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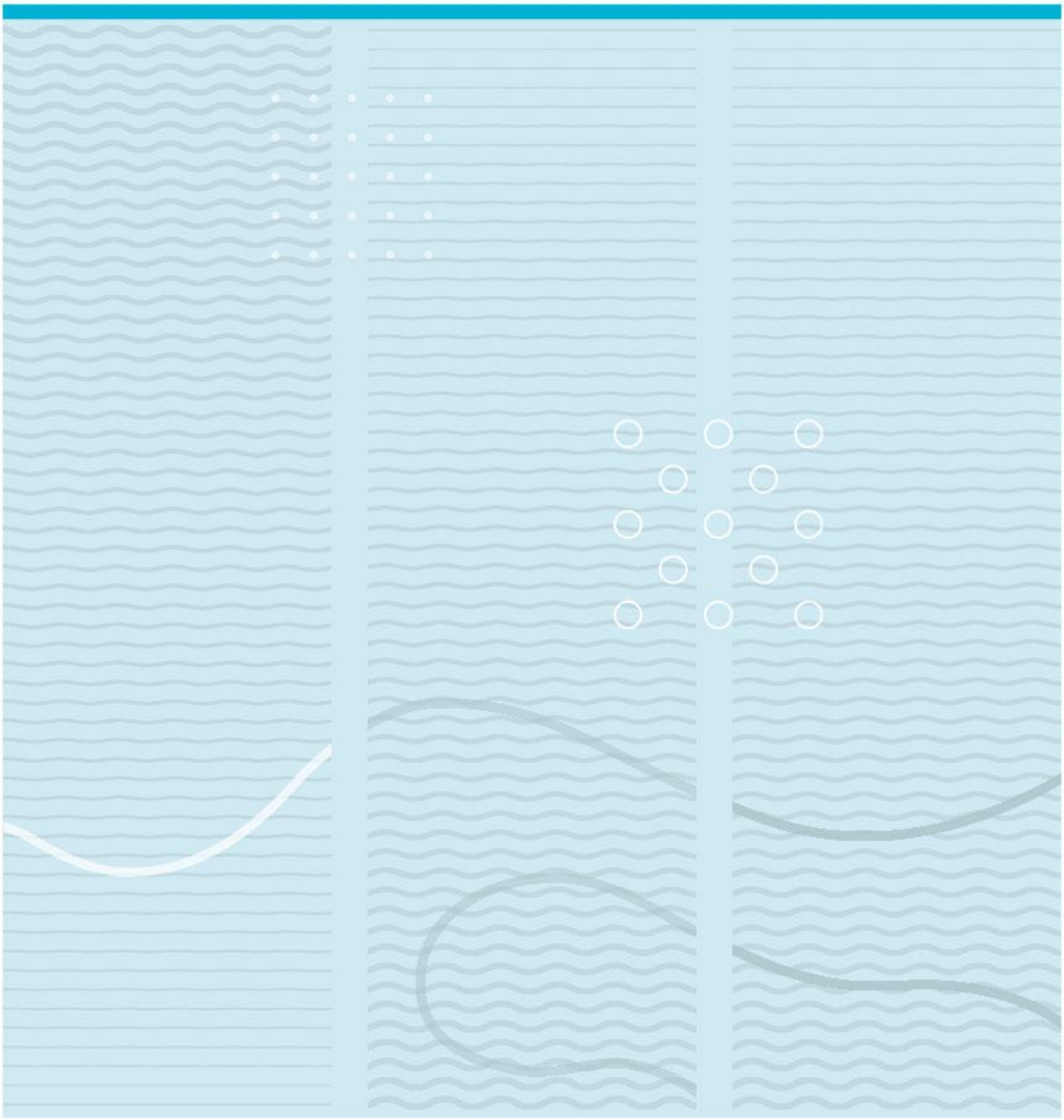
Ending on a High Note

Clients' Experience of Benefit of Psychotherapy after Closing Phase Installation of Positive Sensory-Rich Experience in a Psychotherapy Session



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This thesis is worth 30 study points

Abstract

Research on clients' own experiences regarding psychotherapy treatment and its outcomes is a much welcome contribution to the field of mental health. The study outlined in this thesis is a cross-contextual qualitative study examining the experiences of nine adults age 36-57 in connection with an intervention called Embodied Future Projection Timeline (EFPT) administered at the end of a psychotherapy session. The EFPT involves installation of positive, sensory-rich experience (PSRE) over a prolonged period of time, and in connection with an insight or goal expressed by the participant. The purpose is to examine the role installation of PSRE in the closing phase plays in participants' experience of benefit of the psychotherapy session. Also included in the study is participants' experiences during a two-to-three-week period after the intervention is administered, and their feedback during a follow-up psychotherapy session. Two sets of data have been collected: participants' own written diaries, and electronic journal entries registered by the researching clinician. A combination of phenomenological and hermeneutic approaches has been used to analyse the data.

Conclusion: The results reveal that participants experience benefit in six main areas: agency, motivation, identity, ambivalence/liminality, reality alignment, and application of PSRE. All report sensory-rich experience as beneficial, and they leave the psychotherapy session feeling positive and inspired. Benefits involve awareness of negative thought and behavioural patterns and changes to these patterns. Some report experiencing benefit by avoiding a negative outcome, though all experience benefit by attraction to a positive outcome. A few show difficulty in prolonged activation of PSRE and experience situational relapses which can be examined more closely. Aspects such as duration of benefit and grounding of experience are among subjects for further study. An important consideration is the appropriateness of the intervention to the client.

Key words: Mental health, installation, positive sensory-rich experience, embodied timeline, diary

Sammendrag

Forskning på klienters egne opplevelser av psykoterapeutisk behandling og utfallet av den er et svært velkomment bidrag til feltet psykisk helse. Studien beskrevet i denne masteroppgaven er en krysskontekstuell kvalitativ studie som undersøker opplevelsene til ni voksne deltakere i alderen 36-57 år i forbindelse med en intervensjon kalt Den kroppslige framtidsprojiserende tidslinjen (EFPT) som gjennomføres i den avsluttende fasen av en psykoterapitime. EFPT omfatter installasjon av positiv sanserik opplevelse (PSRE) over et lengre tidsrom, og i forbindelse med en innsikt eller et mål deltakeren har uttrykt. Formålet er å undersøke rollen PSRE i avsluttende fase spiller i deltakernes opplevelse av gevinst av psykoterapitimen. Også inkludert i studien er deltakernes opplevelser i en to- til treukers periode etter at intervensjonen er gjennomført og deres tilbakemeldinger i en oppfølgende psykoterapitime. Det er samlet inn to sett med data: Deltakernes egne dagbøker, og elektroniske journaler skrevet av den forskende klinikeren. En kombinasjon av fenomenologiske og hermeneutiske tilnærminger er brukt for å analysere dataene.

Konklusjon: Resultatene viser at deltakerne opplever gevinst innenfor seks hovedområder: Agens, motivasjon, identitet, ambivalens/liminalitet, virkelighetsorientering og anvendelse av PSRE. Alle rapporterer sanserik opplevelse som fordelaktig, og de forlater psykoterapitimen positive og inspirerte. Gevinst omfatter bevissthet om negative tanke- og atferdsmønstre og endringer i disse mønstrene. Enkelte rapporterer gevinst ved å unngå negative utfall, skjønt alle opplever gevinst ved tiltrekning til positivt utfall. Noen få viser utfordringer knyttet til lengre aktivering av PSRE og opplever situasjonsbaserte tilbakefall, noe som kan undersøkes nærmere. Aspekter som varighet av gevinst og grunning av opplevelse er blant temaene for videre undersøkelse. En viktig vurdering er hvorvidt intervensjonen passer for klienten.

Nøkkelord: Psykisk helse, installasjon, positiv sanserik opplevelse, den kroppslige tidslinjen, dagbok

Contents

Play yourself as you never were,

so you can begin to be what you could have been.

- Jacob Levy Moreno[1]

[1] In Litwinska-Raczka, 2018, p. 249.

Foreword

This thesis is the culmination of many years of exploration and study. There are many people who have supported me and contributed in many ways to make this possible – more than can be mentioned here. You know who you are, and you know I am eternally grateful.

I would especially like to thank the participants for their trust, their time, and their courage. I have learned a lot from you all, and I feel honoured that you chose to be a part of this study.

My sincerest thanks to my advisor, Rolf Sundet, for your patience, invaluable suggestions, and support, and for hanging on and getting me to the finish line.

Thank you also to the MOPP900 teachers at the University of South-Eastern Norway for your support and advice along the way.

Many thanks to friends, classmates, family, and colleagues who have followed and supported me on my journey.

Last, but never least, my deepest gratitude to my life partner, Rune Ljostad, who cheered me on and kept me warm and fed throughout the duration of the marathon.

Oslo, January 2021
Miriam Segal

1 Introduction

It has been postulated that the brain has a negativity bias, meaning that the brain learns, remembers, and recalls negative experience quickly, whereas it requires more time to store positive experiences in long-term memory (Cacioppo, Capiocco, & Gollan, 2014). The intention of this study has been to explore psychotherapy clients' experiences of benefit after a psychotherapy session which concluded with installation of positive, sensory-rich experience along a simulated timeline. It is a qualitative cross-contextual diary study with data collected in psychotherapy sessions, and through short, written diaries which participating clients of psychotherapy kept in connection with the project. The data have been analyzed using a combination of interpretative phenomenological analysis (Peat, Rodriguez & Smith, 2019) and systematic text condensation (Malterud, 2012).

According to Muran (in Liebovitch, Peluso, Norman, Su & Gottman, 2011), "[o]ne in four adults in the United States suffers with a diagnosable mental disorder. […] Yet, only one quarter of those with these disorders seek psychotherapy and one half drop out after the first session" (p. 265). I will not explore this point, but note an inquisitiveness regarding possible ways to improve this situation. As a practicing expressive arts psychotherapist, it is normal for me to introduce and explore sensory stimuli and responses in the client and to have professional curiosity around what is or is not of benefit to her/him.

Therapy treatment outcomes on clients with mental health challenges has been the subject of study for many decades, and positive outcomes have been shown with psychotherapy methods linked to such factors as clients' positive expectations (Holtforth, Krieger, Bochsler & Mauler, 2011), client motivation (Vitinius et al, 2011), and client-psychotherapist relationship and psychotherapist empathy (Kazdin 2008; Muran et al, 2009; Vitinius et al, 2011).

1.1 Desired Outcome and Well-Being

Malus, Konarzewska and Galińska-Skok (2018) collected data from 100 psychotherapists in Poland regarding desired outcome for psychotherapy patients, and the most frequent response was improved quality of life, e.g., increased fulfilment and satisfaction (p. 34). Other outcomes were improved self-awareness or insight; beneficial change; reduction in symptoms, destructive/self-destructive behaviour, and negative emotions; improved interpersonal relationships; goals

attained; increased agency, and increased self-acceptance (p. 34). These desired outcomes can be summed up under one category called 'subjective well-being', i.e., "how people *experience* and *evaluate* their lives and specific domains and activities in their lives" (Stone & Mackie, 2013, p. 15), an aspect of experience of benefit. I will say more about this in a later part of this thesis.

In addition to clients' experience of benefit, successful psychotherapy can have economic benefit.

1.2 Cost Effectiveness

According to the European Association of Psychotherapy (EAP, 2019a), the health care cost benefits of psychotherapy are a 20% reduction in health care expenditures, a 49% reduction in primary care visits, and a lower hospitalization rate of 2.52 days per person per year. "In research over a 30-year period it was demonstrated that in 90% of cases surveyed the cost offset was actually greater than the cost of the Psychotherapy provided" (EAP, 2019b).

A five-year study in Germany by Altmann et al (2016) of 22,294 informants, as well as a study by Altmann et al (2018) of outpatient psychotherapy with premature or normal termination showed ameliorated health care costs and symptom reduction even in cases where patients terminated treatment early.

Further elaboration of cost benefit is not within the framework of the study presented below. I make mention of it to briefly indicate more far-reaching benefits than solely clients' own experience of benefit.

1.3 Orientation and Demarcation of the Study

The purpose of this thesis is to describe nine psychotherapy clients' experiences of benefit of psychotherapy after an intervention called the Embodied Future Projection Timeline administered during the closing phase of a psychotherapy session of ninety minutes' duration, and the period following the intervention until and including the next psychotherapy session or two. The aim is to examine information shared by the participants from this particular context, which may shed light on themes of interest for further investigation and study as well as on improved treatment for psychotherapy clients. This thesis is limited to the psychotherapy sessions outlined in the study and does not discuss the efficacy of the administration of the intervention itself nor the forms of

psychotherapy in which the intervention is utilized. In addition, the thesis does not discuss diagnosis or the theme for which each participant sought therapy. Academic terms and concepts will be explained throughout.

Some of the literature referred to and cited in this thesis use the term client, and some use the term patient to refer to persons who make use of therapy. I will refer to these persons as clients, and to participants in the study which informs this thesis as participants.

A number of abbreviations are used throughout this thesis. An alphabetic list of abbreviations is found in appendix A.

1.4 Research Question

There are two main functions of a research question: 1.) it serves to focus the study, and 2.) it directs and informs procedure (Maxwell, 2009, p. 229). According to Agee (in Gelling, 2015), essential care must be taken when considering the research question so as not to limit or mislead the research process and create difficulties for the researcher (p. 44). I chose to examine the following research question in this study:

What role does closing phase installation of positive, sensory-rich experience in psychotherapy sessions play in clients' experience of benefit of psychotherapy?

I also pondered sub-questions:
How would the transition from psychotherapy session to everyday life work?
What enduring advantage/disadvantage, if any, do clients experience from closing phase installation?

Further elaboration on the appropriateness of the research question to the study and the grounds for choosing it follows in the chapters and sections below. I start with a presentation of the background for the study.

2 Background

2.1 Chronicle

I began university studies in psychology in Canada in 1987, and it was there that I first heard about the brain's negativity bias. I became fascinated by the possibility that our brains might be hard-wired to focus on the negative, and the impact that could have on clients' psychological development as well as the possible challenges to therapy outcomes.

After having moved to Norway in 1990, I participated in a vocal workshop from 1998-2006 under the direction of Beate Myrvold, a vocal coach certified in the Roy Hart Theatre Method, where drama exercises coupled with personal experiences were combined to enhance the voice and authentic performance. Having studied drama in high school, I was no stranger to psychological growth through drama activities; however, I was impressed with the therapeutic value of expressing one's life events through a combination of singing, improvisation, and enactment, especially when combined with positive reinforcement. I chose, therefore, to undertake formal studies in Music Therapy.

Midway through the vocal workshop, I saw the film *8 Mile* starring Eminem, whose character brought up an important therapeutic theme: the inability to transition from inaction to action:

> Man, that's all we ever do, man, is talk shit: 'We need to get fine bitches and phat rides.' 'No, what we need to do is put our money in savings bonds.' 'No, what we need to do is get our songs on JLB.' Man, shut the fuck up! All of us never do shit about nothing. We're still broke as fuck and living at home with our moms (Hanson, 2002)!

