Bilder, Riemschneider Lectures*, Walther König Verlag, Köln, Germany, p. 7-8, 19-20, 21-22

Bonnin, P., Nishida, M. & Inaga, S. (2014) *Vocabulaire de la spatialité japonaise, Chapter: 'Ie'* 家, pp. 179 – 181, Bonnin, P. & Nishida, M., CNRS Editions, Paris, p. 179

Bourdieu, P. (1972) *Esquisse d'une théorie de la pratique*, Editions du Seuil, Paris, pp. 43, 257

Bourdieu, P. (1977) *Outline of a Theory of Practice*. Translated by Richard Nice. Cambridge: Cambridge University Press. (Cambridge Studies in Social Anthropology 16)

Bourdieu, P. (1990) *The Logic of Practice*. Cambridge, UK, Polity Press

Bourdieu, P. (2000) *L'objectivation participante.* CAIRN.INFO, pp. 43-58

Bourdieu, P. (2005) *Habitus: A sense of place*, Edited by J. Hillier & E. Rooksby, 2nd edition, Routledge, London and New York, p. 45

Bouriau C. (2016) *Hans Vaihingers Die Philosophie des Als-Ob: Pragmatismus oder Fiktionalismus?* Philosophia Scientiae. Open Edition Journal, http://dx.doi.org/10.4000/philosphiascientiae.1156

Bouvard, M. (2009) *Questionnaires et échelles d'évaluation de la personnalité.* Pratiques en psychothérapie. Elsevier Massos SAS, Issy-les-Moulineaux, 3e edition

Bouvard, M., Cottraux, J. (2010) *Protocoles et échellles d'évaluation en psychiatrie et psychologie.* Pratiques en psychothérapie. Elsevier Massos SAS, Issy-les-Moulineaux, 5e edition

Bowers, B. (2008) *On Overview of Qualitative Research Methods,* online course, Video Library, University of Wisconsin School of Medicine and Public Health

Brähler, E., Holling, H., Leutner, D., Petermann, F. (2002) *Brickenkamp Handbuch psychologischer und pädagogischer Tests.* Band 2, 3., vollständig überarbeitete und erweiterte Auflage. Hogrefe, Verlag für Psychologie, Göttingen, Bern, Toronto, Seattle

Brandes, H. (2010) *Therapeutische Männergruppen*, in: *Gruppenpsychotherapie, von der Indikation bis zu Leistungstechniken*, Hrsg. Volker Tschuschke, Georg Thieme Verlag KG, Stuttgart, p. 115

Brewin, C. R. & Burgess, N. (2014) *Contextualisation in the revised dual representation theory of PTSD: A response to Pearson and colleagues*, Journal of Behavior Therapy and Experimental Psychiatry, Psychiat. 45, p. 219, ELSEVIER

Brooke, S. L. & Myers, C. E. (2015) *Therapists Creating A Cultural Tapestry: Using the Creative Therapies Across Cultures*, Charles C. Thomas Pub Ltd.

Brown, S. D. & Reavey, P. (2016) *Rethinking function, self and culture*, in: *Difficult Autobiographical Memories*, Oxford Handbook of Memory and Culture, Editors: Wagoner, Brady, pp. 1, 3

Bryman, A. (2012) *Social Research Methods,* 4th Edition, Oxford University Press, p. 13

Brunel, S. (2012) *Henry Maldiney. La crise, un appel à exister?* Etudes, 7-8 (Tome 417), p. 53

Buchli, V. (2002) *Architecture and the Domestic Sphere*. *Material Culture Reader*, Taylor & Francis Group, pp. 207-208

Buchli V. (2013) *An Anthropology of Architecture,* London, New Delhi, New York, Sydney, Bloomsbury, pp. 2, 94, 157

Burton, D. (2000) *Research Training For Social Scientists,* SAGE Publications, p. 298

Cambridge University Press (2021) Dictionary API, *representation*, URL: https://dictionary.cambridge.org/dictionary/english/representation

Cambridge University Press (2021) Dictionary API: *metaphor*, URL: https://dictionary.cambridge.org/dictionary/english-french/metaphor

Cambridge Dictionary (2022) *Spectrum,* URL: https://dictionary.cambridge.org/fr/dictionnaire/anglais/spectrum

Cameron, R. & Miller, P. (2007) *Mixed Methods Research: Phoenix of the Paradigm Wars*, pp. 6, 7

Carnus, M.-F. & Mias, C. (2013) *Réflexivité*, in: Dictionnaire des Concepts de la Professionnalisation, de Boeck Supérieur, Ed. Jorro, Anne, p. 269

Carel, H. (2016) *Phenomenology of Illness*, Oxford University Press, Oxford, UK, pp. 1-2

Caron, I. *René Magritte, 'La Trahison de l'Image'*, URL: https://fam1500.uqam.ca/fresque/1929_magritte_01.htm (accessed August 2022)

Carter, R. & McCarthy, E. (2017) *"Watsuji Tetsurô"*, The Stanford Encyclopedia of Philosophy (Spring 2017 Edition), Edward N. Zalta (ed.), URL = https://plato.stanford.edu/archives/spr2017/entries/watsuji-tetsuro/

Cassirer, E. (1923) *Philosophie der symbolischen Formen*, Dietsch & Brückner, Hof-Buch- und Steindrucker, Weimar, p. 35

Cassirer, E. (2009) *Schriften zur Philosophie der symbolischen Formen*, Felix Meiner Verlag Hamburg, p. 67

Caullier, J. (2012) *Culture et transmission*, Neuropsychiatrie de l'enfance et de l'adolescence, 60, 201-206, ELSEVIER

Centre National de Ressources Textuelles et Lexicales, CNRTL (2012), Nancy, France, URL: Métaphore: https://www.cnrtl.fr/definition/m%C3%A9taphore

Cieraad, I. (2009) *1 Introduction. Anthropology at Home*, in: *At Home. An Anthropology of Domestic* Space, p. 3

Cilliers, P. (2005) *Complexity, Deconstruction and Relativism*, Theory Culture & Society, 2005; 22;255, SAGE, p. 256, DOI: 10.1177/0263276405058052

CiNii, *Scholarly and Academic Information Navigator, keyword*: 'art therapy', search from 2008-2019, Japanese language publication, Suzuki, M., 2020, URL: https://ci.nii.ac.jp/export

Cook, G. A. (1993) *George Herbert Mead: The Making of a Social Pragmatist,* University of Illinois Press, p. 117

Cooper Marcus, C. (1995) *House as Mirror of Self.* Nicolas-Hays Inc., Lake Worth, FL, USA

Crawford, P., Brown, B., Baker, C., Tischler, V. & Abrams, B. (2015) *Health Humanities*, Palgrave Macmillan, pp. 22-23, 107, 141

Darrault-Harris I. (2007) *S'engendrer par le langage, La parole adolescente*, Enfances Psy 3(6):36

Deacon T.W. (1997) *The symbolic species: The co-evolution of the brain and language,* WW Norton & Co; 1, New York

Degnen, C. (2007) *Back to the Future: Temporality, Narrative and the Ageing Self*, in: *Creativity and Cultural Improvisation*, Eds. E. Hallam & T. Ingold, Berg, Oxford & New York, p. 224

Denzin, N. (1970) *The Research Act in Sociology,* Chicago: Aldine

Deutsch H. (1934) *Über einen Typus der Pseudoaffektivität "Als ob"*, Internationale Zeitschrift für Psychoanalyse [XX/3]

Didi-Huberman, G. (2001) *Maison brulée* (*murs, flames, cendres*), in: Génie Du Non-Lieu, Air, Poussière, Empreinte, Hantise, Les éditions de minuit, Paris, p. 16

Doi, T. (1971) *"The anatomy of dependence"*, Published by Kodansha USA, pp. 166,

Doi, T. (1962) *Understanding amae*: *The Japanese Concept of Need-love*, Global oriental, p. 1

Dokter, D. & Hills De Zárate, M. (2016) *Intercultural Arts Therapies Research*. Issues and methodologies. Routledge, Taylor & Francis Group, London and New York, p. 2

Dokter, D. (2016) *Developing intercultural good practice guidelines in dramatherapy*, *Chapter 6*, pp. 93 - 110, in: Intercultural Arts Therapies Research. Issues and methodologies, Routledge, p. 93

Dorsch - Lexikon der Psychologie (2021) *Identität*, URL: https://dorsch.hogrefe.com/stichwort/identitaet#search=bff0294b331ed9cfa3af12ed4b33a063&offset=0

Douglas, M. (1970, 1973) *Natural Symbols. Exploration in Cosmology*, Pantheon Books, New York, p. 65

DSM-IV (1994) *Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association

Eaton, L.G, Doherty, K.L, & Widrick, R.M. (2007) *A review of research and methods used to establish art therapy as an effective treatment method for traumatized children,* The Arts in Psychotherapy 34, pp. 256-257, ELSEVIER

Edgar, A. & Sedgwick, P. (1999) *Cultural reproduction* (AE), in: *Key Concepts in Cultural Theory*, Routledge London and New York, p. 100

Egloff, B. & Krohne, H. W. (1998) *Die Messung von Vigilanz und kognitiver Vermeidung: Untersuchungen mit dem Angstbewältigungs-Inventar (ABI)*, Diagnostica, 44(4), p. 189

Encyclopaedia Britannica (2021) "epoché", URL: https://www.britannica.com/topic/epoche

Evans, C. (2011) *La méthode des focus groups*, Bibliothèque Centre Pompidou, service étude et recherche – Bpi, p. 3

Feitelson, D.G. (2015) *From Repeatability to Reproducibility and Corroboration*, ACM SIGOPS Operating Systems Review 49(1)3-11, DOI:10.1145/2723872.2723875, p. 5

Ferry, E. (2019) *Iterations*, Society for Cultural Anthropology, URL: https://culanth.org/fieldsights/iterations, retrieved 25.4.2023

Fuchs, T. (2004) *Zur Phänomenologie des Schweigens, Phänomenologische Forschungen*, Felix Meiner Verlag GmbH, Verlag für Philosophie, Hamburg Germany in collaboration with JSTOR, pp. 151, 153

Fuchs, T. (2005) *Corporealized and Disembodied Minds: A Phenomenological View of the Body in Melancholia and* Schizophrenia, in Philosophy, Psychiatry & Psychology, pp. 100-101

Fuchs, T. (2008) *Leib und Lebenswelt. Neue philosophische Essays*, Die Graue Edition, Zug, Switzerland, p. 204

Fuchs, T. (2012) *The phenomenology and development of social perspectives*, Phenom Cogn Sci, Springer Science+Business Media B.V., DOI 10.1007/s11097-012-9267-x

Fuchs, T. (2017) *The 'As-If' Function and its loss in Schizophrenia*, p. 83

www.researchgate.net/publication/321017076 [Unpubl.]

Fuchs, T. (2018) *Leib, Raum, Person*, Klett-Cotta Verlag, pp. 151, 153

Fuchs, T. (2020) *Delusion, reality and intersubjectivity: A phenomenological and enactive* analysis, Phenomenology and Mind, Psychopathology and Phenomenology-Perspectives

Fuchs, T., Sattel, H. C., Henningsen, P. (2010)*The Embodied Self, Dimensions, Coherence and Disorder*, Schattenhauer GmbH, Stuttgart, Germany, pp. 310, 328

Furth, G. M. (2002) *The Secret World of Drawings: A Jungian Approach to Healing Through Art* (2nd edition; originally published 1988), Toronto, Innercity Books, p. 9

Gallagher, S. & Zahavi, D. (2008, 2012) *The Phenomenological Mind*, *2nd edition*, Routledge, p. 219-222, 225-226

Gebharter, E., Murg, M., Oder, W. (2009) *Bildnerei in der neurologischen Rehabilitation: Kunsttherapie zur Unterstützung von Diagnostik und Therapie*, Springer Wien/New York, p. 97

Gerber, N., Biffi, E., Biondo, J., Gemignani, M., Hannes, K., & Siegesmund, R. (2020) *Arts-Based Research in the Social and Health Sciences: Pushing for Change with an Interdisciplinary Global Arts-Based Research Initiative,* Forum: Qualitative Sozialforschung, Forum Social Research, Volume 21, No. 2, Art. 30, pp. 2, 5, 9

Gerge, A. & Nygaard Pedersen, I. (2017) *Analyzing pictorial artifacts from psychotherapy and art therapy when overcoming stress and trauma*, The Arts in Psychotherapy 54, 0197-4556 ELSEVIER, pp. 57, 58

Geertz, C. (1973) *The Interpretation of Cultures*, Basic Books, Inc., New York

Gilroy, A. (2006) *Art Therapy, Research and Evidence-based Practice*, SAGE Publications, pp. 2, 81, 90, 102, SAGE

Giordano, F. (2010/11) Il *"test de trois dessins: avant, pendant et avenir*". *Uno strumento qualitativo per la valutazione clinica del trauma psichico nel bambino vittima di terremoto*, PhD thesis, Università Cattolica del Sacro Cuore, Milano & l'Université Paris XIII, pp. 220, 438

Glanzberg, M. (2021) "Truth", *The Stanford Encyclopedia of Philosophy* (Summer 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2021/entries/truth/>

Glaum, J. (2018) *Professionelle Haltung in der Sozialen Arbeit - ein Definitionsversuch*, https://www.ib-niedersachsen.de/display/IW/Professionelle+Haltung+in+der+Sozialen+Arbeit+-+ein+Definitionsversuc

Goodenough, E. R. (2011) URL: '*Tor/Tür*', Das Buch der Symbole, Betrachtungen

zu Archetypischen Bildern, The Archive for Research in Archetypal Symbolism, Taschen, Köln, Germany, p. 558

Graw, I. (2012) *Das Versprechen der Malerei. Anmerkungen zu Medienunspezifik, Indexikalität und Wert*, in: Isabelle Graw/Peter Geimer, Über Malerei. Eine Diskussion, Berlin, p. 20

Green, J. & Thorogood, N. (2014) *Qualitative Research for Health Research*, SAGE, 3rd Edition, p. 281

Grix, J. (2002) *Introducing Students to the Generic Terminology of Social Research*, Politics: 2002 Vol 22(3), pp. 102, 105

Gromes, B. (2008) *Ressourcenorientierte Kunsttherapie mit traumatisierten Menschen*, in: *Kunsttherapie bei psychosomatischen Störungen*, Hrsg. Martius, P., von Spreti, F., Hennigsen, P., Urban & Fischer, München, Jena, ELSEVIER, p. 95

Guntzviller, L. (2017) *Cultural sensitivity in research*. In M. Allen (Ed.), *The sage encyclopedia of communication research methods* (Vol. 1, pp. 318-320). SAGE Publications, Inc, p. 1 https://www.doi.org/10.4135/9781483381411.n119

Hammond, M. (2017) *Ontology,* University of Warwick, UK, Education Studies, URL: https://warwick.ac.uk/fac/soc/ces/research/current/socialtheory/maps/ology/

Hanafuda Hawaii LLC (2009-2018) URL: http://hanafudahawaii.com/gsymbols.html

Hanes, M. (2019) *House as a mirror of study: A case study of a twenty-one-year-old female in an inpatient psychiatric hospital*, The Arts in Psychotherapy, ELSEVIER, Volume 66, p. 1