I was interested in what needed to happen to get from 'talking' to 'doing.'

While researching my master's thesis in Music Therapy in 2009, I became acquainted with the work of neuropsychologist Rick Hanson, especially his focus on installation, or "sustained immersion" (Hanson, 2014, p. 7), of positive experience to counteract negativity bias. I had the opportunity to do my music therapy internship in 2009 in Beate Myrvold's vocal group and introduce installation of positive, sensory-rich experience (PSRE) in exercises and activities with the group participants, and I

continued these activities as her substitute in 2010 while she was away on leave. I noticed my own and participants' level of confidence improve, and I became convinced that installing PSRE had something to do with it.

I began studies in Expressive Arts Psychotherapy in 2013 and became acquainted with Per Espen Stoknes' (2008) work with scenario and "the embodied timeline" (p. 183, my translation). I had experienced similar techniques during my drama studies in high school as well as in various workshops during the proceeding years; however, through the therapy sessions and groups I offered, I had noticed a marked difference in participants' emotional state and apparent level of confidence and motivation, when sessions ended with positive, sensory-rich activity and installation.

In 2015 my attention was brought to the work of Elena Tonetti-Vladimirovna and the mechanism she refers to as limbic imprinting. According to Tonetti-Vladimirovna (2009), several decades of research in prenatal psychology "undoubtedly show a direct correlation between our early experiences in life and the subconscious behavioral and emotional patterns in our adult lives" (p. 251). Her understanding of imprinting is supported by both Bessel van der Kolk and Peter A. Levine (in Dockett, 2019) who emphasize that traumatic experience is imprinted in the mind, body, and brain (p. 29). I was privileged to attend a 16-day training led by Tonetti-Vladimirovna in 2016 and gained firsthand experience of her techniques, which involved ample use of PSRE to effect change. My own experience in connection with her approach was profound.

I formally documented my own work with the installation of PSRE in 2018 after working with "Robert." [2]

2.2 Robert

Robert was an adult male client of expressive arts psychotherapy (EXA) for approximately 20 sessions. He came to one of his sessions after recently having celebrated his birthday. He felt very disappointed with both the celebration and the gift from his mother, yet he spoke exclusively about

[2] This work was documented (Segal, 2018) in connection with an exam submitted to the Norwegian Institute for Expressive Arts and Communication (NIKUT). "Robert" gave written and verbal consent to his therapy being studied and documented in anonymized form.

how happy she was, and how he had pleased her. He appeared to have no understanding that a birthday celebration was to celebrate him, and not her. I had the thought that the only way Robert was going to be able to understand, was if he experienced it himself, so I grabbed a handful of imaginary helium-filled balloons on a string and asked him to hold them for me while I wrote out his birthday plans on my imaginary notepad. Though he looked at me in disbelief, he stood up and followed me along an imaginary timeline where I walked him through an entire week of planning in 30 minutes real-time, each step forward representing a day in that week, up until and including arriving at his ideal birthday party.

I asked as many sensory-focused questions and activated as much PSRE as I could based on Robert's descriptions so as to stimulate his imagination and senses and make the experience as real and alive as possible for him, e.g., by simulating the sounds of birds flying overhead, the movement of the boat we were on and the splash of the water over the bow. I had him give vivid descriptions of the venue and guests and what it would feel like to see them again.

When we arrived at the party, represented by a physical point on the other side of the therapy room, I sang a birthday song and danced for Robert, and he wept. Responding with art modalities is in EXA referred to as a creative response (Ødegaard, 2003, p. 62). Creative responses reflect my experiences as therapist in response to his journey, and they also provide the opportunity for a sensory-rich response in the client.

Robert had been holding the balloons during the entire journey, and at one point, I asked him if he wanted me to tie the string around his wrist instead. He pulled his hand toward his body, saying he wanted to keep holding them. It was as if his experience was so real, he didn't notice the balloons were imaginary.

At the end of the session, Robert exclaimed, "That was like being on holiday!" He suddenly looked me straight in the eye, hugged me, and left.

When he returned the next week, Robert was a changed man. Robert had been a person who came late to every session, slouched down on the couch, recounted the same painful events in each session, resisted doing anything else, and often made excuses. He could become verbally and

physically aggressive when he felt threatened. In the session following the intervention, he walked directly into the room, sat down on the couch, pulled out a piece of paper and asked me to help him draw up a budget. He showed a clear vision of what he wanted, the belief that he could achieve it, and the drive with which to do it. We drew up a budget together using as much sensory experience as possible, e.g., colourful pictures and stylized numbers. During the next weeks, he not only planned and prepared, but put his plans into action, e.g., rented an apartment and bought a used car, and he had concrete questions and reports of his progress.

I was amazed by the changes in Robert during and following the intervention. Not only did he take active part in creating and designing a desired situation, it was as if by simulating the situation and allowing him to feel it as if it were happening, he was able to utilize the experience to drive the changes he wanted to make in his life, but previously couldn't envision or deem possible.

The study's research question, then, came about by associating Eminem's exclamation mentioned above with my experiences with Robert, and the study is described in this thesis. In order to discuss the research question and sub-questions further, I will briefly present some of the theoretical perspectives underlying the research.

3 Theoretical Perspectives

3.1 Mental Health, Well-Being, and Benefit

This study examines clients' experience of benefit in a particular context explained more fully elsewhere in this thesis. According to Merriam-Webster (n.d.), a benefit is "something that produces good or helpful results or effects or that promotes well-being". As mentioned in 1.1 above, well-being can be said to be subjective and determined by the experiencer, in this case, the client. Results experienced by the client as beneficial may be related to physical or mental well-being, e.g., in the case of Robert, who experienced increased confidence in himself and made physical changes in his everyday life. The World Health Organization (WHO) (2013) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p. 3), where mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 3).

In a report written by Siri Næss (2001) for Norwegian Social Research (NOVA), quality of life is considered a term on par with mental well-being, where quality of life is attributed to the degree of a person's positive subjective cognitive and affective experience (p. 10). Clients' subjective experience of improved quality of life can be considered an experience of benefit and is, therefore, of interest to this study.

In a 1980 study of the benefits of psychotherapy (Smith, Glass & Miller), 475 controlled studies were examined, where benefits were also described in terms of improvement, recovery, cure, effectiveness, amelioration, remission, and gain.

None of the above terms are precise, and they may be difficult to communicate. One person's understanding of them may differ greatly from another's, in addition to variation in empirical contexts such as her/his evaluation of subjective experience as intense enough as to warrant consideration (Næss, 2001, p. 39). Various aspects of subjective experience may also be weighted differently, e.g., depending on whether or not the person is young or elderly (Næss, 2001, p. 39). There is also a question of the subjective experience related to the severity of the symptoms for which psychotherapy is sought (Smith et al, 1980, p. 23). I have, therefore, chosen to not focus on

specific aspects of positive experience or experience of benefit. I rely on the participants' own subjective emphasis, and on my own, which is also based on my expertise as a psychotherapist. I will return to this point later on in the thesis.

Næss (2001) questions whether or not quality of life can be measured, as it by definition here is an intrapsychic state and not necessarily obviously observable by others (p. 43). Outer considerations are appearance and behaviour, which may incorrectly represent the client's subjective experience. Though the most common method of measuring quality of life is clients' own reports of their subjective experience, these may not always be a correct indication of clients' subjective experience (p. 44). Clients may have inner motives for incorrect reporting, e.g., fear of displeasing their therapist (Brinkmann & Kvale, 2015, p. 99; Rennie in Dreier, 2008, p. 9).

In designing this study, I have taken the above into consideration and chosen to collect data using both participants' own reports of their experiences and my observations during project sessions with them. I will say more about this in chapter 4.

3.2 Psychotherapy

Psychotherapy can be seen as an approach to treatment of mental states of illness with the aim of eliminating the "experiential disorders that cause the disease" (Aleksandrowicz in Litwinska-Raczka, 2018, p. 249). Renowned psychiatrist Irvin D. Yalom (2005) describes psychotherapy as a collaboration between therapist and client, where

- therapist and client are considered both human and fallible,
- there is equal respect for the therapist's expertise and the client's own capacities, and
- there is "a greater reliance on self-awareness rather than on the easier but precarious comfort of self-deception" (p. 217-218).

Meltzoff and Kornreich (in Smith et al, 1980) proposed the following definition of psychotherapy:

> Psychotherapy is taken to mean the informed and planful application of techniques derived from established psychological principles, by persons qualified through training and experience to understand these principles and to apply these techniques with the intention of assisting individuals to modify such personal characteristics as

feelings, values, attitudes, and behaviors which are judged by the therapist to be maladaptive or maladjustive (p. 56).

I point out for the purpose of this study that it is not the therapist's evaluation alone that determines such characteristics to be maladaptive or maladjustive; clients themselves may seek psychotherapy based on their own judgment of these characteristics. Further to this point, Smith et al (1980) included in their study of the benefits of psychotherapy any and all forms of psychotherapy

(1) [which] involved clients identified by themselves or others as having some emotional or behavioral problems;
(2) if the clients sought or were referred for treatment to ameliorate this problem;
(3) if the treatment or intervention was psychological or behavioral; and
(4) if the person delivering the treatment was identified as a psychotherapist by virtue of training or professional affiliation (p. 56).

For several decades, there has been a movement away from the more traditional focus on disease and limitations, and toward a more resource-oriented, relational, and transformative practice (Yalom, 2005, p. 101). The therapeutic value of the relationship between client and therapist has become apparent, and the client is considered of greater importance than the method. I will make mention of this throughout the thesis.

3.3 Expressive Arts Psychotherapy (EXA)

As a form of psychotherapy EXA is a phenomenological approach to the arts and to art making. This means that art is not just observed or created, but it is observed and created by someone in a given context at any given moment. A phenomenological approach to EXA does not explain, but brings awareness to these aspects, to our responses to them, to possibilities present in the situation, and to the freedom to modify it (Levine, S.K., 2017, p. 166).

In EXA we speak of our aesthetic responses to the world and our experiences in it. That means we are attuned to our senses, our emotional and bodily responses, and our experiences of being and doing in the world, and we reflect on these responses and can learn and evolve in awareness and response to them.

A traumatized client, for example, may fixate on the traumatic situation (van der Kolk, 2014, ch. 4), in which case s/he may need to renegotiate the traumatic situation by directing her/his focus toward new sensory experiences and memories (Levine, 1997, p. 147-148). EXA does this by way of art modalities. “Words can’t integrate the disorganized sensations and actions that have become stuck” (van der Kolk in Crenshaw, 2006, p. 25).

As psychotherapist, it is my responsibility “to hold aesthetic responsibility for the session, intervening when necessary in order to augment the client’s effective reality and helping the client to understand his or her experience through an aesthetic analysis of both the process and the work” (Levine, S.K., 2010a, p. 12).

Central to EXA is clients’ ability to be able to change focus, “decentering into an alternative experience of worlding” (Knill, 2017, p. 468) in the context of psychotherapy sessions, which is not a literal experience of their everyday lives, but an imagined, alternate world with an alternative focus (Levine, S.K., 2017, p. 179). An EXA therapist chooses the appropriate art modality as well as possible combinations of and transitions between modalities (Knill, 2010, p. 125) to support the client and facilitate examination of her/his content (Winnicott, 1971, p. 54).

Of importance to the therapeutic process is the client’s ability to imagine and play, and one of the goals of EXA is to increase these abilities and expand “the “range of play” (*Spielraum*)” (Knill, 2017, p. 468); however, it is of paramount importance that clients are able not only to decenter from their literal daily lives into alternative worlding, but to return from the alternative to the literal. Incorporating experiences from the psychotherapy session into their everyday lives affords clients the opportunity to effect change rather than merely localizing potentially valuable experiences solely to the therapy room (Dreier, 2015, p. 126; Levine, S.K., 2017, p. 179).

I will elaborate on some of these aspects of EXA below.

3.3.1 Play and Sensory Experience

Philosopher René Descartes is known for his dualistic view of mind and body as distinct components, where thought is the source of existential knowledge (Levine, S.K., 2010b, p. 18-19).

Rather than consider the distinct components as separate, however, Descartes regarded them as integral parts of a whole and incomplete on their own (Murray & Kontos, 2010, p. 46). Philosopher Maurice Merleau-Ponty (1962) criticized Descartes' dualism, emphasizing embodiment and the embodied relationship to oneself, to others, and to the world, and sensory experience and its role in human consciousness, perception, and knowledge.

Psychologist Hilarion Petzold (in Eckhoff, 1997) emphasizes the role bodily experiences play in personality formation, referring to the body-self as "the totality of all bodily sense experiences on which the I and the identity are gradually formed" (p. 37, my translation).

> [O]ur bodies are not passive vehicles deprived of agency, nor is our mind a computer that directs and dominates the leaky flesh. The body is both the 'somatically felt body - the body that feels joy, sadness, and anger, the body that feels nostalgia and despair - and the tactile-kinesthetic body - the body that feels itself in the act of moving and touching' (Sheets-Johnstone in Koncul, 2019, p. 19).

Merleau-Ponty asserts that there is interplay between the senses themselves as well as between the senses and the body, which form perception and perceptual systems, also an activity performed by and a construct of "interactions between the parts of and whole body" (Oliver in Koncul, 2019, p. 40). Imagination and abstract thinking are founded in bodily experience, as mind and thought are connected to embodied sensory experience. Merleau-Ponty concerns himself with agency and the correlation between our senses and our actions, i.e., "the harmony between what we aim at and what is given, between the intention and the performance" (in Koncul, 2019, p. 40). Agency is what allows us to act on our sensory input and intentions in order to perform our tasks and live our lives in the direction of our wishes and needs.

In this study, the participants inform about their experiences in connection with a psychotherapeutic intervention, all of which examines perception, agency, existence, and performance, among others. An EXA session offers participants a safe container in which to experience and explore the intervention within their own context, making use of play as an instrument for self-discovery and realization.

In his book *Playing and Reality* Donald Winnicott (1971) describes psychotherapy as "tak[ing] place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together" (p. 44). Winnicott (in Chesner, 2019) considered play to be "the essence of psychotherapy" (p. 32).

According to Piaget (in Knill, 2010), play contributes to clients' developing curiosity towards their own behavioral and thought patterns and becoming motivated to make adjustments (p. 107). "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 1971, p. 54).

3.3.2 Imagination and Achievement

It is the therapist's responsibility to nurture play in clients who find play challenging (Winnicott, 1971, p. 54). EXA is considered a ""low skill/high sensitivity" and "less is more"" (Knill, 2010, p. 115) form of psychotherapy so as to facilitate clients' *Spielraum*. This means that EXA does not have a success-oriented focus on artistic expression or product deriving from talent or expertise as one would in a school setting with exams and grades; rather, EXA is a play-based, sensory-rich form of psychotherapy which makes use of imagination, which in EXA context is intermodal, combining fantasy and all forms of sensory experience and expression (Abram, 2017, p. 56; Knill, 2010, p. 120-121; McNiff, 2004, p. 6). As an example, painting involves not only sight, but visualization, movement, smell, hearing, and tactile contact – all forms of expression, or "modalities" (Knill, 2010, p. 80). Through the use of imagination EXA actively engages the psyche in order to find forms of expression which allow painful or traumatic experiences to be integrated into consciousness without overwhelming the client (Levine, S.K., 2010b, p. 51).

According to psychologists James Hillman and Carl Jung, "therapeutic use of imagination is fundamentally healing and a gateway to self-development" (in Segal, 2018, p. 8, my translation). Nonetheless, clients' ability to be spontaneous, to tolerate the unpredictable without attempting to control the imaginative space or outcome is considered an important factor in growth and healing (Levine, S.K., 2010b, p. 71; Moreno in Greenberg, 1974, p. 12).

3.4 Psychodrama

> Every therapeutic practice implies, either explicitly or implicitly, a philosophical framework within which its particular activity can be understood (Levine, S.K., 2010b, p. 15).

Psychodrama in the context of this thesis is an experiential form of individual or group psychotherapy. Psychodrama marries the cognitive, the experiential, and the social, and allows for exploration of psychological dimensions of clients' challenges and life conditions by assigning physical action to both psychical and physical material. By making the unreal real, by simulating mental or experiential aspects in an embodied fashion, psychodrama opens the door to exploring, investigating, shaping, and re-shaping a client's inner world (Litwinska-Raczka, 2018, p. 249). According to psychologist Eva Røine (1997), "the whole purpose of the psychodrama […] *is the individual's right to give an account of, and justify, one's own personal experience of reality*" (p. 41).

Simulation, i.e., mimicry or "imitation of a process or an action of pretending" (Bally, 2019, p. 4) is an activity humans engage in from childhood onward. It is considered a valuable developmental tool and has long been utilized in medical and non-medical fields (Bally, 2019; Singh et al, 2013). Children play out various aspects and dimensions of their inner and outer world, which contributes to the development of their "cognitive, physical, social, and emotional well-being" (Ginsburg, 2007, p. 182). War games have been used as training throughout the ages (Singh et al, 2013, p. S9), and healthcare simulation dates back to circa 500 B.C. (Bally, 2019, p. 3).

Psychodrama makes use of simulation, where clients' "impulses and their associated fantasies, memories, and projections are made consciously *explicit*, which serves to express […] feelings while simultaneously developing the individual's self-awareness" (Blatner, 1973, p. 1-2).

Jacob L. Moreno (in Greenberg, 1974), founder of psychodrama, saw the value of lived experience juxtaposed with chaos, where the reproduction of a life event in an imaginary context affords the opportunity for something new to emerge, for roles to be restructured, and for learning to take place (p. 12). In other words, psychodrama "not only allows for the investigation of human

behavior, but also for shaping it, which may be used both for treatment and education" (Pawlik in Litwinska-Raczka, 2018, p. 249).

Giving concrete form to the client's internal and relational here-and-now world lies at the core of psychodrama (Chesner, 2019, p. 31; Røine, 1997, p. 64). Abstract expression is used to complement concrete representation of the "interpersonal, systemic or intrapsychic" (Chesner, 2019, p.31) dynamics of the client, where the concretized representation can be observed and examined by both therapist and client. The concretized image is considered malleable and can be explored 'as is' or adapted by changing aspects of time, space, reality, and/or cosmos (Moreno in Røine, 1997, p. 64-73).

3.4.1 Monodrama

As mentioned above, psychodrama can be done in an individual or group setting. Monodrama is "a psychodrama technique applied during an individual session with the patient" (Litwinska-Raczka, 2018, p. 250) where the client plays the role of her/himself and/or any other person, object or phenomenon relevant to the experience or situation represented in the individual therapy session. As with theatrical monodrama, it is the subjective reality of the protagonist, i.e., the key figure, which is in focus; all other dramatic roles are "reflected by the subject of the action, and consequently, their emotional experiences, having no independent significance, are presented as theatrically important insofar as the perceiving 'ego' of the subject as the action is projected onto them" (Evreinov in Taroff, 2014, p. 328).

During the enactment of the situation, or scene, the psychotherapist takes the role of director, which in essence means playing a double role: the one who oversees the playing out of the scene, and the one who oversees the therapy session and interjects with insights, suggestions, and alternatives when needed or deemed appropriate. The client and her/his experiences remain of utmost importance, and "must never be explained away, minimized or depreciated" (Røine, 1997, p. 41).

3.4.2 Role Play

According to Moreno, role play is "[t]he choice of playing a role in a chosen setting for the purpose of exploring, experimenting, developing, training or changing role" (in Jefferies, 2019, p. 20).

In a monodrama, the client can play her/himself during various stages of her/his life including enacting a perceived subjective future self. S/he can also play the role of objects, emotions, thoughts, attitudes etc – in essence, anything the client deems relevant to her/his chosen setting.

Moreno derived four basic categories of roles which contributed to a person's personality, and he called this "an individual's role repertoire" (in Jefferies, 2019, p. 21). Not to be confused with role playing in a theatrical production, the technique of role playing in the context of psychodrama and monodrama is "strictly defined [and] rooted in the reality of the protagonist" (Røine, 1997, p. 85).

Role playing in a therapeutic context may bring to the fore unconscious roles a client performs during her/his everyday life, so that s/he may gain insight into her/his way of being in the world. These roles may be explored, shaped, re-shaped and integrated into the client's conscious life experience.

3.5 Embodied Future Projection Timeline

Moreno first defines the technique Future Projection (FP) in an article he wrote in 1944: "Projection of the "future." Mary presents on the stage her life situation ten years hence" (p. 325). In 1959, Zerka T. Moreno (1974) similarly describes the technique as having the protagonist "project herself into the future ten years hence" (p. 93).

In 1954, Lewis Yablonsky expanded on the definition in his article "Future-Projection Technique":

> This method involves having the subject act out, with the support of auxiliary egos and a group, a meaningful situation in which the subject expects to act in the future. The effectiveness of this procedure depends on the significance and importance of the situation for the subject and the extent to which the auxiliary egos are able to project him into the future. It is also important that the subject *really* is going to participate in the situation in the future at a given time. An intense, effective warm-up is the essence in the application of this method. As many particulars and specifics of the situation as possible should be emphasized in the warm-up (in Yablonsky, 1974, p. 341).

FP can be done in a variety of ways, for a variety of situations, and for a variety of reasons. The underlying intention is for the client to "play out an anticipated, desired or feared event in order to feel it before it happens, to reduce the anxiety connected with it […] and perhaps to decide more wisely whether or not to go through with certain plans" (Dayton, 1994, Future Projection). FP is therefore not concerned with recreating a prior event "behaviorally, emotionally, and biologically" (van der Kolk in Crenshaw, 2006, p. 24). As in the case of Robert above, FP afforded him the opportunity to renegotiate familiar sensory experience into new experience so as to experience himself in a different way, creating the space for a new life direction and new memories (Levine, 1997, p. 147-148). A 2012 study by Szpunar, Addis, and Schacter suggests a tendency to remember a positive mentally simulated future (p. 24). Psychologist Per Espen Stoknes (2008) suggests that here-and-now embodied sensory experience along a timeline creates a stronger and more alive new experience than passive fantasizing (p. 183-184).

Stoknes (2008) details what he refers to as the embodied timeline as a process of moving physically along an imagined timeline, step by step, from one physical point representing the present moment to a final physical point representing the desired and achieved future result (p. 183-184). Each physical step represents a moment in time and must be felt as though it is happening right now, so all dialogue at each step happens in present form, e.g., 'I see, I hear.' Questions are asked by the therapist to illicit sensory experience. This kind of experience can be difficult to create without assistance (Andersen, 2004, p. 196-197), especially if the subject matter is new to the client – as in Robert's case – or is perceived as dangerous. In such cases, the client may not know or dare to imagine what it is s/he wants (Knill, 2000). The exercise incorporates embodied simulation as described in FP above, but structures the activity along a physical timeline where not only the projected end scenario is acted out, but also various points during the process from the present moment to the future scene. It is also used to physically simulate a process from the present moment to a moment in the past (Robinson & Robinson, 2014).

For the remainder of this thesis, I will refer to the intervention used in this study as the Embodied Future Projection Timeline (either abbreviated EFPT, or timeline), so as to make clear the structure of the timeline from the present moment (PM) to a simulated future moment (FM), where PSRE is installed throughout, see below. EFPT is a monodramatic exercise enacted by a dyad – "a group of

two in a relationship of some duration in which both mutually agree to participate through interacting within the framework of some social specifications" (Yablonsky, 1955, p. 613) – where the psychotherapist plays the additional role of director, and the client plays her/himself in the present and future.

3.6 Positive Installation and the Negativity Bias

There is ample research on what has been called the negativity bias, i.e., the theory that the human brain assimilates and stores negative experience more quickly and easily than positive experience, and that adults focus on, learn from, assign greater value, and make use of negative information to a greater extent than positive information (e.g., Cacioppo et al, 2014; Ito, Larsen, Smith & Cacioppo, 1998; Rozin & Royzman, 2001). Several studies mentioned in Vaish, Grossman and Woodward (2008) indicate that this occurs at both psychological and cognitive levels (p. 384). Furthermore, in a 1996 study of well-being, Sheldon, Ryan and Reis (in Baumeister, Bratslavsky, Finkenauer & Vohs, 2001) found that 'bad days' had a negative effect on a person's well-being the next day, whereas 'good days' seemed to have no noticeable influence on the following day (p. 327). A study in Germany of perinatal experience in 2011 showed that both positive and negative experience "exerts a much more pronounced impact on brain development than previously appreciated" (Braun, p. 687).

Vaish et al (2008) use the terms positive and negative, which are approximate equivalents to Baumeister et al's (2001) concepts of good and bad. These correspond to desirable and undesirable, beneficial and harmful, and pleasant or unpleasant outcomes, states or consequences, respectively (Baumeister et al, 2001, p. 324-325). Vaish et al (2008) qualify further that both concepts encompass what they term "psychological and external outcomes, states, and consequences" (p. 387).

According to Campos (in Vaish et al, 2008), positive stimuli may also have significant impact (p. 401), especially if they are extreme (Fiske in Vaish et al, 2008, p. 401). There is ample evidence of positive bias, as well (e.g., Matlin & Stang, 1978 in Rozin & Royzman, 2001, p. 297); however, the subjective potency of negative event experience tends to be higher than positive (Rozin & Royzman, 2001, p. 298). "It is thus important to identify situations in which positive information significantly impacts psychology and behavior, and to assess why it does so in those but not in most

other situations" (Vaish et al, 2008, p. 401). Baumeister et al (2001) recommend identifying clients' good experiences and point out that a preponderance of good experiences can outweigh the stronger impact of bad (p. 362).

Some forms of therapy – e.g., focusing, somatic experiencing, and eye movement desensitization and reprocessing (EMDR) – make explicit use of positive installation as a part of their protocols to offset negative content (Gendlin, 2007; Hanson, 2014, p. 7; Payne, Levine & Crane-Godreau, 2015, p. 8). For example, phase five of the standard EMDR protocol installs positive cognitions such as pleasant thoughts and recollections of places or events experienced by the client as safe (Amano & Toichi, 2016, p. 1). Somatic Experiencing stresses the importance of the embodied experience of well-being rather than cognitive thoughts or memories (Payne et al, 2015, p. 8). Hanson (2013) emphasizes that positive mental states must be activated before allowing time for them to be assimilated as neural traits (p. 14).

In the study described in this thesis, PSRE is installed throughout the closing phase of a psychotherapy session, and feedback as to participants' experiences of this intervention as well as a short period of time following the intervention is examined. I will now say something about session structure.

3.7 Session Structure

Simply put, all psychotherapy sessions begin and end. The degree of pre-determined session structure varies depending on the form of therapy. Certain therapy forms have pre-determined in-session structures, e.g., Cognitive-Behavioural Therapy (Dobson & Dobson, 2013) and Release/Structured Play Therapy (Menassa, 2009, p. 23), whereas others, e.g., Child-Centred Play Therapy (Landreth in Menassa, 2009, p. 23), have minimal in-session structure.

Paolo J. Knill (2010), a pioneer in the field of EXA, suggests a seven-phase model, which includes as first and final phase the life of the client before and after the opening and closing of the session "in order to connect to where the client is coming from and going to" (p. 94). Knill (2010) describes the transitions from the opening and to the closing phases of the session as bridges between the client's lived reality outside the session and the "alternative world experience" (p. 95) during the central phases of the session. These bridges are of particular interest to me, as

1) I consider it of great importance that the client be able to immerse her/himself in the alternative world while retaining an anchor in the 'real world,' and
2) the transition from alternative to habitual world experience must contain enough of the alternative world so as to be able to influence the habitual, effective reality in the desired direction.

The former is the reason I have chosen to exclude from the study participants who have difficulty orienting themselves between alternative and effective reality, and the latter is one of the reasons for the study outlined in this thesis. I will say more about this in later sections.

3.7.1 The Wave

Norwegian EXA taught at The University of South-Eastern Norway (USN) refers to a four-stage in-session structure model called "the wave" (Meyer in Ødegaard, 2003, p. 125-126, my translation). The wave builds on the structure of day-to-day life as well as of fables: in fables, there is a beginning or preparation – often opening with 'Once upon a time…' – followed by some sort of action in the form of a challenging journey, and finally, a conclusion – sometimes ending with 'The moral of the story' (Ødegaard, 2003, p. 125). Both group and individual sessions are based on this structure, where a fourth stage is added: "reflection" (Ødegaard, 2003, p. 125, my translation). The reflection stage will commonly include the question I've translated and paraphrased from the Norwegian as 'What do you take away from this session?' [3] and can be understood as a bridge to the return to everyday life mentioned above: What did you learn from the first three stages that you can put into practice in your daily life once you have left the session?

3.7.2 After Reflection

I conjecture that this study proposes a fifth stage to the wave, namely putting the response to the question 'What do you take away from this session?' into action, simulating its realization in the client's daily life, before the client leaves the session. This entails the client having come to some insight – a successful shift in perception into an adjusted gestalt, an 'aha! moment' (Moreno in Greenberg, 1974, p. 12) – during the session and finding a situation while still in the therapy session in which this insight can be put into practice in everyday life after the conclusion of the session. The

[3] *Hva tar du med deg?* (Ødegaard, 2003, p. 151).

insight-situation is then simulated using the EFPT so as to allow the client to experience the simulated change in the therapy setting before putting it into practice in the 'real world.'

Having presented the theoretical perspectives of the study, I will now present and explain my choice of methodology taking the research question into account. I will then give an account of the methods of data collection and analysis, followed by methodological reflections, and conclude with ethical considerations regarding the study.