Hara, K. (2016) *Weiss*, Lars Müller Publishers, Zürich, Switzerland, pp. 45-46

Harding, S. (1993) *Rethinking Standpoint Epistemology: What Is "Strong Objectivity"?* Ch. 3, In: *Feminist Epistemologies* (pp. 49-82). New York and London: Routledge, pp. 55, 69, 70

Harman, G. (2015) *Vierfaches Objekt*, Berlin, Merve, p. 64

Harman, G. (2017) *Object Oriented Ontology. A New Theory of Everything*, Penguin Books, pp. 8, 9

Hawton, K., Saunders K.E., O'Connor R.C. (2012) *Self-harm and suicide in adolescents, Suicide1*, Lancet, Volume 379, Issue 9834, pp. 2373–82, Centre for Suicide Research, University of Oxford, Oxford, UK

Heidegger, M. (1936-53) *Vorträge und Aufsätze*, *Bauen, Wohnen, Denken,* Neske, pp. 31-32

Henzler, C. (2016, p. 265) in: Riedel, I. & Henzler, C. (2016) *Maltherapie. Auf Basis der Analytischen Psychologie C. G. Jungs*, Patmos Verlag der Schwabenverlag AG, Ostfildern, Germany

Herzog, E. (2011) *Psyche and death: Archaic myths and modern dreams in analytical psychology.* In: *Pferd*. Das Buch der Symbole, Taschen GmbH, Köln 1966, London, Taschen GmbH, p. 314

Hiller, J. (2016) *Epistemological Foundations of Objectivist and Interpretivist Research*, Chapter 11, pp. 99 - 127, in: Music Therapy Research, 3rd Edition, Barcelona Publisher, p. 102

Hills de Zárate, M. (2016) *Voice of the object. Art psychotherapy and translating cultures*. In: M. Hills de Zárate & D. Dokter, Intercultural Arts Therapies Research, Issues and methodologies, Routledge, pp. 163, 165

Hills de Zàrate, M. (2020) *Moving Objects: Memory and Material Culture*, Chapter 6, pp. 155 - 177, in: Burdet, Charles, Polezzi, Loredana and Spadaro Barbara, *Transcultural Italies: Mobility, Memory and Translation*, eds Burdett, Charles, Polezzi Loredana and Spadaro, Barbara (Transnational Italian Cultures LUP), DOI: 10.2307/j.ctv1bn9jm9.11, pp. 10, 13

Hirsch, M. (2011) *Das Haus. Symbol für Leben und Tod, Freiheit und Abhängigkeit*, IMAGO Psychosozial-Verlag, 2011, p. 47

Hiscox, A. R. & Calisch, A. C. (1998) *Tapestry of Cultural Issues in Art Therapy*, Jessica Kingsley Publishers

Hobi, V. (1985) *Basler Befindlichkeits-Skala. Ein Self-Rating zur Verlaufsmessung der Befindlichkeit. Manual.* Weinheim: Beltz Test GmbH, Germany
Hocoy, D. (2002) *Cross-cultural Issues in Art Therapy*, ARTherapy, Journal of the American Art Therapy Association, Volume 19, Number 4, pp. 141, 143

Hofweber, T. (2021) *"Logic and Ontology"*, The Stanford Encyclopedia of Philosophy (Spring 2021 Edition), Edward N. Zalta (ed.), URL: https://plato.stanford.edu/archives/spr2021/entries/logic-ontology/, p. 1

Höger, D. (2006) *Das Selbst in Theorie und Therapie, Zum Selbstbegriff bei Rogers und in der psychologischen Grundlagenforschung*, 4. Grosse Forum der DPGG, Deutschen Gesellschaft für Gesprächspsychotherapie, Hamburg, p. 1

Hogan, S. (2001) *The Healing Arts. The History of Art Therapy*, Jessica Kingsley Publishers, pp. 25, 138, 307

Hogan, S. (2014) Art Therapy Workshop. Theme: *The House* (private communication)

Hogan, S. (2015) *Lost in Translation: Intercultural Exchange in Art Therapy*. In: C. E. Myers & S. L. Brooke (eds.), Therapists Creating a Cultural Tapestry. Using the Creative Therapies Across Cultures. Springfield, Il: Charles C. Thomas, pp. 12-14

Hogan, S. (2016) *Art Therapy Theories. A Critical Introduction*, Routledge, Taylor & Francis Group, pp. 30, 38, 44, 45, 94, 133, 147

Hogan, S. & Coulter, A. M. (2014) *The Introductory Guide to Art Therapy*. Susan Hogan, Chapter 9, pp. 105 - 121: *The role of the image in art therapy and intercultural reflections. Working as an art therapist with diverse groups*, Routledge, Taylor & Francis Group, pp. 12, 47-48, 110, 111

Hoppe, K. & Lemke, T. (2021) *Neue Materialismen*, JUNIUS Verlag GmbH, Hamburg, pp. 27, 28

Huss, E., Kaufman, R., Avgar, A. & Shouker, E. (2015) *Using arts-based research to help visualize community intervention in international aid*, International Social Work, Vol. 58(5), p. 674

Huss, E. & Cwikel J. (2008) *Embodied drawings as expressions of distress among impoverished single Bedouin mothers*, Arch Women's Health;11:137–47

Huss, E. (2011) *What We See and What We Say: Combining Visual and Verbal Information within Social Work Research*, p. 2

Huss, E. (2015) *A Theory-based Approach to Art Therapy Implications for teaching, research and practice*, Routledge, Taylor & Francis Group, pp. 1, 5, 116, 136, 159

Huss, E. & Samson, T. (2018) *Drawing on the Arts to Enhance Salutogenic Coping With Health-Related Stress and Loss*, Frontiers in Psychology, Volume 9, Article 1612, p. 2

Hyman, J. & Bantinaki, K. (2021) "*Depiction*", *The Stanford Encyclopedia of Philosophy* (Fall 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2021/entries/depiction/>.

Israelstam, K. (2007) *Creativity and dialectical phenomena.* International Journal of Psychoanalysis, 88, p. 591

Jaffé, A. (1981) *Bildende Kunst als Symbol*, in: C. G. Jung, von Franz, M.L., Henderson, J.L., Jacobi, J. & Jaffé, A. *Der Mensch und seine Symbole*, Walter-Verlag, Olten und Freiburg im Breisgau, p. 240

Jeannel, B. (2014) URL*: Furusato, le pays natal*, in: Bonnin, P., Nishida, M. & Inaga, S., Vocabulaire de la spatialité japonaise, CNRS Editions, Paris, p. 137

Jourdain, A. & Naulin, S. (2011) *Héritage et transmission dans la sociologie de Pierre Bourdieu*, Idées économiques et sociales, 2011/4 (No 166), éditions Réseau Canopé, p. 9

Jung, C. G. (1970) *Definitions, Psychological Types*, CW, Princeton University Press, 789/46, p. 460, 823/p. 478

Jung, C. G. (1971) *Psychological Types* (A revision by R.F.C. Hull of the translation by H.G. Baynes), Collected works of C.G. Jung, Volume 6, Routledge and Kegan Paul, pp. 477, 478 sections S21 & 823

Jung, C. G. (1971) *Erinnerungen, Träume, Gedanken von C. G. Jung*, Aufgezeichnet und herausgegeben von Aniela Jaffé, Walter Verlag Zürich und Düsseldorf, p. 163

Jung, C. G. (1981) *Der Mensch und seine Symbole*, 13. Auflage, Walter-Verlag AG, Olten, Switzerland, p. 20

Jung, C. G. (1995) *Über das Phänomen des Geistes in Kunst und Wissenschaft, gesammelte Werke*, Fünfzehnter Band, Edition C. G. Jung, pp. 92-93

Jutel, A. (2009) *Sociology of diagnosis: a preliminary review*, Sociology of Health & Illness Vol. 31 No. 2, 2009, ISSN 0141– 9889, doi: 10.1111/j.1467-9566.2008.01152.x p. 278

Kagan, J. & Schulkin, J. (1995) *On the Concepts of Fear*, Harvard Review of Psychiatry, 3:4, 231-234, DOI: 10.3109/10673229509017190

Kalmanowitz, D., Potash, J. S. & Chan, S. M. (2012) *Art Therapy in Asia*. *To the Bone or Wrapped in Silk*, Jessica Kingsley Publishers, London & Philadelphia

Kawamura, N., Yoshiharu, K., Nozomu, A. (2001) *Suppression of cellular immunity in men with a past history of Posttraumatic Stress Disorder*. American Journal of Psychiatry 158(3):484-6

Keats, J. (2017) *Live In A Congested City? Here's A Plan To Give Everyone Housing In A Citywide 3-Dimensional Grid*, Forbes, URL: 'www.forbes.com/sites/jonathonkeats/2017/08/23/yona_friedman-maxxi/?sh=22e6a28603ba

Kelly, J., deVries-Erich, J., Helmich, E., Dornan, T., King, N. (2017) *Embodied Reflexivity in Qualitative Analysis: A Role for Selfies*, FQS Forum: Qualitative Sozialforschung, Volume 18, No. 2, Art. 12, pp. 1, 3

Kierkegaard, S. (2002) *Der Begriff Angst*, Europäische Verlagsanstalt, Sabine Groenewold Verlage, Hamburg, 3. Auflage, pp. 178-179

Kimminch, E. (2015) *Metapher*, Professur Kulturen romanischer Länder, Universität Potsdam, Germany, URL: https://uni-potsdam.de/de/romanistik-kimminch/kif/kif-begriffe/kif-metapher

Klein, J. P. (2018) *Autisme et contre-violence, ces enfants que l'on dit fous, L'autisme sous l'angle de la création*, Art Ther.,122/123, pp. 2-4

Klessmann, E. & Eibach, H. (1993) *Wo die Seele wohnt*. *Das imaginäre Haus als Spiegel menschlicher Erfahrungen und Entwicklungen*, Verlag Hans Huber, Bern, pp. 1, 11, 12, 18, 19, 35, 127

Kline, P. (1993) *The Handbook of Psychological Testing.* Routledge, London and New York

Knappertsbusch, Felix (2023) *From paradigm wars to peaceful coexistence? A sociological perspective on the qualitative-quantitative-divide and future directions for mixed methods methodology* [56 paragraphs]. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 24(1), Art. 2, http://dx.doi.org/10.17169/fqs-24.1.3966, p. 19

Knill, P. J. (2005) *Foundations for a Theory of Practice*, Chapter 2, pp. 75 – 170, in: P. J. Knill, E. G. Levine & S. K. Levine, Principles and Practice of Expressive Arts Therapy. Toward a Therapeutic Aesthetics, Jessica Kingsley Publishers, London and Philadelphia, pp. 81-83

Knill, P. J. (2007) *Was verändert die Kunst in der Therapie, und wie?* In: Grundlagen, Modelle und Beispiele kunsttherapeutischer Dokumentation, Peter Sinapius/Michael Ganss (Hrsg.), wissenschaftliche grundlagen der kunsttherapie/band 1, Berlin Peter Verlag, p. 62

Knott, U. (2018) *Stoffwechsel mit der Wirklichkeit, Bildqualitäten in der Kunsttherapie, Kunst & Therapie*, Zeitschrift für bildnerische Therapien, Im Mittelpunkt: das Bild, Hrsg. Marion Wendlandt Baumeister, Karl-Heinz Menzen, Peter Rech, Claus Richter Verlag, p. 19

Kraepelin, E. (1913) *Psychiatrie. Ein Lehrbuch für Studierende und Ärzte*, Leipzig, Germany, p. 668

Kühnen, U. (2014) *Kultur und Kognition. Wie das Selbst das Denken formt*. Jacobs University, Presentation, chart: Markus & Kitayama, p. 190

Kühnen, U. (2014) *Kultur und Kognition. Wie das Selbst das Denken formt*, in: *Bewusstsein – Selbst – Ich. Die Hirnforschung und das Subjektive.* H. Fink & R. Rosenzweig (Hrsg.), mentis Verlag GmbH, Münster, Germany, p. 190

La Philosophie (2008-2022) *La Philosophie de Descartes*, URL: https://la-philosophie.com/philosophie-descartes, retrieved 22.3.2023

Laplanche, J. & Pontalis, J.B. (dt. 1973, orig. 1967) *Symbolik; Symbolisch, das Symbolische* (Lacan). In: Das Vokabular der Psychoanalyse, 2 Bd. S. 483: URL: https//www.sgipt.org/th_schul/pa/glossar/symbolt.htm

Larsen, R. (2021) *Gender and the Home*, in: C. Edwards (ed.) *A Cultural History of Home: Enlightenment.* London: Bloomsbury, forthcoming, pp. 132, 146, 147

Lendemeijer, B. & Shortridge-Baggett, L. (1997) *The Use of Seclusion in Psychiatry: A Literature Review*, Scholarly Inquiry for Nursing Practice: An International Journal, Vol. 11, No. 4, p. 300

Levine, S. K. (2005) *The Philosophy of Expressive Arts Therapy: Poiesis as a Response to the World*, Chapter 1, pp. 15 - 74, in: P. J. Knill, E. G. Levine & S. K.