4 Method

4.1 Research Paradigms and Methodology

The study is a cross-contextual qualitative diary-based design used to explore and describe client experiences. Qualitative rather than quantitative research method is most appropriate for the study, as the emphasis is on "discovery, description and meaning rather than prediction, control and measurement" (Laverty, 2003, p. 21). The descriptions are phenomenological in nature, while the interpretations of the phenomena are based in a hermeneutic tradition. I will elaborate on these points in the sections below.

4.1.1 Post-Positivism

Generally speaking, good research is said to be generalizable; clearly delineated so as to be replicable; open to scrutiny, and objective rather than subjective, though "it is now widely accepted that there is no possibility of theory-free knowledge or theory-free observation" (Hodgkinson, 2004, p. 10-11) in social and educational research.

What has emerged in the 21st century is an understanding of non-dualistic embodied experience in all fields and on all levels (Hodgkinson, 2004, p. 23). In order to understand our subjective realities, health research is best served by exploration of both subjective and objective realities. Max Weber (in Fox, 2008, Roots) postulated in the late 1900s that understanding could be achieved by studying the subject's perspective, her/his intentions and social contexts and realities. This

> will require a degree of empathy with the actors that a researcher is trying to understand and as a result, an element of reflexivity about the processes by which constructs are generated and deployed in the constitution of social reality (Fox, 2008, Roots).

A post-positivistic paradigm recognizes "the influences of culture, language, selective perception, subjective forms of cognition, social conventions, politics, ideology, power and narration, [and] speaks of the socially constructed nature of reality" (Alvesson and Sköldberg in D'Cruz, Noronha & Lutgen-Sandvik, 2018, p. 3). In order to explore the role a therapeutic intervention has played in clients' experience of benefit of psychotherapy, then, all facets of subjective and embodied

experience must be allowed to be expressed and described without reducing the study to a more positivistic paradigm of pure data, objective, factual accounts, and "strict separation of […] the scientist and his subjects" (Kvale in Kvale, 1983, p. 183).

4.1.2 Phenomenology and Hermeneutics

In keeping with a post-positivistic paradigm, I make use of both phenomenological and hermeneutical methodologies in my analysis of the data in this study.

> While phenomenology seeks the essences of a phenomenon, hermeneutics poses a science of interpretation, with the assumption that one cannot understand a phenomenon or an act without understanding the context in which it occurs (Kenny in Gardner, 2008, Aesthetics).

Phenomenological analysis is mainly based on the philosophical traditions developed by Edmund Husserl and Martin Heidegger (Gelling, 2015, p. 44), and can be understood as the study of human behaviour and the world through subjective experience, i.e., from the perspective of the person her/himself and regarding her/his lived experience (Gelling, 2015, p. 45). Husserl (in Racher & Robinson, 2002) concerned himself with three central concepts:

1. essences, i.e., "the things themselves" (p. 471) and experience as fact;
2. intentionality, i.e., that consciousness is directional and always conscious of some 'thing' (p. 471), and
3. phenomenological reduction or bracketing, i.e., a technique whereby researchers' preconceptions are held "in abeyance" (p. 471) so as not to affect the purity and emergence of essences.

Simply put, we know some 'thing' through our own conscious experience of it.

Heidegger's approach differed from Husserl's in that Heidegger (in Racher & Robinson, 2002) had a view of person and world as "coconstituted" (p. 472), meaning our perception of the world does not arise from detachment from experiences, but by making sense of our experiences, a "Being-in-the-world" (p. 472). We are constantly trying to make sense of our experiences, and our preconceptions are, therefore, informative and not to be ignored. There is a reciprocal relationship whereby "humans are constructed by the world in which they live and at the same time are

constructing this world from their own experience and background" (Koch in Racher & Robinson, 2002, p. 472).

Phenomenological research, then, can be directed towards descriptions of participants' experiences where the aim is to bracket researchers' own beliefs and experiences from influencing theory. In this qualitative study, participants' own lived experience as described by them, and without interpretation by me as researching clinician, is maintained by utilizing participants' diaries as the basis for analysis, through presentation in the thesis of material in the diary as expressed by the participants themselves, and by my confirming with participants during project sessions their own utterances, some of which are presented in this thesis.

Having said that, there are those who strive for a more interpretative or hermeneutic form of phenomenological research, and who argue not only the impossibility of bracketing (LeVasseur in Gelling, 2015, p. 45), but advocate the positive use of researchers' preconceptions as long as these are made explicit (Todres and Holloway in Gelling, 2015, p. 45). In the latter case, researchers' expertise may serve to inform the research in valuable ways and is therefore not discounted.

"To prepare an interpretation is to offer the inquirer's construction of the constructions of the actors being studied" (Racher & Robinson, 2002, p. 469). In this study, I have made use of journals of my observations during project sessions where I, to the best of my ability, recorded events as they emerged in the moment, and I have cross-referenced the journals with participants' diaries so as to ensure reliability. As outlined above, some measure of interpretation due to my preconceptions is not to be avoided, and I have endeavoured to make these preconceptions apparent to the reader. During analysis of the data, I have also made use of interpretation based on the research question as basis for the study, the reflexive use of my historical and cultural contexts and my expertise as a psychotherapist, and the diary and journal texts as a whole.

Hermeneutics is a "theory of the operation of understanding in its relation to the interpretation of texts" (Ricoeur, 1978, p. 141). Interpretation of all forms of texts – written, vocal, visual, mobile, emotive etc – has as its aim to increase understanding, where understanding is derived from seeing meaning in context and in terms of present informing past and past informing present (Racher & Robinson, 2002, p. 473). Hermeneutic interpretation and understanding is as such considered

circular or spiral, as each return to and consideration of the text influences the next (Ruud in Segal, 2011, p. 16).

Hermeneutic analysis requires coherence, meaning "there must be consistency and logic to the enquiry and the interpretation" (Ruud in Segal, 2011, p. 16). This thesis concerns itself with the study of the role an intervention plays in clients' experience of benefit of psychotherapy, and I have striven to both carry out the research and present the study in a coherent fashion so as to promote understanding.

4.2 Qualitative Research Method

The combination of phenomenological and hermeneutical methodologies in this study was not performed in order to reveal fundamental truths about "the essential meaning of being in the life world" (Lindseth & Norberg, 2004, p. 151), nor does it claim that "absolute truth and reality exist in the form of immutable laws and mechanisms of nature" (Bruscia, 1998, p. 255). Rather, the aim was to present participants' lived experience using their own descriptions, and to search for and present possible meanings with the intent to advance understanding, and to "affect people's perception of reality and help them become aware of possibilities, i.e., alternative ways of being in the world" (Lindseth & Norberg, 2004, p. 152). Therefore, a quantitative research tradition whose intention is to precisely measure and quantify phenomena and reproduce results (Bruscia, 1998, p. 255) was not a suitable paradigm for this study. On the contrary, due to its descriptive and interpretive nature, a qualitative research tradition was chosen. "The qualitative research tradition […] typically enquires into the context of an entire phenomenon and is concerned with an analysis and evaluation of it as well as the researcher's motivation, interpretation, processes and experiences etc" (Bruscia in Segal, 2011, p. 15).

The method of collecting data is based on both participants' own descriptions of lived experience in the form of diaries, and my descriptions of my observations, which include utterances by the participants, during project sessions. I will now say more about the two sets of data collected.

4.2.1 Solicited Diary and Participants' Journals

Therapeutically speaking, Yalom (in Mackrill, 2008) considered the use of diary as a "potentially powerful exercise in self-disclosure" (p. 6). Mackrill (2008) states that there are few qualitative

systematically analysed diary-based studies of psychotherapeutic practice (p. 6), and twelve years later, I had difficulty finding this type of published study in the searches I conducted. I was not aware of this when I chose the design; the idea of a diary-based study arose as an attempt to avoid undue influence on participant feedback due to my dual role as psychotherapist and researcher. The consideration was that the diary would afford participants the opportunity to record own experiences over a period of time without my direct involvement. Though solicited diaries are by nature a co-construct between participant and researcher (Mackrill, 2008, p. 8), I considered my possible influence to be to a lesser extent than if I were to have conducted qualitative research interviews with participants, which can be more dialogical in nature, where closer personal interaction is involved, and which often follow a structured or semi-structured, pre-planned interview guide (Kvale, 2006, p. 481).

Having said that, the diary in question was solicited by me in connection with the study such that it had a somewhat defined focus and purpose, and as such, participants were aware that diaries would be read by me, and ultimately, although anonymized, by others (Mackrill, 2008, p. 8); however, I did not make use of structured guidelines for participants' diaries. I wished to avoid directing participants' focus toward a desired outcome (Aleszewski & Aleszewski in Mackrill, 2008, p. 8).

The use of participants' diaries was for purposes of this study to gain insight into participants' own record of their thoughts, experiences etc in connection with the intervention, i.e., the installation of PSRE in the closing phase of a psychotherapy session, without apparent influence from me as therapist and researcher. I was also interested in the role the intervention played in participants' lives in the interim period between the intervention and the psychotherapy session immediately following. The study design was therefore meant to collect cross-contextual data not only about participants' impressions of events and experiences in the sessions themselves, but also as these carried over into their daily lives between sessions (Mackrill, 2007, p. 234). An additional advantage of diary-based design is proximity of record; the data are recorded more closely in time to the participants' actual experience rather than investigated in an interview at a later point in time (Mackrill, 2008, p. 12). The point of record is, however, beyond my control, so the entries in each diary may have been recorded at any point in time after the pertinent experience up until the participants' next psychotherapy session.

The study design would have been incomplete had I chosen to base this study solely on diaries submitted by participants. I have, in addition, and as both a dual perspective and corrective measure, chosen to include data I recorded in participants' psychotherapy journals of my impressions and observations during the allocated sessions with them (Mackrill, 2008, p. 9). This way I was able to make use of sensory and relational impressions as well as body language I observed in the sessions and deemed of importance and relevance to the study. In this respect, the journals can be considered ethnographic in nature, although my exploration and observations largely concerned individual experiences rather than studying individuals' behaviour in groups (Gelling, 2015, p. 45). The journals made up for the lack of "intersubjectively reproducible data" (Brinkmann & Kvale, 2018, p. 16) inherent in the use of diary rather than interview. Nonetheless, a further weakness of research interviews is that verbatim transcriptions of recordings lack information regarding nuances connected to sensitivity and foreknowledge (Brinkmann & Kvale, 2018, p. 17) such as intonation, body language, sensory experience and expression, expertise, and relational exchange necessary for this study, where experiential data is essential.

To avoid confusion, for the purposes of this study, I will refer to the records kept by participants as diaries, and the records I kept in their psychotherapy journals as journals. This includes records in the form of drawings and photographs.

The use of participants' diaries afforded them considerable freedom, as what they chose to focus on and include or exclude from the diary was entirely up to them as was their level of engagement and choice of expression.

> [C]lients' selective uses of sessions are primarily grounded in what they believe may make a desired difference in their everyday lives with distress rather than by adhering to the therapeutic procedure and rationale. What they use, therefore, depends on the settings, relations, events, and range of opportunities of their ongoing everyday lives (Dreier, 2015, p. 120).

I did, however, stipulate that at least a part of the diary must be in written form so as not to necessitate undue interpretation on my part of participants' own experiences.

4.2.2 Researcher and Clinician

The study presented in this thesis placed distinct demands on me for reflexivity, among others critical reflection and systematic assessment of preconceptions and presumptions, with regard to my dual role as researcher and clinician (Stige, Malterud & Midtgarden in Solli, 2015; Sundet, 2009; Sundet, 2014).

Early considerations of design and methodology of the study centred around aspects connected to avoiding undue influence by me as researcher and clinician on participants' experiences and accounts of experiences of the role of the therapeutic intervention, e.g., bias with regard to my interpretation of the data or "possible tendencies for participants to withhold negative experiences and exaggerate positive aspects when being interviewed by their therapist" (Solli & Rolvsjord, 2015, p. 72). Distance, e.g., between subject and object of research, can be considered an aspect of quality control in research (Hansen & Karlsson in Sundet, 2014, p. 35).

I was familiar with research having been done on clinicians' own practice in music therapy (e.g., Solli, 2014; Solli & Rolvsjord, 2015) and contemplated this. I initially concluded that I would first train other EXA psychotherapists to administer the intervention and allow them to inform their own clients about the study, as well as choose an appropriate psychotherapy session in which to administer the intervention. I soon realized this was too costly and demanding an endeavour for a study of this size and decided to administer the intervention myself with participants who chose to be part of the study. This meant my roles were both researcher and clinician.

In his doctoral thesis, Rolf Sundet (2009) discusses challenges related to this dual role. He contrasts clinical researcher and researching clinician (Bjørkly in Sundet, 2009, p. 14), where the latter implies a clinician who does research "based on actual, daily clinical practice in order to increase the relevance of results for clinicians and to bridge the gap between research and the clinic" (Norcross, Beutler & Levant in Sundet, 2009, p. 14). I consider my role to be researching clinician. Despite the challenges mentioned above, possible benefits are simplicity which might contribute to less stress for participants, and "a closeness to the context and person that give access to rich data and thick descriptions" (Alvesson & Sköldberg in Solli, 2015, p. 209).

I came to the conclusion that by triangulating two sets of data – participants' own diaries and my entries in participants' journals – negative tendencies could be alleviated, and reliability of the data increased.

4.3 Data Collection

4.3.1 The Method

This study considers psychotherapy to be a cross-contextual practice (Mackrill, 2007, p. 234) where data from both psychotherapy sessions and participants' daily lives are examined. For psychotherapy to effect change in clients' lives, insights derived from psychotherapy sessions and psychotherapeutic processes must be incorporated into clients' everyday lives so as to improve their functioning and experience of quality of life.

Participants attended two sessions of psychotherapy, where an intervention with EFPT was introduced during the closing phase of the first project session (FPS) after an insight was derived from the session in connection with the theme the participant presented in that session. Participants were required to keep a diary of their experiences in a two-to-three-week interim, after which they attended a second project session (SPS). In the SPS, the participant presented the diary with supplemental information on experiences. S/he also had the opportunity to receive follow-up installation or other psychotherapeutic support, if needed. An optional third project session (TPS) was available to all participants. The FPS and SPS were free of charge for participants, and the TPS was offered at half price. More information about each project session (PS) is detailed below.

The use of diary in the study was chosen with the aim of gaining insight into participants' experience of the FPS and possible subsequent impact on their daily lives in relevant contexts. Diary was also chosen in order to minimize my influence as researching clinician.

The PSs afforded me the opportunity to observe the participants pre- and post-intervention, e.g., with regard to signs of vitality, and improved ability to remain in PSRE and self-correct behaviour.

PSs followed regular psychotherapy guidelines such that participants were treated as clients. After each PS, a record of my own observations was therefore stored in each participant's journal using the electronic patient journal system, EasyPractice. In addition, participants' artistic expressions in each PS as well as their diaries were photographed and uploaded directly to their journal. In the interest of confidentiality, I deemed EasyPractice to correspond to Norwegian laws protecting the patient (Pasient- og brukerrettighetsloven, 2021 and Personopplysningsloven, 2018) as well as General Data Protection Regulations (GDPR) (Datatilsynet, 2018) and national policy from The Norwegian Directorate of eHealth (NDE) (2019) pertaining to storage of data and confidentiality of the study participant. This storage method was approved by the Norwegian Centre for Research Data (NSD), see appendix C, and all participants gave their consent.

The journals were used as both a methodological account of each session and supporting documentation in connection with participants' feedback and supplemental information to their diaries. An example of this is whether or not my observations of the participant in the PSs corresponded to the participant's own account of her/his experiences of the sessions and the possible benefit of the intervention.

4.3.2 Participation and Recruiting

4.3.2.1 Inclusion and Exclusion Criteria

Participants were to be between the ages of 18 and 65 and non-hallucinatory at the time of the study, as the intervention EFPT necessitates the use of imagination, sensory input, and movement. This entails participants' ability to discern between imagination/fantasy and reality. In addition, only participants who had had experience with psychodrama or EXA could participate, as they would be familiar with therapy sessions involving imagination, movement, sensory-rich experience etc (Andersen, 2004, p. 197-198). Without such experience participants might find the liminal, timeless state between literal and alternative worlds unsettling, chaotic, and unstable. A liminal state can seem unsafe while at the same time affording possibilities for creativity and innovation (Levine, S.K., 2010b, p. 43).

Participants were also required to keep a diary between the FPS and SPS, and to bring the diary to the SPS. They were informed that they would not be able to continue in the study, if they did not bring their diary to the SPS.

4.3.2.2 Recruitment

Recruitment was done on my professional website, on my business page on Facebook, and by word of mouth. My professional telephone number and email were used as contact points. Eleven people – two men and nine women – registered for the study voluntarily. Each were screened by a telephone conversation with me where the design of the study and the participation criteria were outlined verbally. This was to ascertain that all registrants met the criteria for the project, as well as for the registrants to obtain clear information about the project (NESH, 2016, p. 14). Each conversation lasted on average 30 minutes, and registrants were welcome to ask questions and make suggestions. Once I had obtained verbal consent to participate, the participant and I agreed on dates and times for the two PSs. Participants received written confirmation of these by encrypted email sent from EasyPractice, and the informed consent form which outlined the study and the rights of participants (NESH, 2016, p. 14) was also sent to the participant in a third encrypted email from EasyPractice, see appendix B. Participants gave verbal consent to be sent these emails.

4.3.2.3 Consent and Completion

At the start of the FPS, the consent form was presented again in written form, and those participants who wished to continue, signed the form to document their willingness to participate (NESH, 2016, p. 14) after which the psychotherapy part of the session began.

One of the registrants withdrew before participating, and one participant withdrew after the FPS. Nine participants age 36-57 – two men and seven women – completed the study, although for one, the intervention as intended was not introduced until the TPS. I will say more about this in later sections.

4.3.3 FPS Procedure

The consent form was presented to the participant at the beginning of the FPS where s/he could ask questions pertaining to its contents or to any part of the study. Participants were reminded that they could choose to withdraw from the study at any time, and that withdrawal would not have negative consequences for them. They were also reminded that all data would be stored in their electronic journals, and that they could read them and request changes or exemption from inclusion of certain details. The importance of bringing the diary to the SPS was emphasized.

Participants were also reminded that they had the opportunity for a TPS at a reduced price, should they feel the need for follow-up in connection with the project; however, the theme of the TPS had to be relevant to the theme of the first two PSs. Once consent was obtained, psychotherapy began.

4.3.3.1 The Intervention

The EFPT was generally introduced during the final 30 minutes of the FPS:

a. The participant chose which side of the room would represent the PM, and which was to represent the FM. The FM represented the participant's choice of goal, e.g., the date the participant intended to open a new business.
b. The participant and I stood together on the side of the room s/he had chosen as the PM, and s/he was given the opportunity to regard the FM and add props to it in order to enhance her/his sensory experience of it.
c. Each physical step taken by the participant toward the FM represented a period of time determined by her/him, e.g., one week, where the final step would represent the achievement of the FM.
d. Installation of PSRE was done at each step along the timeline with emphasis on the final step, in the cases where the participant reached the final step within the time allotted for the FPS.
e. Where relevant, the intervention concluded with a short review of the journey along the timeline with emphasis on and reinstallation of the final step.

Each participant was reminded about the diary before leaving the FPS.

4.3.3.2 Diary Guidelines

Participants were informed that they were free to choose their form of expression, and to note what they wished in their diaries as long as they considered it relevant to the FPS; however, some text in written form was necessary for citation to be possible, and the diary would have to be in a format that could be transferred to me in the SPS and still meet the data protection requirements for the participant and the study. Diaries could include impressions from the FPS itself and from the interim period.

Detailed accounts of my observations of as much content as was possible in the PSs were written and saved in participants' journals in EasyPractice. These were informed by Spinelli's three-step phenomenological method:

1. bracketing so as to be able to focus on the here-and-now experience;
2. description of a here-and-now phenomenon rather than an explanation of it, and
3. horizontalization, i.e., absence of bias (in Loewenthal & Snell, 2003, p. 10; in Loewenthal, 2019, p. 2)

while taking my role as researching clinician into consideration.

I took anonymized, handwritten notes during the sessions to increase the likelihood of capturing accurate content, as there is significance in "the complexities and inherent tensions of experience" (Loewenthal & Snell, 2003, p. 10). Handwritten notes were then shredded immediately after the accounts were stored in EasyPractice. With one exception, diaries submitted by the participants were photographed at the end of the SPS and uploaded directly to their journals, and the diaries were returned to the participants. One participant wrote an electronic account and wished to send it to me by email. After a brief, but thorough discussion of privacy protection laws with him, he reviewed the contents, deemed them to not reveal identifiable or health information, and chose to send the diary by email. Participants who took notes during PSs, took them with them at the end of each session.

4.3.4 SPS Procedure

The purpose of the SPS was to collect data regarding the participants' experiences of the FPS and the interim period and give additional support to participants who needed it.

In general, participants gave verbal accounts of experiences and presented the diary in whole or in part. Where applicable, the diary was photographed at the end of the SPS. Participants were then reminded of the possibility of a TPS, should they feel the need, and thanked for their participation.

4.3.5 TPS

Care was taken to exclude from the study individuals who might be at risk, or who might have difficulty performing the intervention as outlined in 4.3.3.1. Inclusion criteria were also stipulated so as to minimize undue strain on participants. Nonetheless, although little risk of serious psychological injury to participants was likely, assessment of risk is not always easily accomplished. In addition, it was my responsibility to see to it that participants were offered professional assistance in connection with possible strain which may have arisen from the FPS (NESH, 2016, p.

19). Although the SPS was meant to supplement the FPS, I made a TPS available to all participants as a precautionary measure.

I intended to offer all three PSs free of charge; however, I wished to dissuade participants from taking advantage of a free TPS to bring up a new theme not related to the study. After considerable deliberation, I decided that in order to avoid potential abuse of the offer of a TPS, it would be made available at half the price of a regular psychotherapy session with me. All participants were informed of this price both during the initial conversation with me and in the informed consent form. The majority of participants were already in some form of therapy where they might prefer being followed up by their own therapist. Those participants who wished to make use of the TPS were offered payment options which took into account possible financial challenges.

4.4 Data Analysis

There are various qualitative methods available which can be implemented in the analysis and presentation of research material. Several of these are considered well-suited for public health research and allow for detailed examination and phenomenological accounts of participants' lived experience as well as the inductive interpretation and categorization of the study's empirical data (Malterud, 2012, p. 795; Smith & Osborn, 2015, p. 41). One of the benefits of structured, scientific research is that a research question is studied, analyzed, and presented in such a way as to be understandable and considered reliable as opposed to being unsubstantiated supposition or speculation (Malterud, 2012, p. 795).

To analyze this study's empirical data, I have chosen to combine elements of interpretative phenomenological analysis (IPA) (Peat et al, 2019) with systematic text condensation (STC) (Malterud, 2012). I found the combination to be more in keeping with the design of the study, as IPA requires "a process of rich engagement and interpretation involving both the researcher and researched" (Peat et al, 2019, p. 7), where each data set is first examined individually, and STC is a systematic thematic cross-case analysis which "holds an explorative ambition to present vital examples from peoples' life worlds, not to cover the full range of potential available phenomena" (Malterud, 2012, p. 796).

Heidegger (in Peat et al, 2019) acknowledged the utility and value of the researcher's experience as long as possible influences were disclosed in the presentation of the material (p. 7-8). My aim as researcher has been to bracket as much of my own experience and preconceived notions as possible in order to minimize influence; however, it is not possible to completely disregard my background, nor is overlooking expertise which may illuminate aspects of the empirical data, and which could be of benefit to both health community and users of health services, necessarily recommended, be it that of the researcher or the participant. In addition, analysis is inherently influenced by the stated aim of the study (Malterud, 2012, p. 795).

In the following sections of this chapter, I will say more about how I incorporated IPA and STC, and how I analyzed, coded, and categorized the data from the diaries and journals. I will exemplify from the texts. The findings themselves and a discussion of them in relation to the research question will be presented in separate chapters following this one. I will first briefly recount my approach to interpreting and understanding the texts.

4.4.1 Interpretation and Understanding

This study is based on participants' written accounts of their lived experiences as well as my electronic records of my observations and accounts of participants' feedback and lived experiences in PSs with them.

During analysis of the empirical data, it was necessary to decide which codes and categories to use in the study as well as to assign meaningful units to them. Firstly, I chose to complete the entire analysis in Norwegian in order to remain as true to the content as possible. Once the final categorization was complete, I translated the categories into English, aiming for an equivalent effect "as close as possible to the effect [of] the original" (Miao, 2000, p. 197), so as not to influence the meaning of the utterances.

It is the aim of IPA to "[i]dentify and value the perspectives of individuals in context" (Peat et al, 2019, p. 7). Regarding the coding and categorization itself, I have attempted to associate the most appropriate terms and concepts to the data while respecting the participants' experience. Nevertheless, a certain amount of interpretation has been unavoidable, as it is impossible for me to exactly share another's experience, and my reading of the empirical data is based on my

understanding of it from my perspective at that point in time, and in light of my own experiences (Peat et al, 2019, p. 7).

4.4.2 Analysis

I began the data analysis using aspects of IPA taking into consideration that I had two sets of descriptive data to be analysed in conjunction with each other. According to Peat et al (2019), triangulation of different data sets from different collection methods "can increase the validity of a study because the phenomena under investigation is approached from a range of perspectives" (p. 8). After completion of all of the PSs, I printed out contents of the participants' journals in anonymized form, having assigned them a number which was registered in a coding key stored in a locked compartment separate from the journals. I chose to read the stored diaries from EasyPractice in order to ensure the privacy of the participants, as the diaries may have included names or recognizable handwriting. Following the first four steps of IPA (Peat et al, 2019, p. 8), I

1. read and re-read the journal and diary of the first participant beginning with her/his journal followed by her/his diary;
2. highlighted parts of the texts of thematic interest and made notes in the margins of observations and emerging themes as I became aware of them;
3. collected the data into chunks according to my notes and the emerging themes. I wanted as detailed a list of emerging themes as possible, which is one reason for choosing to begin with IPA instead of STC, as IPA "enable[s] a detailed microlevel analysis of […] accounts" (Peat et al, 2019, p. 8). I then created a table into which I transferred the highlighted material as collected chunks as well as the connected themes, see appendix E, and
4. considered how the themes related to each other according to that particular participant while comparing my journal entries with the participant's diary. Presenting the data in table form allowed me to expand on themes more clearly and compare nuances. I was generous in my creation of themes, as I knew they would be reduced in later steps.

I then moved on to the next case. Insofar as it was possible, I examined each next case as though it stood alone in order to minimize any influence the analysis of the previous case might have on the one in which I immersed myself. This bracketing was somewhat simplified by the participant's own motivations for seeking therapy, as each participant presented with a different underlying motivational theme which served to inform my observations and the emergent themes of that particular participant and could not easily be generalized to other participants.

An example of this is one participant's experience of shame connected to his perception of himself as overweight, and the role the intervention played in his experience of benefit related to shame. This experience could not be directly translated to another participant's experience of shame connected to her inability to perform at a higher level than the one she was at. His shame was connected to self-image, while hers was connected to ability.

Once I was done with the initial analysis of the nine participants, I had 45 pages of data and themes. I then chose to transition to STC from IPA, as I considered the cross-case analysis of STC and condensation of content to be more in line with my way of viewing the material. Before transitioning, I took the list of emerging themes and colour-coded them with fifteen different colours in order to highlight the relationships between them. I subsequently arranged them in a new table according to their colour code, see appendix F. I re-defined them as sub-themes and, using the colour as reference and the research question as foundation, assigned new, cross-case code groups. According to step 2 of STC, "[c]reative development of codes, where you gradually change the sorting principles as you become aware of what the meaning units tell you, requires flexibility, especially initially" (Malterud, 2012, p. 798).

I considered each code group according to the chunks of data from my IPA analysis, and chose meaning units according to STC's step 3, condensation (Malterud, 2012, p. 799). Meaning units are decontextualized and sorted according to code groups across cases, and not sorted according to each case. The aim of this stage of the analysis is to reduce – condense – the empirical data into meaning units which reveal aspects of participants' experience across themes in relation to the intervention. I began by focusing on meaning units derived from participants' written diaries, as these were participants' own record of moments they considered to be so relevant as to record them. I then looked at the journals and chose meaning units which sorted under the themes the participants themselves focused on. This was a continuous phenomenological and hermeneutic process of regarding the phenomena themselves, viewing the data 'through the lens of my own eyes,' as it were, making sense of the material, seeking patterns in it, and reducing it to meaning units and cross-case code groups which illustrated the essence of the meaning.

When I came to step 4 av STC – a further concentration of the results and meaning units into category headings and synthesized texts on which further discussion of the research question will be based (Malterud, 2012, p. 800), 'putting Humpty Dumpty back together again in a new way', as it were – I reduced the code groups down to seven categories: agency, motivation, identity, ambivalence/liminality, reality alignment, trust, and application of PSRE. I found that category headings closely resembled the code group themes and were best kept simple. To my way of thinking, simple and clear category headings are most true to the essences of the empirical data presented by both participants and by me as researching clinician.

A second look at step 4 resulted in my reducing the category 'trust' to a code group of the category 'agency,' which I will present in chapter 5.

For the remainder of the thesis, I refer to headings theme and sub-theme from IPA, and code group and category from STC.

4.5 Methodological Reflections

The findings presented here are a reflection of participants' descriptions of lived experience as well as my descriptions of observations from PSs with them. My intention has been to examine the role participants felt closing phase installation of PSRE played in their experience of benefit of psychotherapy. I chose a qualitative research method in order to focus on the descriptions of experiences the participants themselves emphasized, as well as my observations connected to them, and I have striven to be as true to their descriptions as possible given that the final data analysis has been undertaken by me with preconceptions I might have had which can have influenced it. In order to avoid undue bias, I have had as an underlying analytical filter the research question on which this study is based, as well as a triangulation of themes from both data sets: diary and journal. In addition, my choice to combine research methods – IPA and STC – was based on my intention to present the findings through a meticulous analysis in order to better understand the lived experiences described and the phenomena as they presented themselves.