Levine, Principles and Practice of Expressive Arts Therapy. Toward a Therapeutic Aesthetics, Jessica Kingsley Publishers, London and Philadelphia, pp. 21, 22, 31

Levine, S. K. (2009) *Trauma, Tragedy, Therapy. The Arts and Human Suffering,* Jessica Kinglsey Publishers, London and Philadelphia, pp. 68, 173

Levitt, J. (1991) *The Shapes of Modernity: On the Philosophical Roots of Anthropological Doctrines*, in: "Culture", VOL. XI, No 1-2, Canadian Anthropology Society / Société Canadienne d'Anthropologie, Montréal, Canada, p. 38

Living Museum Society (Switzerland)'s website (2020) *Mission Statement*, URL: https://living-museum.com/mission-statement/

Lorenzer, A. (1970) *Sprachzerstörung und Rekonstruktion, Vorarbeiten zu einer Metatheorie der Psychoanalyse*, Suhrkamp Verlag, Frankfurt, pp. 28-29

Loveday, H. (2020-21) *Tsukioka Yoshitoshi (1839-1892), tradition et innovation*, Fondation Baur, Musée des Arts d'Extrème Orient, Geneva

Lubart, T. I. (1999) *17 Creativity across cultures*, in: Sternberg, J. (1999) *Handbook of Creativity*, Cambridge University Press, in Sternberg, p. 344

Maercker, A. (2018) *Complex PTSD in ICD-11*, video slide presentation, University of Zurich, Psychopathology Department & Institute of Advanced Study, Berlin, & materials prepared and provided by the WHO Department of Mental Health and Substance Abuse

Maercker, A. & Schützwohl, M. (1998) *Erfassung von psychischen Belastungsfolgen: Die Impact of Event Scale – revidierte Version (IES-R).* Diagnostica, 44(3), 130-141
http://www.psychologie.uzh.ch/fachrichtungen/psypath/ForschungTools/Fragebogen/IES-R_Fragebogen_Auswertung.pdf

Malchiodi, C. (2003), *The Handbook of Art Therapy*, p. xii, The Guilford Press, New York London

Malchiodi, C. (2020) *Trauma and Expressive Arts Therapy. Brain, Body, & Imagination in the Healing Process*, The Guilford Press, New York, London, pp. 33

Maldiney, H. (2009) *Sens de l'art-thérapie*, Edition Erès, Paris, pp. 2

Mallett, S. (2004) *Understanding home: a critical review of literature*, The Editorial Board of The Sociological Review. Published by Blackwell Publishing Ltd., Oxford, UK & Malden, USA, pp. 69, 70, 74

Manzo, L. C. (2003) *Beyond house and haven: toward a revisioning of emotional relationship with places*, Journal of Environmental Psychology, ELSEVIER, p. 49

Marks-Tarlow, T. (2018) *Play and creativity in psychotherapy*, New York, Norton

Markus, H. R. & Kitayama, S. (1991) *Culture and the Self: Implications for Cognition, Emotion, and Motivation*, Psychological Review, Vol. 98, No 2, pp. 224-253

Mathar, M. (2010) *Kunsttherapie in der Kinderkardiologie,* Roderer Verlag, Regensburg, Germany, pp. 51, 54

Mauss, M. (1934) *Les techniques du corps*, originally published in: Journal de Psychologie, XXXII, ne, 3-4, 15 mars - 15 avril 1936, France, p. 7

Mayer C. (2018) *Entwurf einer topografischen Psychotherapie: Wo steht der Patient - und was braucht er jetzt?* Kunst & Therapie, Zeitschrift für bildnerische Therapien, 'Im Mittelpunkt: das Bild', Hrsg. Marion Wendlandt Baumeister, Karl-Heinz Menzen, Peter Rech, pp. 80, 83, 87

McDonald, William, "Søren Kierkegaard", *The Stanford Encyclopedia of Philosophy* (Spring 2023 Edition), Edward N. Zalta & Uri Nodelman (eds.), URL = <https://plato.stanford.edu/archives/spr2023/entries/kierkegaard/>

McNeilly, G. (1984*) Directive and non-directive approaches in art therapy, the arts in psychotherapy*, Inscape 84

McNiff, S. (2013) *Art As Research, opportunities and challenges*, *Like a force of nature*, Intellect Ltd. Bristol/UK, Chicago/USA, pp. 5, 7, 112

Merleau-Ponty, M. (1945) *Phénoménologie de la perception, Avant-propos*, Editions Gallimard, Paris

Miyazawa, K. (2011) *Nostalgia. 42*, in: *Keywords in youth studies: tracing affects movements, knowledge*, Routledge, p. 307

Moeran, B. (2007) *Creativity at Work: From Participant Observation to Observant Participation: Anthropology, Fieldwork and Organizational Ethnography*, Copenhagen Business School, Creative Encounters

Moore, J. (2000) *Placing Home in Context*, Journal of Environmental Psychology 20, 207 2017, p. 208

Munro, M. & Madigan, R. (2009) *Negotiating Space in the Family Home*, in: *At Home. An Anthropology of Domestic* Space pp. 107, 108

Nakamura, F. (2007) *Creating or Performing Words? Observations on Contemporary Japanese Calligraphy*, -4-, in: *Creativity and Cultural Improvisation*, Eds. E. Hallam & T. Ingold, Berg, Oxford & New York, pp. 80, 81

Neuberger, J. (1999) *Let's do away with "patients"*, doi: 10.1136/bmj.318.7200.1756 p. 1756

Offermans, A. (2010) *History of Cultural Theory. A summary of historical developments regarding Cultural Theory*, International centre for Integrated Assessment and Sustainable development (ICIS), Maastricht University, pp. 7-9, 20

Ohmiya Kousei Byoin (2011) clinic website, URL of chairman Mr Dr Watanabe Koji: http://www.ohmiyakousei.com/message.html. Translation from Japanese to English: Suzuki, M. (2020)

Oxford University Press (2019) *Cultural theory*, Encyclopedia, https://www.encyclopedia.com/social-sciences/dictionaries-thesauruses-pictures-and-press-releases/cultural-theory, retrieved 24rd April 2023

Oxford English Dictionary (2022) "Evocation", URL: https://www.oxfordlearnersdictionaries.com/definition/english/evocation?q=Evocation

Pagis, M. (2009) *Embodied Self-reflexivity*, Social Psychology Quarterly, Vol. 72, No. 3, p. 265

Palmiéri, C. (2002) *Louise Bourgeois. Le corps, lieu des incertitudes*. Revue d'art contemporain, ETC, (57), p. 19

Pauwels, L. & Mannay, D. (2020) *The SAGE Handbook of Visual Research Methods*, *1 Visual Dialogues Across Different Schools of Thought*, p. 1

Pennartz, P. J. J. (2009) *Home. The Experience of Atmosphere*, in: *At Home. An Anthropology of Domestic* Space, p. 95

Petersen, P. (2011) *Künstlerische Therapie – Vorreiter einer zukünftigen Heilkunde*, in: Forschungsmethoden Künstlerischer Therapien, zeitpunkt musik, Reichert Verlag Wiesbaden, Germany, pp. 17

Perry, G. (2013) *Playing at Home: House in Contemporary Art*, Reaktion Books, London, p. 53

Piaget, J. (1972, 2008) *Intellectual Evolution from Adolescence to Adulthood*, Human Development 2008;51:40-47, Reprint of Human Development 1972;15:1-12, DOI:10.1159/000112531, pp. 45

Pitard, J. (2017) *A Journey to the Centre of Self: Positioning the Researcher in Autoethnography*, Forum: Qualitative Social Research, Vol 18, No 3, pp. 1-2

Pliatsikas, C., Meteyard, L., Verissimo, J., DeLuca, V., Shattuck, K., & Ullman, M. T. (2020) *The effect of bilingualism on brain development from early childhood to young adulthood*, Brain Structure and Function, 225:2131-2152, p. 2130 https://doi.org/10.1007/s00429-020-02115-5

Plummer-D'Amato, P. (2013) *Focus group methodology Part 1: Considerations for design.* International Journal of Therapy and Rehabilitation, Vol. 15, No 2/Clinical, MAG Online Library, p. 1

Posner, R. (2008) *Kultursemiotik. 4.3 Kultur als kollektives Gedächtnis*: *Einführung in die Kulturwissenschaften*, Ansgar Nünning, Vera Nünning (Hrsg.), Verlag J. B. Metzler Stuttgart Weimar, p. 64

Practical Psychology (2021) *House-Tree-Person Test*, URL: https://practicalpie.com/house-person-tree-test/

Prinz, J. (2020) *Culture and Cognitive Science*, Stanford Encyclopedia of Philosophy, Prinz, Jesse, "Culture and Cognitive Science", *The Stanford Encyclopedia of Philosophy (Winter 2018 Edition)*, Edward N. Zalta (ed.), URL = https://plato.stanford.edu/archives/win2018/entries/culture-cogsci/

Psychiatry St. Gallen Nord (2020) URL: *Ateliers - Living Museum, Wil* https://www.psgn.ch/therapien/kunsttherapien/ateliers-living-museum-wil.html

PsychDB, URL: *Psychosocial Model and Case Formulation*, Canada, no year given, Creative Commons BY-NC-SA 4.0 License, accessed 22.8.2022 https://www.psychdb.com/teaching/biopsychosocial-case-formulation#google_vignette

Rankanen, M., Leinikka, M., Groth, C., Seitamaa-Hakkarainen, P., Mäkelä, M., Huotilainen, M. (2022) *Physiological measurements and emotional experiences of drawing and clay forming*, The Arts in Psychotherapy 79, 101899, ELSEVIER, p. 3

Ratner, C. (2022) *Subjectivity and Objectivity in Qualitative Methodology*, FQS Forum: Qualitative Social Research, Volume 3, No. 3, Art. 16, pp. 1, 3

Reddemann, L. (2001) *Imagination als heilsame Kraft. Zur Behandlung von Traumafolgen mit ressourcenorientierten Verfahren*, Leben Lernen Klett-Cotta, Stuttgart, Germany, pp. 133, 203

Reichertz, J. (2015) *Die Bedeutung der Subjektivität in der Forschung*, FQW Forum Qualitative Sozialforschung, Volume 16, No. 3, Art. 33, p. 7

Reinharz, S. (2011) *Observing the Observer*. *Understanding Our Selves in Field* Research, Oxford University Press, New York, pp. 3, 5, 10

Roberts, J. (1984) *Resonance in art groups. Group Analysis*, December, 211-20, Inscape J Art Ther, Summer 1984:17–20

Robertson, J. (1988) *Furusato* Japan: The Culture and Politics of Nostalgia, Politics, Culture, and Society, Volume 1, Number 4, Human Sciences Press, pp. 494-5, 498

Rose, G. (2007) *Visual Methodologies. An Introduction to the Interpretation of Visual Materials*, SAGE Publications, p. 258

Rosenberger, N. R. (1994) *Japanese sense of self*. Chapter no 4, pp. 67 - 92: Tree in summer, tree in winter: movement of self in Japan, Cambridge University Press, pp. 67, 69

Ruffing, R. (2006) *Philosophie*, Wilhelm Fink GmbH & Co. Verlags-KG, Paderborn, Germany, pp. 45, 236

Russell, F. (2013) *The Space of Pathos: Heideggerean Angst and Ethics*, *Existential Philosophy and Ethics.* Eds. Hans Feger and Manuela Haeckel. De Gruyter, pp. 229-340

Sabatini, S. (2007) *House urns. A European Late Bronze Age Trans-Cultural Phenomenon*, Gotarc Series B. Gothenburg Archaeological Thesis N. 47, Göteborgs Universitet, Sweden, p. 96

Saleebey, D. (1994) *Culture, Theory, and Narrative: The Intersection of Meanings in Practice*, Oxford Journals, Oxford University Press, pp. 351-352

Schaverien, J. (1999) *The Revealing Image. Analytical Art Psychotherapy in Theory and Practice*. Jessica Kingsley Publishers, London and Philadelphia, pp. 77, 104, 105

Schaverien, J. (2011) *Embodied image, Art Therapy theories*. In: Wood C., Hogan S., editors, p. 80

Schnitzer, G., Holttum, S. & Huet, V. (2021) *A systematic literature review of the impact of art therapy upon post-traumatic stress disorder*, International Journal of Art Therapy, URL: https://doi.org/10.1080/17454832.2021.1910719, pp. 147, 157

Schouten, K. A., van Hooren, S., Knipscheer, J. W., Kleber, R. J., Hutschemaekers, G. J.M. (2019) *Trauma-Focused Art Therapy in the Treatment of Posttraumatic Stress Disorder: A Pilot Study*, Journal of Trauma & Dissociation, VOL. 10, NO. 1, pp. 115 118, 119

Schubbe, O. (1999) *Verfahren zur psychischen Stabilisierung nach Extremerfahrungen*, Institut für Traumatherapie, Berlin, URL: https://www.traumatherapie.de/users/schubbe/stabilisierung.html, retrieved 4.4.2023

Schulz, E. (2022, p. 37) *Die verschwundene Stadt. Tokyo-Nostalgie in autobiografischen Stadtbeschreibungen*, pp. 41, 42

Schwartz, M. A. & Wiggins, O. P. (2001) *Philosophical Anthropology: Its Relevance for Psychiatry*, ASCAP 2 (Number 1), p. 35

Science Encyclopedia (2022) *Mary Douglas*, URL: science.jrank.org
Séguin, M. & Brunet, A. (1999), Chapitre 28, *Les pertes et le deuil: réactions typiques et atypiques,* in: Habimana, E., Éthier, L. S., Djaouida, P. Tousignant, M., *Psychopathologie de l'enfant et de l'adolescent, Approche* intégrative, Gaëtan Éditeur Itée, Montréal, Paris, p. 585

Sezaki, S. (2012) *Group Art Therapy in Japan. A Framework for Providing Cross-Cultural Art Activities with Psychiatric Adult Patients*: in: *Art Therapy in Asia. To the bone of wrapped silk*, p. 223

Sheppard, V. (2020) *Research Methods for the Social Sciences: an Introduction, section 1.6. Inductive Approaches to Research*, URL:

https://pressbooks.bccampus.ca/jibcresearchmethods/chapter/1-6-inductive-approaches-to-research/#:~:text=An, accessed on 14th March 2023

Sinapius, P. (2007) *Iconic Turn – Metamorphosen des Bildes in Kunst und Therapie*, Vortrag, DFKGT-Tagung, pp. 1, 3, 8

Spinelli, E. (2005) *The interpreted world. An introduction to phenomenological psychology*, SAGE, 2nd Edition, pp. 19-21

Steets, S. (2015) *Der sinnhafte Aufbau der gebauten Welt. Eine Architektursoziologie*, Suhrkamp Verlag Berlin, pp. 36-37

Stockmeyer, A.-C. (2004) *Identität und Körper in der (post)modernen Gesellschaft. Zum Stellenwert der Körper-Leib-Thematik in Identitätstheorien*, Tectum Verlag Marburg, pp. 75-77

Sue, D. W. & Sue, D. (2013) *Counselling the Culturally Diverse: Theory and Practice*, (6th ed.), Hoboken, NJ

Sullivan, G. B. (2002) *Reflexivity and Subjectivity in Qualitative Research: The Utility of a Wittgensteinian Framework*, FQW Forum Qualitative Sozialforschung, Volume 3, No. 3, Art. 20, pp. 1-2

Sutton, J. & Austin, Z. (2015) *Qualitative research: data collection, analysis, and management*. Can J Hosp Pharm, Vol. 68, No. 3, p. 228

Suzuki, M. (2020) *Ohmiya Hospital website translation*

Tanaka, S. (2017) *The Body as the Intersection Between Individuality and Collectivity*. Institute of Civilization Research, Tokai University, Japan, p. 129

Tanaka, S. (2018) *The Self in Japanese Culture from an Embodied Perspective*, Chapter 17, pp. 271 - 283, in "The Challenges of Cultural Psychology, Historical Legacies and Future Responsibilities, edited by G. Jovanović, L. Allolio-Näcke, C. Ratner, Routledge, London, pp. 273, 275, 277, 278

Tanizaki, J. (1933) *Lob des Schattens*. German translation: E. Klopfenstein (1987), Manesse Verlag, Zurich, Switzerland, p. 74

Tewes, C. (2020) *Existentielle Angst und ihre Verkörperung*, Hermeneutische Blätter 26/1, DOI 10.51686/HBI.2020.1.3, p. 40

The Johns Hopkins University *Primary (Non-Autistic) Motor Stereotypies***,** The Johns Hopkins Hospital and Johns Hopkins Health System. *Motor Stereotypies*, accessed on 22.8.2022 https://www.hopkinsmedicine.org/health/conditions-and-diseases/motor-stereotypies

Thoma, S. (2018) *Common Sense und Verrücktheit im sozialen Raum. Entwurf einer phänomenologischen Sozialpsychiatrie*, Psychiatrie Verlag GmbH, Köln, Germany, pp. 5, 43, 178–9

Thoma, S., Schwänzl, I. & Galbusera, L. (2021) *Reopening Selves: Phenomenological Considerations on Psychiatric Spaces and the Therapeutic Stance*, Psychopathology, Review Article, DOI: 10.1159/000517888, pp. 2-5, 6

Toadvine, Ted (20199) "Maurice Merleau-Ponty", *The Stanford Encyclopedia of Philosophy* (Spring 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/spr2019/entries/merleau-ponty/>.