My intent was that the study presented in this thesis would strictly adhere to principles of rigorous quality assurance, and I will describe some of these below in relation to this study.

4.5.1 Relevance

According to Cohen and Crabtree (in Lofthus, 2008), qualitative research must be robust, relevant and important (p. 37). This means that the research must withstand strict scrutiny and be significant and of a contemporary nature. Working with PSRE in psychotherapy sessions is not a new phenomenon, as explained above. What I considered to be meaningful in this study, was both the study design, i.e., empirical data comprised of diary and journal to record cross-contextual experiences, and the situation of the intervention in the closing phase of the psychotherapy session. It has been my intention to shed light on how clients might make use of psychotherapy sessions, and their experiences when a psychotherapy session concluded with installation of PSRE. Perhaps this study may serve to influence the way some psychotherapists structure their sessions, as well as the approaches and content they use. I will say more about this in chapters 6 and 7.

4.5.2 Reliability

In this study, I have attempted to provide data that is reliable – dependable and trustworthy (Altheide & Johnson, 1974, p. 582) – by triangulating two sets of data: diary and journal. I have also made use of a combination of two methods to analyze the empirical data in order to better meet the rigorous requirements of qualitative research. I have chosen clear inclusion and exclusion criteria so as to avoid undue pressure on participants, but also in order to ensure familiarity with the aspects of the approach used in the PSs. The ability of participants to participate in the study and carry out the intervention contributes to the reliability of their responses.

Having said that, participants' responses published in this study have been translated by me from Norwegian to English, for those who did not write in English, and this can contribute to slight differences in nuances of meaning, which may weaken the reliability of the words. Another aspect of reliability is in relation to my reading of participants' diaries. The written word does not carry cadence, body language, and other sensory expression that in-person, verbal communication can convey such that I may have interpreted some of the written content in a different manner than the participant intended. Although my choice of meticulous examination of the data sets using aspects from two data analytical methods was intended to present the material more clearly and reliably, some discrepancies are unavoidable. "For a hermeneutic phenomenological project, the multiple stages of interpretation that allow patterns to emerge, the discussion of how

interpretations arise from the data, and the interpretive process itself are seen as critical" (Koch in Laverty, 2003, p. 31).

4.5.3 Validity

According to Malterud (2012) it is important that the synthesized results in the study "still reflect the validity and wholeness of their original context» (p. 800). Another way of looking at validity, is truthfulness (Altheide & Johnson, 1974, p. 582), i.e., whether or not the study actually examines what the researcher set out to examine and "the findings reflect the experiences of participants in relation to the phenomena being explored" (Shenton in Peat et al, 2019, p. 9).

Since the aim of the study was to examine the role closing phase installation of PSRE played in participants' experience, it was essential that it be carried out as closely to the design as possible. I will elaborate more on this in chapter 6. According to my understanding and experience, the research question has been answered, and the findings presented in this thesis.

An advantage of the study with regard to validity was data analysis using a combination of IPA and STC, in that "[t]he hermeneutic underpinnings of IPA offer researchers the opportunity to go beyond surface-level description of findings, to offer insightful interpretative accounts of lived experiences of participants" (Peat et al, 2019, p. 9), while STC is a transparent method which ensures "a responsible measure of rigour" (Malterud, 2012, p. 795) whereby procedures and analysis are clearly delineated. The combination allowed for detailed analysis of the empirical data, as well as the checking and re-checking of emerging themes and codes so as to be true to the content of the data sets.

4.5.4 Reflexivity and Sincerity

"Reflexivity is the process of 'being aware' and bringing to light how the researcher influences the research process" (Finlay in Peat et al, 2019, p. 8). Reflexivity implies a high level of sincerity in the researcher, i.e., transparency with regard to the research process and openness to its close examination, as well as respect for the participants and the empirical data (Lofthus, 2017, p. 38). Earlier in this thesis, I have described some of the ways I can have influenced the research process both as researcher and as researching clinician. I have also given a detailed description of the research design as well as the methods of analysis of the empirical data, and I have discussed the

expectation of bracketing preconceptions as well as the utility of personal experience of the researcher. I have attempted at all times to be self-reflexive (Lofthus, 2017, p. 35), and to draw on intersubjective reflexivity, i.e., transparency regarding the dynamics of the relationship between the participants and me (Peat et al, 2019, p. 8).

Regarding a possible relational influence, seven of the nine participants and I had met at least once before the start of the study, two of them as clients. The remaining two I had not met before the study. Those I had met before, may have chosen to join the study based on a certain level of trust they had in me from previous contact. Having said that, those who were clients may have felt obliged to participate due to an underlying need to please or need for security. As researcher, having met seven of the participants previous to the study may have influenced my ability to view them from a fresh perspective; my analysis could have been influenced by previous encounters with them and possible judgments about them.

As stated previously, my choice of diary instead of interview was to avoid undue influence by me on the descriptions and sharing of participants' lived experience. This choice does not necessarily completely eliminate influence perceived by the participants. They may, e.g., have been swayed to reflect their experiences or themselves in a more positive light given that their diaries were to be used as research material in the study, or given that some of them were known to me before the start of the study. Through the combination of methods of data collection – diary and journal – I attempted to counteract this challenge as much as possible.

4.5.5 Credibility

There is also the question of credibility, i.e., "how vivid and faithful the description is to the experience lived" (Beck in Laverty, 2003, p. 31). There is always some time lag between participants' lived experience and their recording of it in their diaries. There may, therefore, be unintentional discrepancies between factual accounts and actual accounts. In addition, although more than half of the diaries submitted contained rich descriptions of participants' lived experience, a few participants chose to record brief themes or essences of experiences, which were written as bullet lists. My experience with the essences was that they illustrated a clarity of experience unclouded by surplus detail which may have been superfluous to the participants'

experience. They also seemed to minimize my need for interpretation in many cases, in contrast to some of the somewhat more lavish descriptions.

Credibility is also relevant with regard to my journal entries. Though I took copious notes during PSs and immediately reflected back the utterances I had heard to the participants in order to check their accuracy, my notes are accounts of experiences in PSs as they emerged and were viewed through my experience and understanding, and so cannot completely accurately reflect the lived experience of the participant. Again, my choice of research design was meant to minimize inaccuracies and present as succinct as possible occurrences in the PSs as well as the participants' descriptions of these, and their experiences between PSs.

4.6 Ethical Considerations

Reflexivity in this study implies my being open to my role as researcher and clinician, to the participants in the study, to the data and methods of production, and to ethical considerations connected to the research (Lofthus, 2017, p. 39). In Norway, research activity is regulated by ethical guidelines stipulated by NSD – Norwegian centre for research data and Regional Committees for Medical and Health Research Ethics (REK). These guidelines clearly state that the researcher is obligated to ensure and protect participants' anonymity, all information about them that may be of a sensitive nature, and their well-being and limitations in connection with the study (NESH, 2016, p. 12-22; Kvale & Brinkmann, 2009, p. 91). In order to comply with the guidelines, both my notes and pictures of participants' diaries were stored in EasyPractice. Inclusion and exclusion criteria were observed, and an optional TPS was available to participants.

Participation in the study was voluntary. Prior to the onset of the PSs, all participants received verbal and written information regarding the aim of the study; participation criteria; data collection, storage, and anonymization, and the opportunity to withdraw without negative consequence (Malterud, 1993, p. 202-203; NESH, 2016, p. 14; Thagaard, 2003, p. 23-24). They were sent a consent form by encrypted email, which they consented to receive in advance, and I went through the information in the consent form again at the beginning of the FPS. They were informed that they could contact me prior to the FPS and throughout the study with questions or concerns. Upon signing the informed consent form, they were considered participants of the study.

In addition to ethical considerations regarding challenges connected to the study, there were also positive aspects that needed consideration, e.g., that the study involved possible experience of benefit (NESH, 2016, p. 19). Part of my consideration was that some participants could potentially be unfamiliar with or uncomfortable with prolonged installation of PSRE, e.g., if memories of positive experience are triggering due to associated previous experiences of punishment or shame. On the other hand, several of the participants mentioned that they chose to be part of the study, because it had a positive focus and involved PSRE.

In advance of the study, applications for approval were sent to NSD and REK. NSD approved the study 6 July 2020 with some adjustments, see appendix C, and REK deemed the study to be outside its purview and mandate 9 October 2019, see appendix D.

5 Presentation of Findings

This chapter presents the six categories that emerged from the analysis and condensation of the data, see Table 5-1 below. Experiences of benefit were noted in all six categories. The psychotherapeutic themes and experiences outlined here reflect those the participants emphasized both in their diaries and in the PSs, as well as my observations in the PSs. Several characteristics stood out in the overall analysis, which I present as code groups connected to the appropriate category. The presentation follows the same order as the order in which the categories are structured in the data analysis.

Table 5-1. Categories and Code Groups

5.1. Agency	Positive Agency Negative Agency Trust
5.2. Motivation	Positive Motivation Negative Motivation
5.3. Identity	Self-Worth Self-Loathing
5.4. Ambivalence/Liminality	Ambivalence Liminality
5.5. Reality Alignment	Positive Reality Alignment Negative Reality Alignment
5.6. Application of PSRE	Symbols Embodied Experience Ending on an Upswing

In order to illustrate the findings in light of the research question, it is at times necessary to describe them within the context of the psychotherapeutic theme or insight which presented itself in the PSs. This is done with utmost care and respect for the privacy of the participants.

All citations are taken directly from the diaries and journals and written in italics. Citations not originally in English have been translated into English by me, taking great steps to ensure they are as close as possible to the intended meaning. This has been done by my taking into account the

context of the citation, and, when necessary, by using Norwegian-English dictionaries to verify my understanding of particular terms or concepts.

5.1 Agency

In each FPS participants described a challenge they were facing for which they had no solution at the time, and so sought help. In each case, I noticed a seeming lack of agency with respect to the challenge. Agency can be understood as "the perceived ability to affect one's own destiny and to engage meaningfully with others and reflects the dimensions of mastery and positive relationships with others" (Provencher & Keyes, 2013, p. 285). I exemplify agency with three code groups and examples of benefit which presented themselves during the study.

5.1.1 Positive Agency

After the intervention, in the majority of cases, participants referred to experiencing *handlekraft*, which I translate in this context to mean 'the strength of character to act in their own best interest.' In all of the cases, participants showed an ability to influence their circumstances in a way beneficial to them in connection with their challenge; however, in this code group, participants were motivated by positive stimuli, e.g., after having experienced having acted on solutions which had presented themselves during the intervention. From the perspective of *handlekraft*, I refer to this as positive agency. An example of this is a participant who felt paralyzed when in situations where she felt out of control. During the interim period between PSs, she wrote in her diary:

> *I notice I didn't feel sad or depressed, nor strict or judgmental of myself, and nor was I helpless. I didn't succumb to my feelings. I rolled up my sleeves and found a solution. Feel proud and happy!!*

5.1.2 Negative Agency

As an example of negative agency, which involves the ability to act, although the stimuli can be considered negative, the intervention brought certain habits, judgments, interpretations etc into consciousness for some of the participants. Participants who stood on their timeline, and were unable to move forward, often became aware of these habits as what was holding them back. Not all were able to arrive at their FM while on the timeline. They did, however, consider this realization to be useful and inspirational in assisting them in wanting to effect change or find solutions, and

installation of PSRE strengthened their resolve. To their mind, the intervention served to reveal something they were able to influence, as one participant wrote:

> *I must admit that I like it when people tell me what to do so that I don't have to figure it out myself. It feels safe. I think my boss should do this, and my boss should do that, but I'm the one who is responsible for my health.*

5.1.3 Trust

The sub-themes under trust have to do with relational attachment, safety, and freedom. All of the participants struggled with relational themes, either with regard to a parent or guardian, a significant other, or themselves. These themes had consequences for participants' feelings of security and their ability to feel free to act in accordance with their wishes, needs, and plans. Several became aware that they lacked the trust to be able to envision, plan, or carry out short- or long-term goals, and struggled with their freedom to choose:

> *I feel some insecurity connected to having a so specific goal in five years. I remind myself that the goal can be changed along the way as needed. At the same time, I know that it's wise to have a clear goal that I can work towards.*

As participants gained a realistic orientation of themselves and their environment, and as they took steps during the intervention toward clarifying or realizing their plans, they were also able to adjust their expectations, gain perspective, and trust themselves and the process.

> *But it will work out [...] one thing at a time.*

5.2 Motivation

When I first introduced the intervention in PSs, I was not aware of a preconceived notion on my part that participants' experiences of benefit would necessarily result from PSRE. Surprising to me, what surfaced in both the diaries and my observations in the PSs, was that some of the participants found benefit from experiencing negative stimuli. I will exemplify both of these circumstances directly below.

5.2.1 Positive Motivation

The code group positive motivation can be taken to resemble or be synonymous with the final category, application of PSRE, see Table 5-1, where participants used positive stimuli as motivation to move towards accomplishing a desired FM. I differentiate between the two and will in 5.6 exemplify how participants made concrete use of positive stimuli from the FPS to effect change and experience benefit.

In this section, I refer to participants' experience of curiosity as positive motivation. During the interventions, most of the participants began to express curiosity not only towards what their lives would be like when they arrived at their FM, but towards stages along the journey; possibilities for change and accomplishment; strengths of which they were not aware at the time; their ability to imagine, create, simulate, and experience, and their seeming to know exactly what they wanted and how to structure their simulated future environment without having experienced it yet. One participant was convinced she had no idea what she wanted, yet she imagined clearly, arranged the scene, and acted on her impulses to move, sit or stand along the timeline without prompting from me. When I pointed this out to her, she was quite amazed. She became aware that she actually knew, but had been afraid to allow herself to be conscious of it:

> *I became aware of how afraid I am, and how I withdraw, collapse, and become heavy in my whole self when I am about to do something I really want to do. When joy and enthusiasm are awakened in me, shame and hopelessness come at the same time.*

5.2.2 Negative Motivation

In four of the FPSs, I added a dimension to the timeline which I hadn't foreseen when I first planned the study. I call this dimension 'parallel timelines.' I introduced this dimension when participants had difficulty clearly imagining a positive FM, or when they seemed to struggle with experiencing PSRE for more than a few seconds or even at all. Parallel timelines involved establishing a timeline as outlined in the study above, while simultaneously establishing another timeline which illustrated the participant's FM, e.g., in twenty years, if s/he continued with the same behaviour as s/he had in the PM. Each time during the intervention that I noticed the participant struggling with PSRE, I directed her/his attention to the 'dark path', as one of the participants called it, in order to make the participant aware that s/he had returned to negative experience and habitual patterns. Once

the participant was clearly aware, s/he was given the choice to remain on the dark path or step into the 'light path' towards a positive FM. Once on the light path, the process of making the participant aware of and having her/him physically move to the dark path when s/he shifted focus to negative experience, continued. In each case, after a while, the participants themselves began noticing that they had switched focus, and they physically changed paths on their own. One chose to remain for a few moments on the dark path in order to examine how it influenced her consideration of the light, and then she moved into the light path and remained there. In the case of "Marianne", I was unable to see or hear any real indication that she was motivated by the light path, which I noted in her journal:

> *The client appears to be more motivated by the dark path than the light in such a way that she focuses on what she does not want to experience rather than what she wants to experience.*

She writes

> *Will I not get to create my hopes for the future*

In Marianne's case, I did not consider her to have been able to follow a timeline which installed more than a few very brief moments of PSRE in the FPS. She was, however, quite adamant that she did not want to experience the FM she imagined for herself on the dark path, which in itself is positive. She chose to make use of the offer of a TPS at which time I reintroduced the intervention. She showed great difficulty imagining or experiencing the positive, though there was obvious improvement. I will say more about this in 6.1.2.

5.3 Identity

All of the participants presented challenges with what I choose to call identity. For the most part this involved either something they had done or not done, which they judged to be negative or positive in some way, and which they generalized to mean that they were good or bad people, or something they had been told – negative or positive – which they generalized to mean something negative or positive about them as a whole. Coping strategies related to these ideas of identity seemed for the most part to be either fear- or shame-based on the one hand – e.g., a participant who said she felt small and weak, and exclaimed "*I don't want to be weak!*" – and idealized on the

other – e.g., her belief that she would get into heaven, if she were 'good.' These are in contrast to good coping strategies, which "are characterized by rationality, flexibility, and foresight, including the ability to regulate emotions" (Langeland & Vinje, 2013, p. 302).

5.3.1 Self-Worth

Self-worth in this context encompasses self-care, self-acceptance, authenticity, and setting good boundaries, among others. Acknowledgement related to self-worth arose on each timeline. All expressed experiences of empowerment and self-worth to varying degrees during and in the period after the intervention. I experienced the transformation in some of the participants as striking. One participant expressed it like this:

> *Cycled past [a building], thought about offices, had an impulse about work and responsibility but went quickly to celebration […] Think when I awaken about how to celebrate myself. Budding feeling of rejoicing over myself.*

An apparent consequence of a growing sense of self-worth was an emerging compassion for others. Some of the participants' timelines revealed an inability to move forward due to a fear of hurting others. One of the ways we worked with this challenge, was to have them choose a power animal with characteristics they valued. Embodying the power animal gave participants a sense of power without the danger they associated with it, and this was installed. They were then able to make use of this power in situations on the timeline and move forward. This exercise also revealed an experience of power which could be abused, and several of the participants, having recognized this, found ways to incorporate and apply this power from a perspective of loving care, or at least, train making the connection and putting it into practice, as one participant writes:

> *Connect tiger power to♡ [heart] power for the day […] Visualized the tiger →in various situations*

5.3.2 Self-Loathing

In the code group self-loathing were sub-themes such as low self-esteem, self-deprecation, and shame. Self-loathing in this context can be understood to mean negative self-worth. Participants displayed self-loathing in connection with the challenge they presented in PSs, as they generally considered themselves to be lacking in some way, partly because they had not been able to

overcome the particular challenge they presented. In order to direct them towards PSRE, I tended to add on to their comments the words 'yet' or 'for the moment' so as to allow for the possibility of emerging agency. When I did this, the participants would most often repeat those words back to me, lower their shoulders, and breathe.

> *[She mentions something else she wants], but that she can't do it. She says she knows it's nonsense, but that she can't act on what she wants. I add «yet» and she repeats «yet.»*

Experiences of possibility or hope often emerged in this context.

Issues of self-loathing seemed to manifest as stagnation along the timeline, where the participant – much to her/his surprise – was unable to physically take a step towards the FM. In many cases, participants were able to express quite clearly what they deemed to be their failings, but seemed to have great difficulty both noticing and expressing their strengths. Many of these 'failings' arose on the timeline in connection with challenges related to significant others in participants' lives, for example as I noted:

> *She experiences her husband as somewhat domineering, needing to have control, wanting her to be more like a little girl. She wonders whether or not she is worth getting what she wants.*

and

> *[She] brings up having to process her traumas and her past more so that she won't have to show her feelings, and then she won't be rejected by her friends. […] If she is 'perfect' like they want her to be, they won't leave [her], and then she'll be happy and safe.*

These moments of stagnation afforded participants opportunities for self-examination and reflection, where they sometimes moved to the side in order to stand on the dark path described above, for those who had parallel timelines, before returning to the light path and moving forward. Another way to engage with self-loathing was for participants to find an object in the room which represented the experience of self-loathing, and to have a dialogue with it or see it for what it was

and the role it played, and then replace it with something positive or remove it when they were ready to move forward.

5.4 Ambivalence/Liminality

The category ambivalence/liminality illustrates stagnation issues. On the one hand, ambivalence can be seen as avoidance behaviour, as when participants do not act on what they believe they want so as to avoid a perceived negative consequence. Liminality in the context of this thesis refers to being in process, e.g., when a participant has installed a new experience, but it hasn't yet become a healthy habit. «Liminality marks a particular stage in the rituals of passage, the one in which the transition or change occurs. It is preceded by a stable condition, and it leads to the acquisition of a new position in the structured world" (Levine, S.K., 2010b, p. 44).

5.4.1 Ambivalence

Ambivalence often presented itself as participants' wanting two opposing things: one they wanted to achieve, and one they wanted to avoid in equal measure. Some motives for ambivalence were confusion regarding role definition and an external locus of control (Galvin, Randel, Collins & Johnson, 2018, p. 820), e.g., when one is expected to both finish the food on one's plate and not overeat to avoid getting fat. Ambivalence generally presented as stagnation along the timeline, which served to inform participants.

> *She says she wants to achieve her goal, but remains standing still. I ask her if she really wants to achieve her goal, and she laughs. Says yes, but remains standing still. [...] Suddenly she says «This is unrelenting! I can't be bothered to listen to them!» She laughs and looks at me, but remains standing where she is, even so.*

One of the ways I worked with ambivalence was to place an obstacle on the timeline, such as a chair or large pillow, to physically represent the ambivalence or resistance thereby increasing sensory stimulation. Participants could then physically experience moving the object out of the way as a representation of triumph. Placing an obstacle in their path was also a way to uncover whether the stagnation centred around a 'will issue' or a 'skill issue,' or, as I explained to some of the participants, the difference between 'I can't' – e.g., based on fear or confusion – and 'I don't yet know how.' The latter implied that the participant was empowered and could look for a solution;

the former presented the participant with the possibility of simulating overcoming the challenge on the timeline. Both positive experiences of self could be installed on the timeline so as to afford the participant the opportunity to move forward.

5.4.2 Liminality

During the liminal phase, there is a period of integration of the new (van Gennep in Levine, S.K., 2010b, p. 42), a maturation process. Liminality comprises a period of instability between old and new ways of being and acting which may not have taken hold and may need further installation.

> *He mentions that it was easiest to access and focus on celebrating himself during the first days after the FPS.*

A few participants were able to take gain from the intervention and implement it in their daily lives, but had situational relapses, as in the case of one participant who reported during her SPS having held her ground during a challenging situation in the interim, but having capitulated when presented with a similar challenge involving her father:

> *Felt [her father] rejected her and immediately felt very small followed by self-deprecation. She wasn't prepared – came as a surprise – so it "collapsed."*

This made her aware of certain responses to him which needed exploration.

5.5 Reality Alignment

This category has to do with participants' ability to orient themselves in their internal and external environment, and whether their locus of control, i.e., their perception of the cause of experiences in their lives as being themselves or other (Galvin et al, 2018, p. 820), is internal or external. It encompasses self-insight, awareness and self-awareness, acceptance and self-acceptance, and a healthy ability to feel and express one's emotions, among others.

5.5.1 Positive Reality Alignment

Participants reported becoming more aware of themselves and their own role in creating the lives they wished to have, as well as their ability to take responsibility for and action towards their goals.

These experiences led to participants' making changes in their lives, some of them – as one participant described it – volcanic. One was "Katie":

> *In the past week I have given notice on my apartment and am finally moving to the country. I have wanted to do that for several years now, but haven't dared. I do now, and I now know that one needs a car in the country. So today I bought a car. All on my own, completely without the help of a man.*

Participants also expressed cognitive epiphanies, some with respect to their world in general, and some with respect to how they viewed themselves, which allowed for a greater degree of acceptance of life in general and of themselves:

> *a new path… from: I MUST GRIEVE [drawing of a ghost/scream mask] to: A LITTLE TROUBLE IS TO BE EXPECTED [drawing of a mouse]*

and

> *[in large, green letters which fill the page:] I AM NOT CRAZY – I AM JUST DIFFERENT FROM YOU*

5.5.2 Negative Reality Alignment

Participants expressed unrealistic expectations or opinions of themselves or their life situations and became aware of these during the intervention and the interim period. In addition to the way they viewed themselves, as partially illustrated in the category Identity above, these also involved ideas about their lives and goals:

> *I was SO enthusiastic yesterday! Haven't lost the eagerness today, but as soon as I start planning, I realize how (pretentiously?) large the projects in my head are*.

Negative reality alignment also has to do with unrealistically low opinions of participants' abilities, e.g., to create a good life for themselves or even act on needs, which sometimes manifested as a dependency on others and lack of agency:

> *Feel like crying, but don't know if I should cry*

Some of these expectations were of unrealistic proportions with regard to participants' abilities and responsibility to others:

> *She believes his reactions and actions are due to something she has or has not done, and if she just figures out what that is and acts «correctly,» then everything will go well with him and with them.*

Awareness of these unrealistic expectations afforded participants the opportunity to make adjustments to more realistic dimensions within the scope of their abilities and their daily lives.

5.6 Application of PSRE

In addition to the interventions in PSs, participants applied PSRE to their everyday lives in the interim. Below are some of the ways in which they made concrete use of PSRE.

5.6.1 Symbols

Participants found symbols which originated from their FPS to be helpful reminders or support for their new insights and actions. Some of the participants also came to the SPS either wearing or carrying symbols from their FPS such as the colour of their clothes or a bracelet made of colourful pipe cleaners and reported having used them in the interim. Participants used symbols to remind themselves of

- behaviours they wished to change, and to assist them in changing those behaviours;
- positive things that already existed in their lives, which they had overseen or ignored until the intervention;
- their inspiration toward their FM and other goals;
- their strengths, as well as sides of themselves and their lives they had been ignoring or rejecting, and
- staying present to their senses and being mindful of their experiences.

Here are two diary examples of many:

- repeated stops where I recall the pillow war […] - considered dinner, felt control – with the pillow as a symbol. […] - the pillow is now an icon for directing toward more conscious choices and pushes me periodically out of certain patterns

Strange – after that smashing therapy session with that smashing therapist, it's the squirrel I'm mostly thinking about.

5.6.2 Embodied Experience

In contrast to pure visualization exercises or 'talk therapy,' to name a few, embodied experience such as PSRE gave participants the opportunity to experience a situation in a safe environment before making use of their experiences in their everyday lives. Some of the feedback participants brought to their SPSs dealt with this issue:

The day after I'd been to Miriam, I was at my psychologist's. I sat in the chair and cried and talked, but inside I was sick to death of talking and just wanted to go back to Miriam. To movement and life.

She says she really likes this form of therapy, that feeling the experience makes a difference. It gives her another dimension than talking about things.

5.6.3 Ending on An Upswing

Participants commented on what it was like to leave the FPS after the intervention and expressed feeling uplifted or enthusiastic. One described her experience to me as feeling euphoric for quite a while after the FPS.

This is in strong contrast to earlier therapy […], where she experienced having to build herself up again after each session and finally chose to terminate therapy.

Another wrote:

Way too much happened in 90 minutes for me to be able to remember everything, but there is no doubt that I exited the session uplifted, full of courage and boldness – and ready to walk step by step towards my goal.

5.7 Summary of Findings

The findings I have presented in this chapter have been collected into six categories. I have chosen to highlight certain code groups and their sub-themes in order to more clearly illustrate the findings.

The findings reveal experiences of benefit in all six categories described above. Some of the benefits involve participants' becoming cognizant of negative thought patterns and behaviours, while others involve making cognitive and behavioural changes in participants' everyday lives.

Participants described experiencing an increase in agency in connection with the challenges they presented in the FPS. In the case of those who experienced some degree of stagnation or did not arrive at their FM on the timeline, they considered it of benefit to have become aware of how they held themselves back, and how they could move forward. Most were motivated by stimuli in connection with positive FMs; however, there was also evidence of avoidance of negative FMs. All developed a curiosity towards themselves, the journey towards their positive FM and how to accomplish it, and what their lives would be like, once they had tried out and implemented some of the strategies they had simulated on the timeline. They also reported experiencing increased trust in themselves, and in more realistic steps towards goals as well as the goals themselves, and their ability to accomplish what they had set out to do.

Challenges with regard to identity showed themselves in the form of issues of self-worth and self-loathing. Participants discovered that they often expressed more concern for others than for themselves, which got in their way of acting in their best interest. With increased positive experience of themselves, they were better able to act on their own behalf. They became aware that power was not exclusively harmful, but could be put to good, and that their experiencing good was not detrimental to others; in that respect, they became able to show concern for others in a more integrated and healthy way.

Participants became aware of processes and external loci of control and could use these cognitions and experiences to adjust their ways of thinking and behaving, or at least, understand their behaviour. These realizations and experiences led to a greater degree of acceptance of themselves and their lives in general. Many of them became kinder towards themselves, as the intervention revealed unrealistic expectations or ideals and challenges relating to accessing their own wants, needs, impulses, or goals.

All of the participants made use of PSRE during and after the timeline, e.g., concrete symbolic reminders, such as colours and images of objects used along the timeline, to assist them in anchoring and acting on their goals and insights. They also reported recognizing gains associated with the added dimension of sensory-rich experience – whether positive or negative – as opposed to mere visualization or talking alone. They left the FPS feeling uplifted, inspired, and encouraged.

6 Summary and Discussion

The aim of this study was to examine the role closing phase installation of PSRE has on clients' experience of benefit of psychotherapy. Two data sets – participants' diaries and my journal notes – were used to provide cross-contextual data, giving a more integral representation of participants' experiences in addition to assuring reliability of the data collected.

Installation of PSRE in the FPS was shown to play a role in participants' experience of benefit in six areas. Several pointed out benefits of embodied experience as opposed to talking. All made use of positive experiences from the FPS, although there were instances of motivation by avoidance of pain. All became aware of painful patterns of thought or behaviour – awareness they considered beneficial – and they were motivated to adjust their focus toward PSRE. In one case, there was little evidence of this. All of the participants originally presented in the FPS with a challenge they had been unable to solve on their own, and all were able to take concrete steps after the FPS towards resolving their challenges. Several made such great changes that they were able to leave their challenges behind them. A few experienced partial improvement coupled with situational relapses. More research is necessary in order to take a closer look at underlying causes of these relapses.