Tüpker, R. (2011) *Auf der Suche nach angemessenen Formen wissenschaftlichen Vorgehens in kunsttherapeutischer Forschung*, in: Forschungsmethoden Künstlerischer Therapien, Reichert Verlag Wiesbaden, Germany, p. 94

Turner, V. (1969) *The Ritual Process. Structure and Anti-Structure*, Aldine Transaction, Rutgers, New Jersey, pp. 94-96, 131-132

Toadvine, Ted, *"Maurice Merleau-Ponty", The Stanford Encyclopedia of Philosophy* (Spring 2019 Edition), Edward N. Zalta (ed.), URL = https://plato.stanford.edu/archives/spr2019/entries/merleau-ponty/

Universität Zürich, Psychologisches Institut – Psychopathologie und Klinische Intervention, *Fragebogen für Forschungs- und Therapiezwecke, Diagnostik von PTBS, IES-R Impact-of-Event-Skala-Revidiert,* free download and access for tests and research

UNESCO, *Diversité des expressions culturelles* (2021) *Interculturality*, Article 4.8 of the Convention on the Protection and Promotion of the Diversity of Cultural Expressions, URL: https://fr.unesco.org/creativity/interculturality

U.S. Department of Veteran Affairs (2012/2021), PTSD, URL: https://www.ptsd.va.gov/index.asp

U.S. National Library of Medicine. 'Ma'aseh Toviyyah', Toviyah Kats (ca. 1652-1729), Venice, 1708. Woodcut. URL: https://www.nlm.nih.gov/exhibition/dreamanatomy/da_g_I-A-2-07.html

Usländer, A. & Reitz, S. (2015) *"Haus-Baum-Feuer-Wasser-Mensch Test"*, Eine Pilotstudie, Masterthesis, Katholische Hochschule Freiburg, Germany, p. 2

Valsiner, J. (2014) *An invitation to cultural psychology*. Sage Publications, London, UK

Van der Graaf, P. (2009) *The lost Emot*ion: *Feeling at Home*, ISA&RC21 Conference, 22-25th August, Sao Paulo, Brazil, pp. 2-4

Van Manen, M. (2011) *Phenomenology*, URL: phenomenologyonline.com

Van Manen, M. (2011) *Phenomenology online*, *Thematic reflection,* URL: https://www.phenomenologyonline.com/inquiry/methods-procedures/empirical-methods/site content

Vetö, M. (2008) *L'eidétique de l'espace chez Merleau-Ponty*, Dans Archives de Philosophie 2008/3 (Tome 71), Éditions Centre Sèvres ISSN 0003-9632, DOI10.3917/aphi.713.0407, p. 416

Vidler, A. (1992) *The Architectural Uncanny, Essays in the Modern Unhomely*, The MIT Press, Cambridge, Massachusetts, London

Volkan, V. D. (1998) *Transgenerational Transmission and "Chosen Trauma"*: *An Element of Large-Group Identity*, Opening Address, XIII International Congress, International Association of Group Psychotherapy, August 1998

Von Lersner, U. (2019) *Culture-Sensitive Interventions in PTSD*, chapter 12, pp. 181 - 200, in: Maercker, A., Heim, E. & Kirmayer, L. J. (2019) *Cultural Clinical Psychology and PTSD*, Hofgrefe Publishing, p. 182

Wadoku, Japanisch-Deutsches Wörterbuch (no year given), Munich, Germany, URL: 'Haus', https://www.wadoku.de/search/Haus

Waller, D., (2015) *Group Interactive Art Therapy. Its use in training and treatment*, second edition London and New York, Routledge, Taylor and Francis Group, pp. 8, 18

Watsuji Tetsurô (2011) *Fûdo, le milieu humain,* NICHIBUNKEN, CNRS Editions Paris, pp. 201-202, 204

Watzlawick, P. (1978) *Wie wirklich ist die Wirklichkeit? Wahn, Täuschung, Verstehen*, Piper, München, Germany

Weiss, D. S. & Marmar, C. R. (1996, 97) *The Impact of Event Scale - Revised.* In J. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399-411). New York: Guilford, p. 399–411, p. 2

Wheeler-Brooks, J. (2009) *Structuration Theory and Critical Consciousness: Potential Applications for Social Work Practice*, The Journal of Sociology & Social Welfare, Volume 36, Issue 1 *March*, Article 7, p. 130

Whittington, R. (2015) *Giddens, structuration theory and strategy as* practice, chapter 8, pp. 145 - 164, DOI: 10.1017/CCO9781139681032.009, pp. 146, 149

Wing, P. C. (1997) *Patient or client? If in doubt, ask*, Can Med Assoc / 157;287-9, p. 287

Winnicott, D. W. (1953) *Transitional Object and Transitional Phenomena,* International Journal of Psycho-Analysis, 34, p. 19

Winnicott, D. W. (1971) *Therapeutic consultations in child psychiatry*, Basic Books, New York

Winnicott, D. W. (1971, 2005) *Playing and Reality*, Routledge Classics, London and New York, p. 19

Winogradowa, N. & Nikolajewa, N. (1980) *Kunst des fernen Ostens*. VEB Verlag der Kunst Dresden, Verlag Iskusstwo Moskau

World Health Organization (2010) *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines*

Wyder, S. (2012) *A Systematic Review of Possible Causal Links between Substance Use Disorder and Posttraumatic Stress Disorder*, MSc thesis, Queen Mary University, London

Wyder, S. (2013) *Die Perspektive als Übergangsobjekt*, FORUM für Kunsttherapie, 27 Jahrgang, Heft 1 - 2013

Wyder, S. (2014) *Resilienz in Forschung und Kunsttherapie*, FORUM für Kunsttherapie, 28. Jahrgang, Heft 1 - 2014, Zeitschrift des Fachverbandes für Gestaltende Psychotherapie und Kunsttherapie GPK, Aarburg, Switzerland

Wyder, S. (2016) *Semi-structured interview questionnaire, 29-items*. PhD thesis, art therapy & cultural studies, University of Derby, UK

Wyder, S. (2018) *The house as symbolic representation of the self*, paper presented at the International Symposium, The 3rd Dialogue between Civilizations, Tokai University European Center, Vedbaek, Denmark March 8 & 9 2018, Tokai University, Tokyo, Japan, p. 81

Wyder, S. (2019) *The perilous house. Inscribed on the Body: Gender and Difference in the Arts Therapies*, Ed. Susan Hogan, Routledge, Chapter 10, pp. 123 - 136

Wyder, S. (2019, b) *The house as symbolic representation of the self: Drawings and paintings from an art therapy fieldwork study of a closed inpatient adolescents' focus group*, Neuropsychiatrie de l'enfance et de l'adolescence 67, p. 288, Paris, ELSEVIER

Wyder, S. (2021) *Erstes Nürnberger Forum für Kunsttherapie und Wissenschaft*, poster presentation, Germany

Wyder, S. (forthcoming) *Play, Art and Mental Health from a Phenomenological Perspective*, Palgrave Encyclopedia of Health Humanities, edited by Paul Crawford and Paul I. Kadetz

Yagi, T. B. (2009*) Beyond Subjectivity: Kierkegaard's Self and Heidegger's Dasein*, Perspectives: International Postgraduate Journal of Philosophy 2, pp. 61

Yusa, M. (2002) *Japanese Religious Traditions (Religions of the World (Prentice Hall))*, Pearson, p. 19

Zeki, S. (1999) *Inner Vision. An Exploration of Art and the Brain*, Oxford University Press, New York, pp. 47/48

Zumthor, P. (2010) *Architektur Denken. Aus Stoff gebaut.* Birkhäuser Verlag, p. 10

Appendices

Appendix 1:

Narrative themes and overarching clusters that emerged in Wil (2016)

Based on the phenomenological coding of my observational field notes and semi-structured interview (Wyder, 2016).

House and Home cluster	H = House H-A = House-Atelier [workshop] B-H = Moving House T-H = Dream House OHS = Overlap between House and Self Ho = Home H-W = Apartment Pr = Prison H-D = Door H-K = Cellar AT = Attic H-R = Roof H-Fa = Façade Wa = Wall H-T = Staircase H-F = Window H-St = Storey Zi = room H-B = Bed Kü = kitchen Ta = Table No = Noise, No-q = quiet Z = Fence K = Clinic (psychiatrist, psychologists, psychotherapists) OHF = Other House Forms E-S = Exterior Space A-R = Architectonic Space Ci = City
Human relation-ship cluster	F = Family (mother, father, sister, brother, aunt, uncle, partner) PoF = People outside family G = group dynamics
Inner life cluster	S = Self S-P = Self-projection E = Experience EM = Emotion EMf = flat Emotion K = Catastrophe R = Reality Me = Memories Dr = Dreams (day or night) Dr-A = Nightmare T = Time
Physical & mental health cluster	Hea = Health B = Body
Culture cluster	C = Culture CC = Culture contemporary AR = Art L = Language (Swiss German) Lo = Language other (English, French)
Nature cluster	N = Nature (countryside, mountains, water, waterfall) N-G = Garden Wu = Roots N-B = Tree(s) Bl = Flowers N-P = Pond Hi = Sky NL = Natural light A = Animals
Aesthetic works cluster	D/P = Drawings/Paintings AB = Abstraction PL = Placement on Paper POS = Postcards PH = Photos COL = Colour Ma = Material Ma-PX = Big size paper Ma-Ps = Small size paper OB = Object OF = Organic Form Ma-R = Ruler Bea = Beauty, beautiful PE = Perspective PE-GE = Geometry P = Process PoTs = Process over Time, Self PoTd/p = Process over Time, drawing/painting

Appendix 2:

Narrative themes and overarching clusters that emerged in Ohmiya (2018)

House and Home cluster	H = House Ho = Home OHF = Other House Forms Ci = City
Human relationship cluster	F = Family (mother, father, sister, brother, aunt, uncle) PoF = People outside family G = Groups
Inner life cluster	S = Self S-P = Self-projection E = Experience EM = Emotion R = Reality Me = Memories Dr = Dreams (day or night) T = Time
Physical & mental health cluster	Hea = Health B = Body
Culture cluster	C = Culture (Japanese) CT = Culture traditional CM = Culture modern CoJ = Culture outside Japan AR = Art L = Language Japanese Lo = Language other (English, French)
Nature cluster	N = Nature (countryside, mountains, sea, typhoon, earthquakes) A = Animals
Aesthetic works cluster	D/P = Drawings/Paintings POS = Postcards PH = Photos COL = Colour Ma = Material P = Process

Appendix 3:

Narrative themes and overarching clusters that emerged in Paris
(based on the observational field notes and the semi-structured interview, Wyder, 2016)

House and Home cluster	H = House H-A = House-Atelier [workshop] B-H = Moving House OHS = Overlap between House and Self Ho = Home H-W = Apartment Pr = Prison BA = Bars Ec = Ecole LR = Living room H-D = Door H-K = Cellar AT = Attic H-R = Roof SC = Smoke / chimney H-Fa = Façade Wa = Wall H-T = Staircase H-F = Window H-St = Storey Zi = room BZ = Bathroom Mi = Mirror H-B = Bed Kü = kitchen Ta = Table Z = Fence Po = Pool Pi = Piano K = Clinic (psychiatrist, psychologists, psychotherapists) OHF = Other House Forms E-S = Exterior Space A-R = Architectonic Space Ci = City	**Aesthetic works cluster**	D/P = Drawings/Paintings AB = Abstraction IM = Imagination PL = Placement on Paper POS = Postcards PH = Photos COL = Colour Ma = Material Use of water = UoW (including paint, humidity of paint) Ma-PX = Big size paper Ma-Ps = Small size paper OB = Object (including furniture, & e.g. bucket) OF = Organic Form Ma-R = Ruler Bea = Beauty, beautiful PE = Perspective PE-GE = Geometry P = Process PoTs = Process over Time, Self PoTd/p = Process over Time, drawing/painting Re = Repetition Mu = Music
Inner life cluster	S = Self S-P = Self-projection E = Experience Jo = Play EM = Emotion EMf = flat Emotion R = Reality Me = Memories Dr = Dreams (day or night) Dr-A = Nightmare **T = Time**	**Nature cluster**	N = Nature (countryside, mountains, water, sea) N-G = Garden Gr = Grass N-B = Tree(s) Bl = Flowers Pi = Mushroom N-P = Pond Hi = Sky (including e.g. the moon) Su = Sun OM = Shadow Fi = Fire A = Animals
Human relationship cluster	F = Family (mother, father, sister, brother, aunt, uncle, partner) PoF = People outside family **G = Group, group dynamics**	**Culture cluster**	C = Culture CC = Culture contemporary AR = Art L = Language (French) Lo = Language other (English, Spanish, German, Polish)
Physical & mental health cluster	Hea = Health B = Body AUT = Autistic spectrum		

Appendix 4:

List of House Postcards

The below list are the references to the 31 *house* postcards (prints, photographs, paintings, video stills and architecture) used in all the fieldwork places during the art therapy workshops from 2016 to 2018.

1. *Nôka,* Japanese woodblock print
2. *Farbiges Leben im Nachtmarkt von Phnom Penh*, Kambodscha, ©Martin Roemers/Panos Pictures, HELVETAS
3. Paul Sarkisian, *Untitled* (Mapleton), 1971/72, Acrylic on canvas, 406x826 cm, mumok, Austria
4. Christian Boltanski, *Les archives du Coeur*, Teshima, Japan
5. David Claerbout, *Long Goodbye*, 2007 (détail)
6. Sinai Park, Andrea & Magda, www.andrea-magda.com
7. Sasha & Tina Küenzi Atelier, Schaffhausen, *Amsterdam 2013*
8. Anne Garde, *Maison Mitter, Calcutta, Inde, 1983, N 107*
9. Wolfgang Tilmans, *Kelbia, 2009*, Tunisia
10. Aram Dervent, *Rue des Halles*, Paris novembre 1980, C 36
11. Graham Cowley, *Blue Lane, 2003-2004*, Graham Crowley, 2011, Whitechapel Gallery
12. August Macke, *Rotes Haus im Park*, 1914, Kunstmuseum Bonn, Gebr. König Postkartenverlag, Köln
13. Gerhard Richter, *Haus / Maison / House*, 1992, Kunstmuseum Winterthur
14. Edificio Palmas, Mexico City, 1975, Architect: Juan Sordo Madaleno
15. Raymond Depardon / France, Franche-Compté, Jura, Supt, 2006 © Nouvelles Images S.A. et Raymond Depardon – Magnum Photos 2010
16. Bazuki Muhammad / Reutres, *Das Meer ist ihr Zuhause: Nomaden in Borneo, Malaysia, HELVETAS*
17. Cécile Wick, *Moskau 4*, 2021, semina rerum – Irène Preiswerk, Zürich
18. Bernard Plossu / Signatures / Editions VP, *Île de Ventotene*, 2010
19. Wolfgang Tilmans, *growth*, 2006, Gebr. König Postkartenverlag AG, Köln
20. Shinro Ohtake, *Dreaming tongue / BOKKON-NOZOKI,* 2006, photo by Osamu Watanabe, Bennesse Artsite, Japan
21. Jerry N. Uelsmann, *Untitled*, 1982, fotofolio
22. Charles Pictet Architecte FAS I SIA, *Maison à Frontenex*, 2006, © Francesca Giovanelli
23. Bill Viola, *Going Forth By Day (detail),* 2002, video / sound installagion, *"Deluge"*, panel 3, Deutsche Bank & Solomon R. Guggenheim Foundation, Berlin
24. Bernd und Hilla Becher, *Fachwerkhaus*, Eisern, 1970, Karte 7 von 10, Gebr. König Postkartenverlag AG, Köln
25. Oliver Le Brun, Bruxelles, Husson éditeur, Bruxelles
26. Daido Moriyama, *Northern*, Daido Moriyama + Akio Nagasawa Publishing
27. Turquie ottoman, fin du XVIIe ou XVIIIe siècle, Manuscrit de 52 folios, calligraphie en nesih sur vergé, *Le Dalāl'il al-Khayrāt d'al-Jazuli, folio 9b*, L'empire des sultans, Musée Rath, Genève, 1995
28. The alternative image company, © Getty images [house on a truck]
29. Tabaimo, *Haunted House*, 2003, installation video, 4 min. (en boucle), © Tabaimo, Courtesy Gallery Koyanagi, Tokyo, Fondation Cartier, Paris
30. Richard Greaves (1952), *La Cabane à sucre, vers 1985*, Beauce, Québec, Photo: Mario del Curto, Collection de l'Art Brut, Lausanne
31. Villa Lindenegg, Hotel – Bistrot, Bienne, Photo: Guy Perrenoud

Appendix 5:

Patients' Information Sheet in English and German, Wyder, 2016

Informationsblatt für Patientinnen und Patienten

Kunsttherapie-Studie von Silvia Wyder

Es freut mich sehr, dass Sie sich für das Thema des **Hauses** interessieren!

Falls Sie sich entscheiden, diesen Ateliers beizuwohnen, werden Sie die Gelegenheit haben, sich über mehrere Monate hinweg mit dem ‚Haus' künstlerisch auseinander zu setzen. Wie Ihr Haus aussehen, oder wie gross es sein wird, was das Haus umgeben wird usw. ist selbstverständlich ganz Ihnen überlassen.

Wie in den Ateliers Living-Museum üblich, werden Sie ganz individuell Ihrem Rhythmus und Ihrem persönlichen Stil entsprechend arbeiten können. Falls Sie ausserdem während dieser Zeit mit anderen Patientinnen und Patienten, oder auch mit mir das Gespräch suchen, ist dies ebenso möglich.

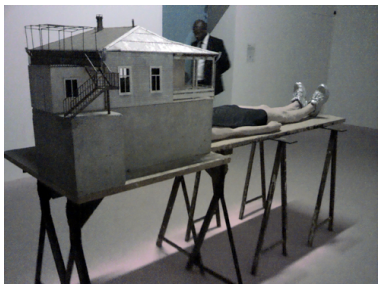
Das Schwergewicht bezüglich der künstlerischen Ausdrucksweise wird in der ersten Monaten auf dem **Malen und Zeichnen** liegen. Die Ihnen zur Verfügung stehenden Materialien sind Acryl-Farben, Aquarell-Farben, Pastellkreiden, Ölkreiden, sowie Farb- und Bleistifte. Des weiteren haben Sie die Wahl zwischen verschiedenen Papiergrössen.

Es werden **zwei Ateliers** stattfinden:

- Dienstagnachmittags im Raum des Theaterateliers im ersten Stock
- Mittwochmorgens ebenso im Raum des Theaterateliers im ersten Stock

Um Ihnen einen kleinen Eindruck zu geben, wie eine Architektin, Künstlerinnen und ein Künstler sich dem Thema ‚Haus' zugewendet haben, füge ich hier ein paar Fotos an. Diese sind natürlich als Beispiele und in keiner Weise als Vorbilder zu verstehen.









Zu einem späteren Zeitpunkt, nachdem Sie Ihre Bilder gemalt und / oder gezeichnet haben, wird es Ihnen alsdann auch möglich sein, Ihr Haus auch in dreidimensionaler Form zu gestalten.

Bei allfälligen Fragen wenden Sie sich bitte an Silvia Wyder. Falls ich nicht anwesend sein sollte, können Sie sich gerne an Frau Nicole Ottiger, oder an Frau Dr. Rose Ehemann wenden.

Silvia Wyder
Im März 2016

Bildlegende:

1. Bild oben links: Sans, Sandra, Architekturentwurf, Ausstellung der Semesterarbeiten bei Professor Märkli, ETHZ, 2002 – 2015, 2016
2. Bild oben rechts: Wekua, Andro, ‚ohne Titel', 2011
3. Bild unten links: Cahn, Miriam, ‚haus nervös', 2014
4. Bild unten rechts: Matigot, Clara-Popy, ‚Albert du 74', 2015

Alle Fotos aufgenommen von Silvia Wyder (2014-16).

Information sheet for patients

Art therapy study of Silvia Wyder

I am delighted that you seem to be interested in the topic of the **'house'**!

In case you would decide to participate in these sessions you would have the opportunity to focus on the 'house' over a period of a couple of months. The way your 'house' would look like, its size, what might surround it, etc. is of course entirely up to you.

As you are accustomed to from attending the 'Ateliers-Living Museum', you will be able to work according to your own personal rhythm and by adopting your individual (aesthetic) style. In case you would wish to verbally share your thoughts and ideas with other patients or with myself, this is of course also possible.

In the first couple of months the emphasis will be on **painting and drawing**. The art media, which await you, are acrylic paints, watercolours, pastel and oil crayons, colour and felt pencils and graphite and charcoal pens. There will be different kinds and sizes of papers available for you.

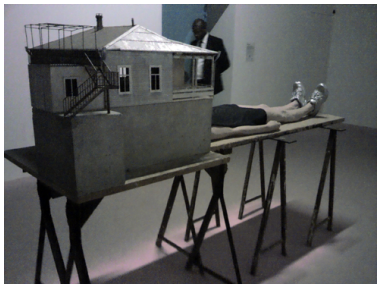
Two art therapy studio sessions will take place:

- Tuesday afternoons at the 'Theateratelier' (theatre studio space) on the first floor, from 2 pm to 4 pm.

- Wednesday mornings also at the 'Theateratelier' on the first floor, from 10am to 12am.

In order to give you a little impression of how a woman architect, male and female artists express themselves through the topic of the 'house' I added some photographs here. These are naturally only examples and should by no means be understood as models to which you would have to aspire.









Later on there might be an opportunity of creating a 'house' also in three-dimensional manner after you having painted and drawn houses. The main focus remains however on painting and drawing during these art therapy sessions.

In case you would have any questions please feel free to address these to me. If I would not be present please do not hesitate to contact Ms Nicole Ottiger, or Ms Dr Rose Ehemann.

I thank you very much for considering your attendance to these ateliers!

Silvia Wyder

Artwork references:

1. Image above left: Sans, Sandra, 'Architekturentwurf', exhibition of semester works by students of Professor Märkli, ETHZ, Zurich, 2002-2015, 2016
2. Image above right: Wekua, Andro, ‚no title', 2011
3. Image beneath left: Cahn, Miriam, ‚haus nervös' (house nervous), 2014
4. Image beneath right: Matigot, Clara-Popy, ‚Albert du 74', 2015

All photographs taken by Silvia Wyder (2014-16).

March / May 2016

Appendix 6: Patients' Written Informed Consent Forms (Wyder, 2016),

in German. English, and French translations by Silvia Wyder. Japanese version by Dr Ayako Shibata-Manin, Université de Genève, département des études est-asiatiques, Switzerland.



CONSENT FORM

Psychiatrische Klinik Wil

Ateliers – Living Museum
Zürcherstrasse 30
Postfach 573
CH-9501 Wil

Tel. +41 [0]71 913 13 79
Fax +41 [0]71 913 11 57
www.psychiatrie-nord.sg.ch

Project: art therapy research, that is doctoral research of Silvia Wyder at the ‚Atelier-Living Museum'

Titel: 'The house as symbolic representation oft the self'

_____

Name / First Name / Ward

_____

I hereby give my consent that my artworks and narrative may be utilised for art therapy research, that is for a doctoral thesis, which involves:

- Confidential and anonymous use of your personal data: that means that all personal data will be anonymous (for example your family name) in order to prevent any inference considering your person.
- Anonymous digital photographic documentation of your artworks (paintings, drawings, three-dimensional work).
- Anonymous publication of your digitally photographed artworks within Silvia Wyder's doctoral thesis.
- Anonymous publication of your digitally photographed artworks within Silvia Wyder's academic publications.
- Anonymous publication of your narratives (notes by Silvia Wyder).
- Anonymous publication of space related drawings carried out by Silvia Wyder.
- Silvia Wyder assures protected (encrypted) and anonymous saving of all your personal data (digital photographic documentation of artworks and narrative).

You have the right to withdraw from this study (ateliers) any time. You have the right to withdraw from permitting the use of your photographed artworks as well as the recollection of your narrative during and after termination of the study.

In case of questions or issues related to withdrawal, please address yourself to Ms Silvia Wyder. In case of me not being present, please feel free to contact Ms PhD cand., MA Art Psychotherapist Nicole Ottiger or Ms Dr paed. Rose Ehemann.

_____ _____

Place and Date Signature



Psychiatrische Klinik Wil

Ateliers – Living Museum
Zürcherstrasse 30
Postfach 573
CH-9501 Wil

Tel. +41 [0]71 913 13 79
Fax +41 [0]71 913 11 57
www.psychiatrie-nord.sg.ch

EINVERSTÄNDNIS-ERKLÄRUNG

Projekt: Kunsttherapeutische Forschungs- bez. Doktorarbeit im Atelier 'Living Museum' von Silvia Wyder

Titel: 'The house as symbolic representation oft he self'
(Das Haus als symbolische Repräsentation des Selbst)

_____

Name/Vorname/Station

_____

Ich erkläre mich einverstanden, meine Werke für kunsttherapeutische Forschungszwecke, beziehungsweise für eine Doktorarbeit, zur Verfügung zu stellen:

- Vertrauliche (anonyme) Benützung Ihrer Daten: dies heisst, dass die Angaben über Sie verschlüsselt werden (zum Beispiel Ihr Name), sodass keine Rückschlüsse auf Ihre Person gezogen werden können.
- Herstellung digitaler Fotoaufnahmen meiner im Projekt entstandenen Werke in anonymisierter Form.
- Anonymisierte Publikation der digitalen Fotoaufnahmen innerhalb der Doktorarbeit.
- Anonymisierte Publikation der digitalen Fotoaufnahmen in akademischen Publikationen.
- Anonymisierte Publikation von verbalen Äußerungen (Notizen von Silvia Wyder).
- Anonymisierte Publikation von räumlichen Aufzeichnungen durchgeführt von Silvia Wyder während den Ateliers.
- Sichere Speicherung aller Daten (Fotos und Notizen) zur Wahrung Ihres persönlichen Datenschutzes.

Auf Verlangen kann diese Einverständniserklärung während der Studie, wie auch nachträglich, zurückgezogen werden. Bei Unklarheiten und Fragen wenden Sie sich bitte an Frau Silvia Wyder, oder an Frau Dr. Rose Ehemann.

_____ _____

Ort und Datum Unterschrift

Patient's written informed consent sheet

Silvia Wyder, PhD candidate, University of Derby, art therapy & cultural studies, UK

Supervisor: Professor Dr Susan Hogan, University of Derby, UK

Project: clinical art therapy focus group workshops

Thesis' title: 'The house as symbolic representation of the self'

Clinic: Professor Kazunari Oshima, **大島一成**

Ohmiya Kousei Hospital
Saitama-ken, Saitama City, Minuma-ku, Katayanagi 1 banchi
Tel: 048-683-1861

大宮厚生病院（Ohmiya Kousei Byoin)
〒337-0024　**埼玉県さいたま市見沼区片柳 1 番地**
Tel: 048-683-3310

_____

Patient's name:

_____

I hereby give written informed consent that my art works and my narratives may be used for research in art therapy involving:

- Confidential and anonymous use of your personal data: this means that all personal data will be anonymous (e.g. your last name will not be used) in order to avoid any inference in view of your person.
- Anonymous digital photographic documentation of your works (paintings, drawings, possible three-dimensional art works).
- Anonymous publication of your digitally photographed art works in Silvia Wyder's doctoral dissertation.
- Anonymous publication of your digitally photographed art works in Silvia Wyder's academic publications.
- Anonymous publication of your narratives (field notes by Silvia Wyder).
- Silvia Wyder provides secure (encrypted) and anonymous backup of all your personal data (digital photographic documentation of art works and your narratives).
- You have the right to withdraw from this study (art therapy workshops) at any time.
- You have the right to withdraw permission for the use of your photographed art works as well as use of my notes regarding your narratives during and after the end of the present study.
- If applicable: you give consent to quote, or refer to your recorded narratives based on your interview questionnaire's answers; such quotations would be anonymized (e.g. your name will not be mentioned).
- If you have any questions or concerns about withdrawal during, or after the study, please contact Ms Silvia Wyder, wyder@silviawyder.com, or Professor **大島一成**, Oshima, Kazunari.

Place and date: Signature:

患者用　同意説明文書

シルヴィア・ワイダー： 英国　ダービー大学　アートセラピー＆カルチュラル・スタディーズ学部博士課程

主査： スーザン・ホーガン教授（博士）英国　ダービー大学

研究テーマ： 臨床アートセラピー　フォーカス・グループ　ワークショップ

論文題名： 'The house as symbolic representation of the self' （自己の象徴的表象としての「家」）

病院： Professor Kazunari Oshima, **大島一成**

Ohmiya Kousei Hospital
Saitama-ken, Saitama City, Minuma-ku, Katayanagi 1 banchi
Tel: 048-683-1861

大宮厚生病院（Ohmiya Kousei Byoin)
〒337-0024　**埼玉県さいたま市見沼区片柳 1 番地**
Tel: 048-683-3310

_____

患者名:

_____

ここに、わたしの作品と語りが本アートセラピー研究に使用されることに関する説明を受け、これに同意します。それは、以下のことを含みます：

- 個人情報は機密かつ匿名で使用される：すべての個人情報は、それが誰であるか推測されることがないよう、匿名とする（本名が使用されることはない）。
- 作品（絵画、図画、また三次元作品）は、匿名のデジタル画像資料とする。
- シルヴィア・ワイダーの博士論文に、デジタル方式で画像化された作品を匿名で出版する。
- シルヴィア・ワイダーの研究論文に、デジタル方式で画像化された作品を匿名で出版する。
- シルヴィア・ワイダーによる現地調査記録として、あなたの語りを匿名で出版する。
- ワイダーが、すべての個人情報（デジタル化された作品の画像資料と語り）を匿名で安全に保存する。
- いつでも本研究（アートセラピーワークショップ）から手を引く権利がある。
- 本研究中また後で、画像化された作品や語りに関する記録の使用許可を撤回する権利がある。

- 適切であれば：質問表の答えに関する語りを引用もしくは言及することに同意する。これらの引用は匿名で実施される（例：本名は言及しない）。

- 研究中もしくは後で研究協力に関する質問や撤回に関する事項については、シルヴィア・ワイダー(wyder@silviawyder.com)もしくは大島一成に連絡する。

同意書を読んだ場所と日時：　　署名：

Appendix 7:

Semi-Structured Interview (Wyder, 2016) in German. English and French translations by Silvia Wyder. Japanese version by Dr Ayako Shibata-Manin, Université de Genève, département des études est-asiatiques, Switzerland, 2018

Bitte beantworten Sie die folgenden Fragen, wie es Ihnen am besten entspricht - es gibt weder "richtige" noch "falsche" Antworten!

1. War es für Sie einfach, am Thema des Hauses zu arbeiten (oder zu studieren) zu beginnen?

2. Wie war Ihr Arbeitsrhythmus? Haben Sie eher schnell oder langsam gearbeitet?

3. Wie haben Sie die Farben / Materialien gewählt, um das Haus zu erschaffen / entwerfen / malen?

4. Können Sie mir bitte etwas über die Platzierung (im Bild) / die Ortswahl des Hauses sagen?

5. Bitte sagen Sie etwas zu der Grösse und zum Aussehen des gemalten, oder gezeichneten (gebauten) Hauses?

6. Was hat Sie dazu gebracht, diese spezifische Form der Darstellung, oder Verbildlichung zu wählen?

7. Wie ist die Umgebung des Hauses - was sieht seine "Nachbarschaft" aus?

8. Wie erlebten Sie den körperlichen Aspekt kreativ zu arbeiten (z.B. bezüglich des Raumgefühls)?

9. Wie war Ihre Stimmung, bevor Sie begonnen haben, zu malen oder zeichnen (zu kreieren / zu planen)?

10. Wie fühlten Sie sich beim Malen oder Entwerfen?

11. Konnten Sie sich in der Art und Weise kreativ ausdrücken, die Sie wollten? Welche Hindernisse mussten Sie allenfalls überwinden?

12. Wie hat die Tatsache, dass Sie am Thema des Hauses gearbeitet haben Ihren seelischen Zustand geändert?

13. Hat sich Ihre Stimmung während der Dauer einer Sitzung geändert, die dem Thema des Hauses gewidmet war? Wie war Ihre Befindlichkeit während den Ateliers über mehrere Monate hinweg?

14. Können sie sich im Haus wieder erkennen wie zum Beispiel ein Baum Ihren Körper darstellen könnte?

15. Könnte das Haus eine Verkörperung (Personifikation) von Ihnen selbst sein? Wenn ja, wie ähnelt Ihnen das Haus? Welche Form hätte es?

16. Stellen Sie sich vor, das Haus wäre Ihre Haut (oder Hülle), welche Gefühle oder Emotionen würde dies hervorrufen?

17. Mit welchen Gerüchen bringen Sie das Haus in Verbindung?

18. Haben Sie jemals nachts von einem Haus geträumt? Wenn ja, können Sie bitte etwas über ihren Traum, oder Träume, sagen?

19. Kamen Ihnen irgendwelche Erinnerungen vor, während, oder nach dem Erstellen des Bildes / Hauses? Wenn ja, welche?

20. Spielten vergangene persönliche Erlebnisse eine Rolle, während Sie malten / entwarfen?

21. Gibt es irgendwelche negativen Ereignisse, die Sie mit Häusern verbinden? Wenn ja, welcher Art wären diese?

22. Gestalten / arbeiten Sie lieber alleine oder in einer Gruppe?

23. Sind Sie sich anderer Menschen um Sie herum bewusst, die am gleichen Thema arbeiten? Legen Sie besonderes Augenmerk auf deren Arbeitsstil (Ausdrucksform)?

24. Ist Ihnen die Atmosphäre oder die Größe des Raumes wichtig, wenn Sie am Haus arbeiten?

25. Wie haben Ihre eigenen sozio-kulturellen Ursprünge Ihre Arbeit beeinflusst (so z.B. in der Art und Weise, wie die Musik, die Sie als Kind hörten immer in Ihrer Erinnerung verbleibt)?

26. Was für eine Geschichte erzählt Ihr Haus?

27. Hätten Sie an den Kunsttherapie-Workshops teilgenommen, wenn das Thema „Heim“ und nicht „Haus“ gewesen wäre?

28. Möchten Sie noch etwas zu den Fragen hinzufügen? Denken Sie, dass noch etwas fehlt? Haben Sie noch Fragen an mich?

Ihre Antworten werden anonym und vertraulich behandelt werden. Vielen Dank für Ihre Zeit und Ihre Bemühungen!

Silvia Wyder, März 2016 / Oktober 2017

Semi-structured interview questionnaire addressed to patients, artists, and architects

Please answer the below questions, as it best corresponds to you - there are neither "right" nor "wrong" answers!

1. Was it easy to start working on the theme of the house?

2. Did you work rather quickly or slowly on the artwork?

3. How did you select the colours / materials for creating the house?

4. Can you tell me something about the placement of the house (in your picture)?

5. Please say something about the size and the appearance of the painted (created) house?

6. What made you choose the specific form of representation?

7. What are the surroundings of the house – what is its 'neighbourhood' like?

8. How did you experience the physical aspect of working expressively / artistically?

9. What was your mood like before starting to paint, or create?

10. How did you feel while painting or designing / creating?

11. Could you express yourself in the way that you wanted to? Which obstacles did you have to overcome?

12. How did the fact that you were working on the topic of the house change your inner state, or mood?

13. Did your mood change over the duration of a single session dedicated to the topic of the house? How about over the course of several months of sessions?

14. Do you recognize yourself in the house (in the way that a tree could represent your body, for example)?

15. Could the house stand as a personification (embodiment) of yourself? If yes, how does the house resemble you?

16. Think of the house as your skin (or carapace), what feelings or emotions does this evoke?

17. With what kinds of smell, or odours do you associate the house?

18. Have you ever dreamed of a house? If so, can you please say something about the dream?

19. Did any memories emerge before, during, or after creating the image? If yes,

what kind?

20. Do past personal experiences play a role whilst you were painting / conceptualising?

21. Are there any negative events that you connect with houses? If so, what kind(s)?

22. Do you prefer to create alone or within a group?

23. Are you aware of other people around you working on the same topic? Do you pay attention to their style / artistic expression?

24. Is the atmosphere or the size of the space when you work on the house important to you?

25. How could your own (cultural) origins have influenced your work (in the way music that you heard as a child stays with you)?

26. What kind of story does your house tell?

27. Would you have participated in these art therapy workshops if the theme would have been “home”, in contrast to “house”?

28. Would you like to add something to the questions? Do you think something is missing?

Your answers will be handled anonymously. Thank you very much for your time and your efforts!

©Silvia Wyder, January 2016/2018

29-Item Questionnaire Semi-Structurée adressé aux Patient(e)s, (translation Wyder, 2018)

1. Quel est l'arrière-plan pour avoir commencé à travailler sur le thème de la maison? Etait-il facile de commencer à travailler cette série?

2. Quel est votre rythme de travail? Avez-vous travaillé assez rapidement, ou lentement quand vous vous penchiez sur le thème de la maison?

3. Comment avez-vous choisi les couleurs, et/ou les matériaux pour créer (planifier/peindre) vos sculptures maisons?

4. Pouvez-vous dire quelque chose au sujet de emplacement de la, ou des maison(s) (dans votre image), ou du bâtiment dans l'espace?

5. Comment avez-vous choisi la, ou les taille(s), et l'apparence des maisons construites (peintes/créées)?

6. Qu'est-ce qui vous a fait choisir la forme spécifique pour représenter la maison (ou le bâtiment)?

7. Quels sont les environs de la maison - comment est son voisinage?

8. Comment avez-vous vécu l'aspect physique, corporel, du travail créatif?

9. Quelle était votre humeur avant de commencer à créer, (à peindre, ou à ébaucher)?

10. Comment vous êtes-vous senti pendant l'acte de créer, (peindre), ou planifier?

11. Pourriez-vous vous exprimer comme vous le vouliez? S'il y a eu des obstacles, comment avez-vous pu les surmonter?

12. Comment a le fait que vous avez travaillé sur le sujet de la maison pu influencer votre humeur interne?

13. Votre humeur a-t-elle changé pendant la durée d'un atelier (séance) consacrée au thème de la maison? Comment-vous vous sentiez-vous au cours de plusieurs mois de vos ateliers (des séances)?

14. Vous reconnaissez-vous dans la maison, comme un arbre pourrait représenter votre corps, par exemple?

15. La maison pourrait-elle représenter vous-même, être une personnification de vous-même? Si oui, comment la maison vous ressemble-t-elle?

16. Imaginez la maison serait votre peau (ou carapace), quels sentiments, ou émotions cela évoquerait-elle?

17. Avec quel genre d'odeurs associez-vous la maison?

18. Avez-vous déjà rêvé d'une, ou des maison(s)? Si oui, pouvez-vous dire quelque chose au sujet du, ou des rêve(s) nocturne(s)?

19. Y-a-t-il eu des souvenirs avant, pendant ou après la création de vos sculptures (ou de l'image), ou au cours de la période dont vous vous penchiez sur le thème de la maison? Si oui, de quel genre de mémoire s'agirait-il?

20. Les expériences personnelles passées jouent-elles un rôle pendant la réalisation de vos oeuvres (que vous peigniez / conceviez-vous)?

21. Y a-t-il des événements négatifs que vous communiquez avec les maisons? Si oui, de quels types seraient-ils?

22. Préférez-vous créer seul, ou en groupe?

23. Vous rendez-vous comptes d'autres personnes autour de vous qui travaillent sur le même sujet? Faites-vous attention à leur style, ou expression artistique?

24. L'atmosphère, ou la taille de l'espace lorsque vous travaillez sur la maison, sont-elles importantes pour vous?

25. Comment vos propres origines culturelles, et / ou religieuses ont-elles influencées votre travail (dans la façon dont la musique que vous avez entendue en tant qu'enfant reste avec vous)?

26. Est-ce que vous faites une distinction entre la notion de la maison (house), ou le chez-soi (home)? S'agirait-il, selon vous, de la même chose?

27. Quel genre d'histoire raconte votre maison?

28. Auriez-vous participé à cet atelier si le sujet avait été «maison» plutôt que «maison»? Distinguez-vous la «maison» de la «maison»? Si c'est le cas, comment?

29. Voulez-vous ajouter quelque chose aux questions? Pensez-vous qu'il manque quelque chose?

Wyder, S., Thoiry, 8 mars 2017

いか　　しつもん　　じぶん　　きも　　いけん　　きにゅう
;以下の　　;質問に、　　;自分の　　;気持ちや　　;意見をご　　;記入ください
ただ　　まちが　　こた
。「　　;正しい」「　　;間違った」　　;答えはありません。

かだい
1. 家の　　;課題について取り組むのは、簡単でしたか。
さくひん　　はや　　おそ
2. 　　;作品づくりは　　;速い方ですか、　　;遅い方ですか。
さい　　いろ　　ざいりょう　　えら
3. 家を作る　　;際に、　　;色や　　;材料はどのように　　;選びましたか。
えが　　いち　　せつめい
4. 絵の中に　　;描いた家の　　;位置について　　;説明してください。
がいかん
5. ご自分が描いた（もしくは作った）家の大きさや　　;外観はどのようなものですか。
かんれん
6. （5 に　　;関連して）なぜそのような形を選んだと思いますか。
しゅうへん　　きんりん　　かん
7. 家の　　;周辺はどのようになっていますか。　　;近隣はどんな　　;感じですか。
しんたいてき　　じこひょうげんかつどう
8. 　　;身体的　に　ど　ん　な　　;自己表現活動　や
そうさくかつどう　　たいけん
;創作活動を　　;体験しましたか。
かいが　　そうさく　　はじ　　まえ　　きぶん
9. 　　;絵画や　　;創作を　　;始める　　;前、どんな　　;気分でしたか。
そうさくちゅう　　きも
10. 絵画、デザイン、作品の　　;創作中、どんな　　;気持ちでしたか。
おも　　じぶんじしん　　ひょうげん
11. 　　;思ったように　　;自分自身を　　;表現することができましたか。どんな
もんだい　　こくふく
;問題を　　;克服しなければなりませんでしたか。
かだい　　と　　く　　ないめん　　きぶん
12. 家という　　;課題に　;取り　;組むことで、あなたの　　;内面や　　;気分はどのよ
へんか
うに　　;変化しましたか。
あいだ　　すうかげつかん
13. 家の課題に取り組んでいる　　;間、気分の変化はありましたか。　　;数ヶ月間
ぜんたい
にわたるコース　　;全体ではどうですか。
じぶんじしん　　かたち
14. 　　;自分自身をなにかしらの　　;形で 家の中に見つけることができますか（
たと　　き　　からだ　　あらわ　　う　　かたち
;例えば、　;木が自分の　　;体を　　;表し　;得る、といった　　;形で）。
ぐげんか
15. 家は、自分自身を　　;具現化していると思いますか。もしそうなら、家と自分はどんな
に
ところが　;似ていますか。
ひふ　　から　　こうら　　かんが
16. 家を自分の　　;皮膚もしくは　　;殻（　　;甲羅）と　　;考えた場合、どんな
きぶん　　かんかく
;気分や　　;感覚ですか。
にお
17. 家はどんな　　;匂いだと思いますか。
ゆめ
18. 家の　　;夢を見たことがありますか。もしあるなら、どんな夢でしたか。
そうぞう　　おも　　だ
19. イメージを　　;想像している前・中・後で、なにか　　;思い　;出すことはありますか。
あるとしたら、どんなことですか。

えが　　とき　かんが　　かこ　こじんてき
20. 絵を　;描いている　;時や　;考えをまとめている時、　;過去の　;個人的
けいけん　やく　た
な　;経験が　;役に　;立つことがありますか。それはどんな経験ですか.
かんれん　ひていてき　できごと　けいけん
21. 家に　;関連する　;否定的な　;出来事を　;経験したことがありますか。もしあるとしたら、それはどんなことですか。
そうさくかつどう　おこな
22. 　;創作活動は、一人で　;行うのとグループで行うのでは、どちらがこの
;好ましいですか。
まわ　ひと　じぶん　おな　かだい　き
23. 　;周りの　;人が　;自分と　;同じ　;課題に取り組んでいることが　;気になりほか　げいじゅつひょうげん　ちゅうい　はら
ますか。　;他の人のスタイルや　;芸術表現に　;注意を　;払いますか。
さぎょうばしょ　ふんいき　おお
24. 家の課題に取り組んでいる時、　;作業場所の　;雰囲気や　;大きさはじゅうよう
;重要ですか。
ぶんかてき　せいしつ　そせい
25. ご自分の（　;文化的な）　;性質や　;素性が、作品にどのような
えいきょう　あた　かのうせい　たと
;影響を　;与えた　;可能性があると思いますか（　;例えば、子どもとき　き　おんがく　いま　のこ　ほうほう
の　;時に　;聞いた　;音楽が　;今でも　;残っている、といった　;方法で）。
26. あなたの家には、どんなストーリーがありますか。
27. 「家」ではなく「ホーム」というテーマだったら、こういったアートセラピーのワークショッさんか　おも
プに　;参加したと　;思いますか。
ほか　つ　くわ　せつめい　た
28. なにか　;他に　;付け　;加えることはありますか。　;説明し　;足りないと思うてん
;点はありますか。

かいとう　むきめい　しょり　きょうりょく
;回答は　;無記名で　;処理します。ご　;協力ありがとうございました。

Semi-structured interview questionnaire, ©Silvia Wyder, University of Derby,

Art Therapy & Cultural Studies, PhD research, 2016

Translation: Dr Ayako Shibata-Manin, Geneva University, 2018

Selection of Semi-Structured Interview, Japanese version (Wyder, 2016, 2018), in order to respect the 30-minutes interview duration attributed by the psychiatrist.

1. Was it easy to start working on the theme of the house?

6. What made you choose the specific form of representation?

13. Did your mood change over the duration of a single session dedicated to the topic of the house? How about over the course of several months of sessions?

14. Do you recognize yourself in the house (in the way that a tree could represent your body, for example)?

16. Think of the house as your skin (or carapace), what feelings or emotions does this evoke?

17. With what kinds of smell, or odours do you associate the house?

18. Have you ever dreamed of a house? If so, can you please say something about the dream?

19. Did any memories emerge before, during, or after creating the image? If yes, what kind?

20. Do past personal experiences play a role whilst you were painting / conceptualising?

25. How could your own (cultural) origins have influenced your work (in the way music that you heard as a child stays with you)?

27. Would you have participated in these art therapy workshops if the theme would have been “home”, in contrast to “house”?

28. Would you like to add something to the questions? Do you think something is missing?

かだい
1. 家の ;課題について取り組むのは、簡単でしたか。

かんれん
6. (5に ;関連して）なぜそのような形を選んだと思いますか。

あいだ
13. 家の課題に取り組んでいる ;間、気分の変化はありましたか。
すうかげつかん ぜんたい
;数ヶ月間にわたるコース ;全体ではどうですか。
じぶんじしん かたち
14. ;自分自身をなにかしらの ;形で 家の中に見つけることが

たと　　き　　からだ　　あらわ　　う
できますか（　;例えば、　;木が自分の　　;体を　　;表し　;得る、といっ
かたち
た　　;形で。

ひふ　　から　　こうら　　かんが
16.　家を自分の　　;皮膚もしくは　　;殻（　　;甲羅）と　　;考えた場合、
きぶん　　かんかく
どんな　　;気分や　　;感覚ですか。

にお
17.　家はどんな　　;匂いだと思いますか。
ゆめ
18.　家の　　;夢を見たことがありますか。もしあるなら、どんな夢でしたか。
そうぞう　　おも　　だ
19.　イメージを　　;想像している前・中・後で、なにか　　;思い　;出すこ
とはありますか。あるとしたら、どんなことですか。
えが　　とき　　かんが　　かこ
20.　絵を　　;描いている　　;時や　　;考えをまとめている時、　　;過去の
こじんてき　　けいけん　　やく　　た
;個人的な　　;経験が　　;役に　;立つことがありますか。それは
どんな経験ですか.
ぶんかてき　　せいしつ　　そせい
25.　ご自分の（　　;文化的な）　　;性質や　　;素性が、作品にど
えいきょう　　あた　　かのうせい
のような　　;影響を　　;与えた　　;可能性があると思いますか
たと　　とき　　き　　おんがく　　いま　　のこ
（　;例えば、子どもの　　;時に　;聞いた　　;音楽が　　;今でも　　;残っ
ほうほう
ている、といった　　;方法で)。
27. 家」ではなく「ホーム」というテーマだったら、こういったアートセラピーの
さんか　　おも
ワークショップに　　;参加したと　　;思いますか。
ほか　　つ　　くわ　　せつめい
28.　なにか　　;他に　;付け　　;加えることはありますか。　　;説明し
た　　てん
;足りないと思う　　;点はありますか。

Appendix 8:

PTSD ("Classic" PTSD) and Complex PTSD (CPTSD) Diagnostics

A rather new definition of Posttraumatic Stress Disorder, or rather the 'Complex PTSD' diagnosis ICD-11 has recently been developed by a 'global and multilingual team at the World Health Organisation, WHO' (Maercker, 2018). Under ICD-10 there were two diagnosis, PTSD (F43.1) and a 'hidden' diagnoses (Maercker, 2018) named 'enduring personality change after catastrophic experiences (F62.0). Now under ICD-11, PTSD diagnosis is classified under 6B40, and a classification of Complex PTSD (6B41) has been defined. The term 'complex PTSD' had already been created by Judith Lewis Herman in 1992 and was later expanded by Bessel van der Kolk in 1997. According to Professor Maercker's online presentation (all citations and below table are in Maercker, 2018), the two types of PTSD are defined as follows:

PTSD ("Classic" PTSD)	**Complex PTSD (CPTSD)**
Trauma criterion: - extremely threatening or horrific event or series of events experienced	**Trauma criterion:** - extremely threatening or horrific event or series of events experienced
Symptom pattern 1) Re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares, which are typically accompanied by strong and overwhelming emotions. 2) Avoidance of thoughts and memories of the event, or events, or avoidance of activities, situations, or people reminiscent of the event or events 3) **Perceptions of heightened current threat**, as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises **Significant psychosocial impairment** in personal, family, occupational… areas. If functioning is maintained, it is only through significant additional effort.	**Symptom pattern** 1) Re-experiencing 2) Avoidance 3) Perceptions of heightened current threat **and persistent and pervasive impairments in** 1) **Affect regulation:,** e.g. heightened emotional reactivity, violent outbursts, dissociative symptoms when under stress 2) **Self functioning:** persistent beliefs about oneself as diminished, defeated or worthless; pervasive feelings of shame, guilt 3) **Relational functioning:** Difficulties in sustaining relationships and in feeling close to others **Significant psychosocial impairment…**

Since the criterion for Complex PTSD includes 'prolonged domestic violence, repeated childhood sexual or physical abuse', or 'horrific events' (e.g. related to war, or rape) (Maercker, 2018) and as, for example, some patients' narratives and PTSD-scores do point to having experienced such intrusions, taking criteria of the CPTSD into account seems to be advisable. Furthermore, as Professor Maercker rightly points out the emphasis should rather be on addressing persons' 'mental apparatus with the psychological mind-set, which is most important and not the very nature of the […] trauma itself' (Maercker, 2018).

Appendix 9:

Impact of Event Scale-Revised (Weiss & Marmar, 1997, Märker & Schützwohl, 1998).

Validated German, English, French and Japanese versions.

IES-R

Denken Sie bitte an den Vorfall: _____ (bitte eintragen).
Geben Sie im Folgenden an, wie Sie in der vergangenen Woche zu diesem Ereignis gestanden haben, indem Sie für jede der folgenden Reaktionen ankreuzen, wie häufig diese bei Ihnen aufgetreten ist.

	überhaupt nicht	selten	manchmal	oft
1. Immer, wenn ich an das Ereignis erinnert wurde, kehrten die Gefühle wieder.	☐	☐	☐	☐
2. Ich hatte Schwierigkeiten, nachts durchzuschlafen.	☐	☐	☐	☐
3. Andere Dinge erinnerten mich immer wieder daran.	☐	☐	☐	☐
4. Ich fühlte mich reizbar und ärgerlich.	☐	☐	☐	☐
5. Ich versuchte, mich nicht aufzuregen, wenn ich daran dachte oder daran erinnert wurde.	☐	☐	☐	☐
6. Auch ohne es zu beabsichtigen, mußte ich daran denken.	☐	☐	☐	☐
7. Es kam mir so vor, als ob es gar nicht geschehen wäre oder irgendwie unwirklich war.	☐	☐	☐	☐
8. Ich versuchte, Erinnerungen daran aus dem Weg zu gehen.	☐	☐	☐	☐
9. Bilder, die mit dem Ereignis zu tun hatten, kamen mir plötzlich in den Sinn.	☐	☐	☐	☐
10. Ich war leicht reizbar und schreckhaft.	☐	☐	☐	☐
11. Ich versuchte, nicht daran zu denken.	☐	☐	☐	☐
12. Ich merkte zwar, daß meine Gefühle durch das Ereignis noch sehr aufgewühlt waren, aber ich beschäftigte mich nicht mit ihnen.	☐	☐	☐	☐
13. Die Gefühle, die das Ereignis in mir auslöste, waren ein bißchen wie abgestumpft.	☐	☐	☐	☐
14. Ich stellte fest, daß ich handelte oder fühlte, als ob ich in die Zeit (des Ereignisses) zurückversetzt sei.	☐	☐	☐	☐
15. Ich konnte nicht einschlafen.	☐	☐	☐	☐
16. Es kam vor, daß die Gefühle, die mit dem Ereignis zusammenhingen, plötzlich für kurze Zeit viel heftiger wurden.	☐	☐	☐	☐
17. Ich versuchte, es (das Ereignis) aus meiner Erinnerung zu streichen.	☐	☐	☐	☐
18. Es fiel mir schwer, mich zu konzentrieren.	☐	☐	☐	☐
19. Die Erinnerungen daran lösten bei mir körperliche Reaktionen aus, wie Schwitzen, Atemnot, Schwindel oder Herzklopfen.	☐	☐	☐	☐
20. Ich träumte davon.	☐	☐	☐	☐
21. Ich empfand mich selber als sehr vorsichtig, aufmerksam oder hellhörig.	☐	☐	☐	☐
22. Ich versuchte, nicht darüber zu sprechen.	☐	☐	☐	☐

© Maercker & Schützwohl, 1998

Testbeschreibung: IES-R

- Auswertung:

  Die Itemwerte werden traditioneller Weise wie folgt bewertet[1]:

überhaupt nicht	= 0
selten	= 1
manchmal	= 3
oft	= 5

- Subskalen:

Skala	**Item-Nr.**
Intrusion	1. 3. 6. 9. 14. 16. 20.
Vermeidung	5. 7. 8. 11. 12. 13. 17. 22.
Hyperarousal	2. 4. 10. 15. 18. 19. 21.

- Subskalenwerte:

  Die Subskalenwerte entstehen durch Addition entsprechender Itemwerte.

- Verdachtsdiagnose auf PTB: nach Maercker und Schützwohl, 1998)

Nach der Formel: X = (-0,02 x Intrusion) + (0,07 x Vermeidung) + (0,15 x Übererregung) - 4,36

Wenn X > 0 -> Verdachtsdiagnose auf PTB

[1] Weitere Übersetzungen der Skala (IES revidiert) verwenden ein anderes Antwortformat und fragen nach dem Belastungsausmass durch die Symptome: 0=überhaupt nicht, 1=etwas, 2=mässig, 3=ziemlich, 4=extrem

IMPACT OF EVENTS SCALE-Revised (IES-R)

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____ _____(event) that occurred on _____(date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders of it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on-guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total IES-R Score:_____

INT: 1, 2, 3, 6, 9, 14, 16, 20
AVD: 5, 7, 8, 11, 12, 13, 17, 22
HYP: 4, 10, 15, 18, 19, 21

Weiss, D.S. (2007). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.) *Assessing psychological trauma and PTSD: a practitioner's handbook* (2nd ed., pp. 168-189). New York: Guilford Press.

IES-R お名前＿＿＿＿＿＿＿＿＿＿＿＿（ 男・女 ＿＿歳） 記入日 H.＿＿年 ＿＿月 ＿＿日

下記の項目はいずれも，強いストレスを伴うような出来事にまきこまれた方々に，後になって生じることのあるものです。＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿に関して，**本日を含む最近の1週間**では，それぞれの項目の内容について，どの程度強く悩まされましたか。あてはまる欄に○をつけてください。（なお答に迷われた場合は，不明とせず，もっとも近いと思うものを選んでください。）

	（最近の１週間の状態についてお答えください。）	0.全くなし	1.少し	2.中くらい	3.かなり	4.非常に
1	どんなきっかけでも，そのことを思い出すと，そのときの気もちがぶりかえしてくる。					
2	睡眠の途中で目がさめてしまう。					
3	別のことをしていても，そのことが頭から離れない。					
4	イライラして，怒りっぽくなっている。					
5	そのことについて考えたり思い出すときは，なんとか気を落ちつかせるようにしている。					
6	考えるつもりはないのに，そのことを考えてしまうことがある。					
7	そのことは，実際には起きなかったとか，現実のことではなかったような気がする。					
8	そのことを思い出させるものには近よらない。					
9	そのときの場面が，いきなり頭にうかんでくる。					
10	神経が敏感になっていて，ちょっとしたことでどきっとしてしまう。					
11	そのことは考えないようにしている。					
12	そのことについては，まだいろいろな気もちがあるが，それには触れないようにしている。					
13	そのことについての感情は，マヒしたようである。					
14	気がつくと，まるでそのときにもどってしまったかのように，ふるまったり感じたりすることがある。					
15	寝つきが悪い。					
16	そのことについて，感情が強くこみあげてくることがある。					
17	そのことを何とか忘れようとしている。					
18	ものごとに集中できない。					
19	そのことを思い出すと，身体が反応して，汗ばんだり，息苦しくなったり，むかむかしたり，どきどきすることがある。					
20	そのことについての夢を見る。					
21	警戒して用心深くなっている気がする。					
22	そのことについては話さないようにしている。					

(公財)東京都医学総合研究所

IES-R version française

Nom patient : ***Date passation :***

Instructions. Voici une liste de difficultés que les gens éprouvent parfois à la suite d'un événement stressant. Veuillez lire chaque item et indiquer à quel point vous avez été bouleversé(e) par chacune de ces difficultés *au cours des 7 derniers jours* en ce qui concerne l'événement :

……

……

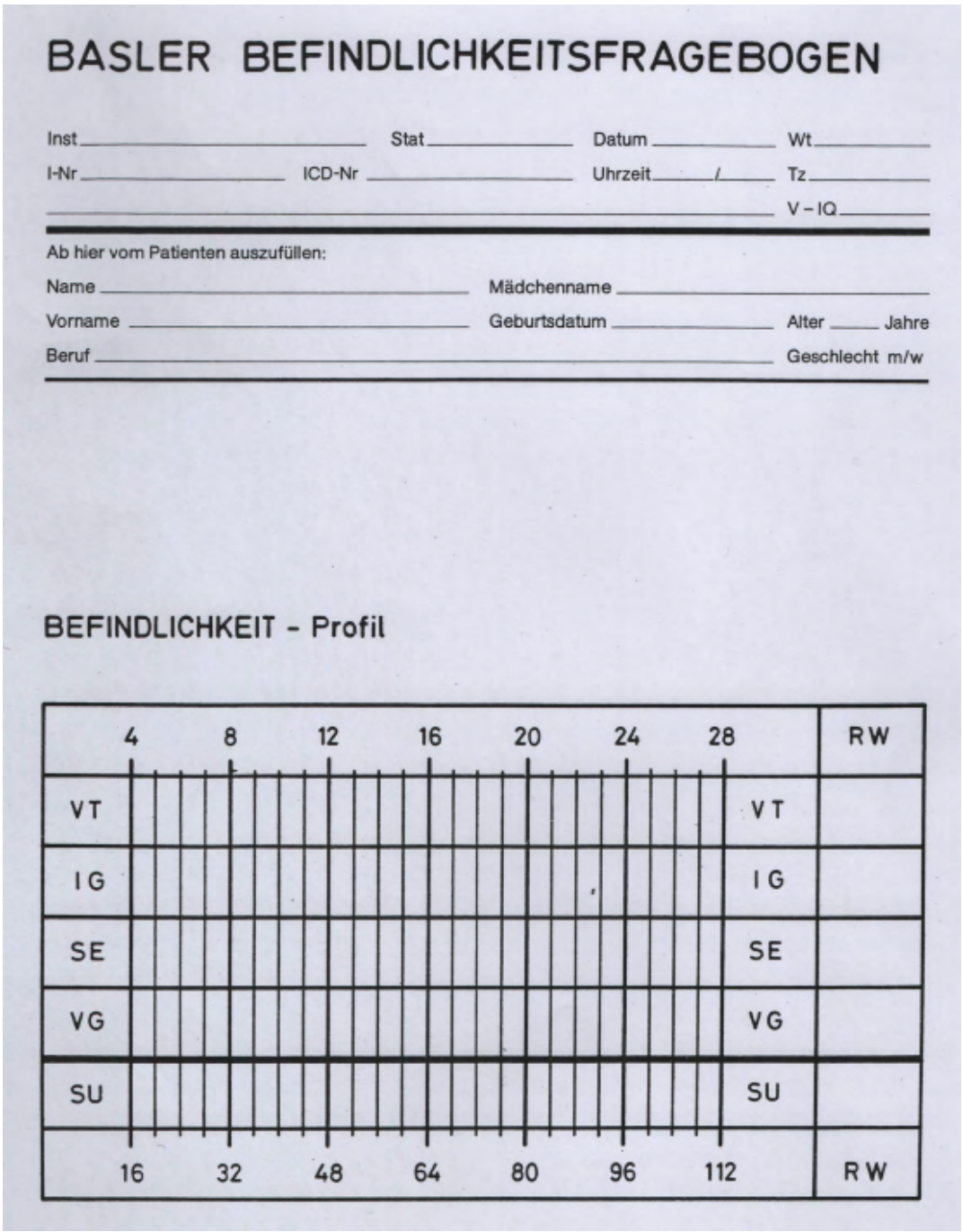
Dans quelle mesure avez-vous été affecté(e) ou bouleversé(e) par ces difficultés ?

	Pas du tout	Un peu	Moyen-nement	Passa-blement	Extrême-ment
1. Tout rappel de l'événement ravivait mes sentiments face à l'événement	0	1	2	3	4
2. Je me réveillais la nuit	0	1	2	3	4
3. Différentes choses m'y faisait penser	0	1	2	3	4
4. Je me sentais irritable et en colère	0	1	2	3	4
5. Quand j'y repensais ou qu'on me le rappelait, j'évitais de me laisser bouleverser	0	1	2	3	4
6. Sans le vouloir, j'y repensais	0	1	2	3	4
7. J'ai eu l'impression que l'événement n'était jamais arrivé ou n'était pas réel	0	1	2	3	4
8. Je me suis tenu loin de ce qui m'y faisait penser	0	1	2	3	4
9. Des images de l'événement surgissaient dans ma tête	0	1	2	3	4
10. J'étais nerveux (nerveuse) et je sursautais facilement	0	1	2	3	4
11. J'essayais de ne pas y penser	0	1	2	3	4
12. J'étais conscient(e) d'avoir encore beaucoup d'émotions à propos de l'événement, mais je n'y ai pas fait face	0	1	2	3	4
13. Mes sentiments à propos de l'événement étaient comme figés	0	1	2	3	4
14. Je me sentais et je réagissais comme si j'étais encore dans l'événement	0	1	2	3	4
15. J'avais du mal à m'endormir	0	1	2	3	4
16. J'ai ressenti des vagues de sentiments intenses à propos de l'événement	0	1	2	3	4
17. J'ai essayé de l'effacer de ma mémoire	0	1	2	3	4
18. J'avais du mal à me concentrer	0	1	2	3	4
19. Ce qui me rappelait l'événement me causait des réactions physiques telles que des sueurs, des difficultés à respirer, des nausées ou des palpitations	0	1	2	3	4
20. J'ai rêvé à l'événement	0	1	2	3	4
21. J'étais aux aguets et sur mes gardes	0	1	2	3	4

Appendix 10:

Basler Befindlichkeitsskala, Hobi, V. (1985).

German (English and French translations, Wyder, 2018). Japanese version by Dr Ayako Shibata-Manin, Université de Genève, département des études est-asiatiques, Switzerland.



BASLER BEFINDLICHKEITSFRAGEBOGEN

Inst _____ Stat _____ Datum _____ Wt _____

I-Nr _____ ICD-Nr _____ Uhrzeit ____/____ Tz _____

_____ V – IQ _____

Ab hier vom Patienten auszufüllen:

Name _____ Mädchenname _____

Vorname _____ Geburtsdatum _____ Alter ____ Jahre

Beruf _____ Geschlecht m/w

BEFINDLICHKEIT - Profil

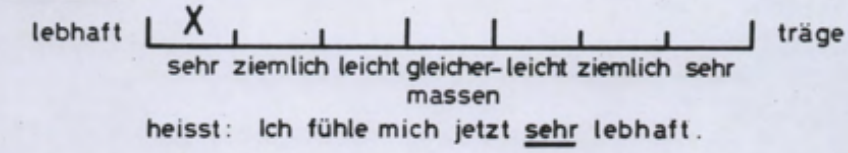
	4	8	12	16	20	24	28		RW
VT								VT	
IG								IG	
SE								SE	
VG								VG	
SU								SU	
	16	32	48	64	80	96	112		RW

Sie finden hier eine Liste von gegensätzlichen Wörtern vor, die nach Ihrem momentanen Befinden fragen.

Tragen Sie bitte zwischen den gegensätzlichen Wörtern ein, wie Sie sich jetzt fühlen!

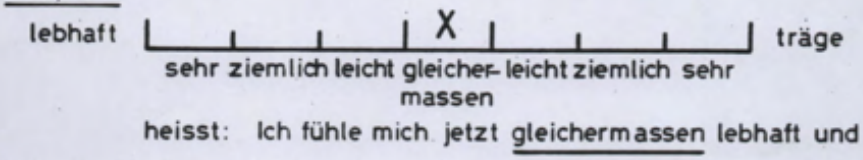
Zum besseren Verständnis geben wir Ihnen einige Beispiele:

Beispiel 1



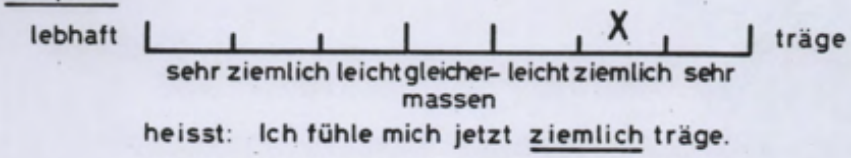
heisst: Ich fühle mich jetzt sehr lebhaft.

Beispiel 2



heisst: Ich fühle mich jetzt gleichermassen lebhaft und träge.

Beispiel 3



heisst: Ich fühle mich jetzt ziemlich träge.

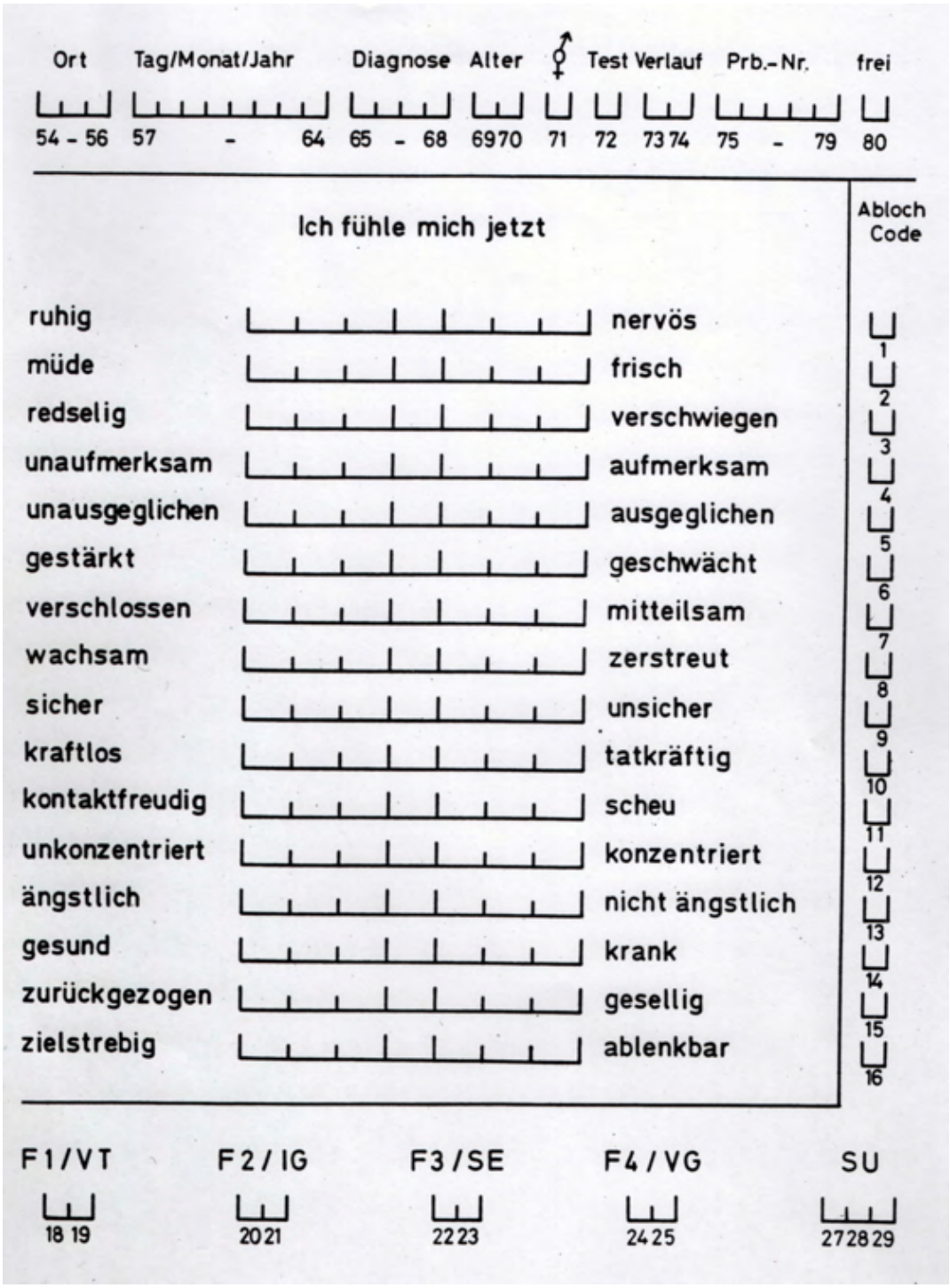
Merke:

Beurteilen Sie sich, wie Sie sich jetzt fühlen!

Beurteilen Sie sich möglichst spontan und arbeiten Sie zügig durch!
Fällt Ihnen eine Antwort schwer, so entscheiden Sie sich für die Möglichkeit, die am ehesten auf Sie zutrifft!

Es gibt keine richtigen und falschen Antworten!

Lassen Sie bitte keine Antwort aus!


Ort
Tag/Monat/Jahr
Diagnose
Alter
♀
Test
Verlauf
Prb.-Nr.
frei
54 - 56
57 - 64
65 - 68
69 70
71
72
73 74
75 - 79
80
Ich fühle mich jetzt
Abloch Code
ruhig
nervös
müde
frisch
redselig
verschwiegen
unaufmerksam
aufmerksam
unausgeglichen
ausgeglichen
gestärkt
geschwächt
verschlossen
mitteilsam
wachsam
zerstreut
sicher
unsicher
kraftlos
tatkräftig
kontaktfreudig
scheu
unkonzentriert
konzentriert
ängstlich
nicht ängstlich
gesund
krank
zurückgezogen
gesellig
zielstrebig
ablenkbar
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
F1/VT
F2/IG
F3/SE
F4/VG
SU
18 19
20 21
22 23
24 25
27 28 29

Basler Befindlichkeitsskala, BBS, Hobi, V. (1985)

(Translation: Silvia Wyder, 2018)

Today I feel…

Calm, tranquille (ruhig)
Tired, fatigué (müde)
talkative (redselig)
innatentive, inattentif (unaufmerksam)
strengthened, fortifié (gestärkt)
impénétrable (verschlossen)
alert, vigilant, **vigilant** (wachsam)
safe, sur (sicher)
weak, powerless, impuissant (kraftlos)
outgoing, sociable (kontaktfreudig)
unfocused, non focalisée (unkonzentriert)
anxious, anxieux (ängstlich)
healthy, sain, en bonne santé (gesund)
withdrawn, retiré (zurückgezogen)
determined, déterminé (zielstrebig)

nervous, nerveux (nervös**)**
energetic, énérgétique (frisch)
discreet, reserve, retenu (verschwiegen)
attentive, considerate (aufmerksam)
weakened, faible, abattu (geschwächt)
communicative (mitteilsam)
distracted, éperdu (zerstreut)
incertain, uncertain (unsicher)
active, actif (tatkräftig)
timid, timide (scheu)
concentrated, concentré (konzentriert)
not anxious, pas anxieux (nicht ängstlich)
sick, ill, malade (krank)
convivial, conviviale (gesellig)
deflectable, distractible, éperdu (ablenkbar)

BBS in Japanese:

今日(きょう)わたしは、ーだ／—な きぶん ;気分だ
お ;落ち つ ;着いている、 へいせい ;平静だ いらいらしている
つか ;疲れている かっき ;活気に み ;満ちている
おしゃべりだ しんちょう ;慎重だ、 ひか ;控えめだ
ふちゅうい ;不注意だ ちゅういぶか ;注意深い
アンバランスな バランスな
つよ ;強い よわ ;弱っている
むくち ;無口だ はな ;話したがりだ
ようじんぶか ;用心深い ちゅういさんまん ;注意散漫だ
あんてい ;安定している ふあんてい ;不安定だ
ちから ;力がない、 よわ ;弱い かっぱつ ;活発だ
しゃこうてき ;社交的、 がいこうてき ;外交的だ おくびょう ;臆病だ
しゅうちゅう ;集中していない しゅうちゅう ;集中している
しんぱい ;心配だ しんぱい ;心配はない、 じしん ;自信がある
けんこう ;健康だ ぐあい ;具合が わる ;悪い
ひっこみじあん ;引っ込み思案だ ようき ;陽気だ
けつぜん ;決然としている き ;気が ち ;散っている