6.1 EFPT and Participant Experience

Simply put, the EFPT has participants walk along an imaginary timeline illustrating a trajectory from the present moment to a moment in the future representing a goal chosen by the participant. The EFPT involves the participant's experiencing as much PSRE as possible within tolerable limits. In this study, the EFPT was situated in the closing phase of the psychotherapy session, so as to allow the participant to leave on an upswing, i.e., with the impression of having successfully navigated a challenging situation before exiting the session.

Preparing for an event by practicing it beforehand is not a novel concept; however, in the case of EFPT, the focus is on experiencing and installing PSRE along the trajectory not only to make it as real an experience as possible for the participant, but using prolonged exposure to PSRE to counteract negativity bias and reinforce positive experience in connection with the goal. In the case of challenges participants have not been able to overcome on their own, the EFPT affords them the opportunity for an alternate experience than the one they envision and imagine for themselves

(van der Kolk, 2014, ch. 4; Levine, 1997, p. 147-148), while in a safe environment before taking action in everyday life. In this way, they may be better enabled and better prepared – both cognitively and experientially – to make more well-informed life choices and act in accordance with their best interests.

6.1.1 Efficacy of Installation

The efficacy of the EFPT was put into question in cases where participants found it challenging to remain in PSRE in the FPS long enough so as to counteract negativity bias and motivate them to act in their own best interest in their everyday lives. One of the challenges associated with this involved these participants' apparent poorly developed ability to make use of their senses in order to clearly imagine an object, experience, or short- or long-term FM. Problems of hallucination and the like were eliminated using exclusion criteria for the study, so diminished ability to clearly imagine and experience can likely be attributed to other phenomena such as lack of training, or resistance due to shame or fear (Levine, S.K., 2010b, p. 41). This is an aspect which was beyond the scope of this study; however, it does raise an interesting point about whether or not some clients of psychotherapy might need supplemental treatment before they are able to successfully navigate an EFPT as intended. If the client is unable to assess or take responsibility for her/his needs, it is up to the therapist to broach the subject (Law, Baptiste & Mills, 1995, p. 255) keeping in mind that therapeutic treatment must be appropriate for the client in question (Sundet, 2014, p. 41).

Two participants showed resistance to engaging in or using props. "Fred" chose to not make use of any props during the FPS, claiming his imagination alone was good enough. "William" chose props that were 'nearest to hand' without taking time to explore what was available in the room, or what best suited his needs or inspired him to experience more deeply. Both seemed to have difficulty accessing PSRE along the timeline, though their experiences of PSRE increased when I directed their attention toward specific aspects, asked probing questions pertaining to how they felt, and introduced positive, sensory-rich stimuli in order to illicit sensory responses from them. For example, William overlooked his achievements, but described feeling joy when I pointed out and celebrated them. I explained that it was acceptable to not only notice achievements, but also celebrate. I demonstrably shouted "Huzzah!" (a precursor to "hurrah!") with great glee while simultaneously acting out smashing a glass on the floor, to which he understood the reference. During the FPS, he was able to access joy when prompted and supported, but struggled when left

to his own devices (van der Kolk, 2014, ch. 4; Levine, 1997, p. 147-148). As reported above, the experiences made an impression on him. He inserted the theme of celebration into his daily life in the interim, and he brought it up both in his diary and SPS as a strongly motivating factor.

Both participants reported a reduction in the experience of benefit after a time in the interim between PSs. There may be a correlation between reduction and difficulty accessing PSRE without assistance, or the PSRE in the FPS may have been experienced by the participant as atypical or unrealistic (Morewedge et al in Schacter & Addis, 2007, p. 779). The study does not explore this, so further exploration is needed.

An intervention using another modality or even a different type of intervention or approach to therapy may have been more in tune with the participant's needs at the time of the study and warrants exploration. An advantage to EXA is the opportunity for intermodality, i.e., switching from one expressive art modality to another which works better for the client (Knill, 2010, p. 125). EXA concerns itself with awakening the senses and increasing clients' experiences of vitality. It is, therefore, important for the therapist to familiarize her/himself with the client's comfort zone, or window of tolerance (Siegel, 2010, Window of Tolerance). Clients' preferences and resources with regard to modality have priority, as does timing and appropriateness (Meyer DeMott, 2017, p. 154).

Another challenge with PSRE was avoidance responses rather than attraction responses, see 5.2. Fred and Marianne appeared to be motivated to avoid pain rather than move toward pleasure. They struggled with the ability to focus on a clear or realistic positive FM and seemed centred towards more immediate actions to alleviate or avoid pain. Paradoxically, they seemed disinterested in the role they played in creating discomfort in their lives by focusing on pain and the avoidance of pain, and expressed their FM more in terms of wishing to experience less pain than to experience pleasure. Marianne's focus on resolving all of her traumas in order to remove negative emotions and pain from her life without taking into account the role her focus played in her level and experience of emotional pain, is an example of this. To her mind, removing the negative would lead to something positive, and at the outset of the FPS, she did not consider as unrealistic her expectations or understanding of what it is to be human.

In both of these situations above – negative motivation, and an apparent diminished capacity to experience PSRE in PSs – there seems to be a question as to whether or not the resistance can be attributed to a lack of will or a lack of skill (Levine, S.K., 2010b, p. 41; Knill, 2010, p. 75). Generally speaking, the participants in question rejected those aspects of themselves or their experience which they did not deem valuable or acceptable. These participants seemed to find prolonged experience of PSRE difficult or unnecessary despite having come to therapy in search of improved subjective quality of life. The EFPT served to make visible the challenges related to these sub-themes; however, a point of further exploration could be whether or not supplemental timelines over time could effect change overriding negative focus, thereby serving to motivate clients to direct their attention toward the healthy experience of the positive, and the creation of a life more in tune with their wishes and needs.

6.1.2 Insight and Installation

Stipulated in the design of the study was the implementation of EFPTs in connection with an insight which arose during the FPS; however, participants' needs weighted more heavily than the study: had a participant needed a psychotherapy session that did not conform to the FPS, I would have chosen a path for the session more in line with the participant's needs rather than strictly adhering to the study structure (Sundet, 2014, p. 42).

In the case of both Fred and Marianne, e.g., I took this into consideration due to their struggles with PSRE, insights, and FMs, as mentioned above. In both cases, I concluded that carrying out an EFPT using parallel timelines was an appropriate approach. Fred's experience of PSRE improved, as the alternate EFPT, or dark path, clearly illustrated his issues around shame, which served to help him focus on PSRE and create a more realistic FM during the intervention. In his SPS, Fred described his FPS as a purely positive experience.

In the case of Marianne, I established a dark path in the FPS where she could experience continuing along her present trajectory alongside a parallel, light path which presented her with another, although unclear, potentially more positive FM. The parallel timelines presented Marianne with the insight that she had a choice and gave her some embodied experience of the alternatives.

I had her write her diary and come to the SPS despite her FPS having contained very little PSRE. In the SPS, she expressed her wish to avoid her present trajectory. She had spent time in the interim focusing on the life she wished to have instead, although the majority of her diary entries appeared to be very general affirmations, e.g., "*All feelings + emotions are welcomed*", rather than expressions of concrete experiences or steps. I will say more about diaries in 6.2.

When Marianne chose to return for a TPS, we attempted a new timeline and kept the structure of parallel timelines as incentive and support. Her initial FM in the TPS was ambiguous: she wanted to be fine and have a nice time with friends. She was unable to offer a concrete description of her FM nor experience PSRE, nor did she offer any insight into her own role in her FM other than resolving her traumas.

What helped Marianne was an extreme narrowing of her perspective. I asked, "*What is one thing you can do now that will feel good, and that can bring you closer to a future where you feel good?*" Her response was to offer a workshop for which she had been trained, the thought of which made her feel good.

We set up the new EFPT with parallel timelines where the workshop was her positive FM, and the parallel FM resembled her painful PM. After approximately 15 minutes of physical pendulation between the two trajectories guided by me, she began to notice on her own when she changed focus to the dark path. She struggled to find her way back to the light path once she had moved to the dark, and I attributed part of that to her avoidance behaviours, e.g., when I attempted to elicit PSRE by asking her about her experiences, and she responded, "*I remember what it was like to offer a course for [others] before*", remaining in the cognitive without experiencing the emotions or sensations connected to the memories.

Despite her propensity for negative focus, Marianne suddenly and towards the end of the TPS rubbed her hands quickly together, bent forward and smiled, looking at her positive FM. She said that it was starting to get exciting. Although she did not expressly state that she was feeling excited, my impression from her body language was that she indeed was having some PSRE.

I ended the TPS at that moment, because ending on an upswing, even though Marianne had not taken the final step into achieving her positive FM, allowed us to avoid the risk of her reinstalling her fears, e.g., connected to whether or not people would register for the workshop, fears she repeatedly returned to during the EFPT.

Antonovsky (in Langeland & Vinje, 2013) mentions "self-regulation, self-reflection, symbolizing, forethought, and vicarious learning" (p. 319) as avenues through which people learn. Simply put, psychologically healthy people have a greater ability to self-regulate, and self-reflection is an important coping tool with which to help oneself and others adapt. Rogers (in Langeland & Vinje, 2013) states that

> [s]elf-reflection strengthens self-identity and self-worth. The aim is to increase consciousness and symbolization by grasping the knowledge that exists on the edge (the hazy area) of a person's awareness (subceptions). Moreover, increased consciousness strengthens forethought in that a person becomes more able to influence their own development and outcome (p. 319).

Physical pendulation between the parallel timelines seemed to afford Marianne the opportunity to become conscious of, experience, and reflect on the choice between the two paths – a will issue, as it were – and it also seemed to bring up a skill issue, i.e., that which she needed to learn or train so as to be able to move herself from the dark path to the light path.

Marianne's case illustrates several points which could be the subject of further study. I mention three here:

a. the role physical pendulation between parallel EFPTs has on clients' experience of benefit,
b. aversion to PSRE, and
c. diminished capacity to imagine.

a. Physical pendulation

Pendulation has to do with "the gentle shifting of focus between disturbing sensations and feelings, and positive memories and body states" (Dockett, 2019, p. 29). It has shown positive outcomes in empirical studies in music therapy (Bensimon, Amir & Wolf, 2012, p. 230), among others. Peter A. Levine (2010) emphasizes that pendulation is a natural rhythm of the body between two states –

expansion and contraction – between good and bad feelings, and that experiencing this rhythm creates a predictable response, a "vital awareness" (p. 80) that the bad will always be followed by the good, which in turn creates trust and confidence in one's own resilience and ability to face challenges. Illustrating this expansion and contraction in a safe environment using EFPTs as two parallel trajectories may clearly illuminate for the client not only the choice of trajectory, but the opportunity and ability to change trajectory and assist in developing the insight and skill required with which to do so.

b. Aversion to PSRE

There is support for the imprint of experience on our limbic system, as presented earlier in this thesis, and studies have been done to examine which areas of the limbic system are affected by auditory and somatosensory stimuli in the case of aversion behaviour (e.g., Zhang et al, 2018; Kringelbach, 2016). In addition, experiments done on 127 students' experience of disgust showed a correlation between the role of disgust and the participants' "sensitivity to their own bodily sensations" (Schnall, Haidt, Clore & Jordan, 2008, p. 1096). The study presented in this thesis did not look into participants' apparent aversion to PSRE; however, given the role of PSRE in the effectiveness of EFPTs – both individual and parallel – aversion and its role in clients' experience of benefit of psychotherapy is worth looking into.

c. Diminished capacity to imagine

Psychoanalyst Sally Howard (in Davis, 2019) discusses the necessity of imaginative capacity for self-reflection, and traumatized individuals' impaired capacity for imagining new possibilities, a consequence of which is diminished ability to envision alternative outcomes (p. 240, see also Levine, 1997; van der Kolk, 2014, and Meyer DeMott et al, 2017). In chapter 3, I briefly described the potential EFPT has for affording clients the possibility of renegotiating trauma using sensory-rich experience by allowing clients to access here-and-now experience in a safe environment and test out alternate responses to those stored in limbic imprints. It is paradoxical that in order to envision and renegotiate trauma, clients benefit from being able to access imagination, which often is impaired due to traumatic experiences.

I found in several of the EFPTs that transforming participants' inner world into their outer world by making use of visual cues in the form of props – such as a skull to represent resistance – assisted

some participants in activating their imagination in the physical realm. An example of this is where participants who now stared at a skull in their path, which they experienced with some discomfort, became empowered through PSRE to introduce another prop, such as a mallet, in order to smash the skull, thereby conquering their resistance. In the case of several of the participants, I held a large pillow or placed chairs in their path as a barrier, where the only way to continue on the path to their desired FM was to physically move the barriers. This proved to be quite challenging for them all, and I exacerbated the challenge with questions and comments designed to enhance the barriers while simultaneously activating and installing their experience of power to surmount the obstacle and attain their desired FM. For example, I asked them to describe their experience of stagnation – which always involved a certain level of comfort – and pointed out that they were more than welcome to continue to stand still and stay comfortable for another 10 or 20 years, but that would not get them to their positive FM. I liken this experience to my training with the Birth into Being method: a fetus is comfortable in the womb until it no longer has room, and then, although laborious, it has to come out in order to continue to grow and develop. Another beneficial aspect of challenging diminished capacity for imagination in this way is that participants experience mobilizing for success instead of for disaster (Bromberg in Howard, 2019, p. 234).

In Marianne's case, her ability to imagine a positive FM involved making use of very familiar tasks in the short term which required little new imagination, i.e., a workshop based on a clear and familiar structure she could follow. Her apparent need for predictability and security seemed quite engrained. It is possible that continued work on timelines with easily surmountable challenges and repeated installation of experiences of triumph might provide her with enough experience of mastery so as to expand her window of tolerance and increase her resiliency (Levine, S.K., 2010a, p. 11). This is in keeping with the EXA principles of 'less is more' and 'low skill, high sensitivity' mentioned earlier. Further exploration of PSRE to counteract diminished capacity for imagination without retraumatizing the client is welcome in these contexts. Although adjustments to the intervention proved somewhat beneficial to Marianne, it is important to point out that "[c]lient-centred care must be grounded in client reality" (Walder & Molineux, 2020, p. 100). Use of EFPT may not have been a suitable approach for Marianne at this point in her development.

6.2 Stricter Diary Guidelines

As outlined in chapter 4, I chose to allow participants to mainly write diary entries as they saw fit rather than have them follow diary guidelines. This resulted in many variations of diaries, which I considered to be a natural consequence of their freedom to choose. Some challenges with respect to the diary did emerge, one of which being that some of the participants concentrated on writing essences or bullet lists, while others wrote detailed descriptions which sometimes included drawings and different colours of ink. As it was not within my capabilities to accurately interpret their subjective drawings, I concentrated on the written text in each diary. I also did not supplement bullet lists with additional texts or interpretations. I did find that the bullet lists provided the added advantage of participants' having extracted the essences of what was most important to them, thereby reducing the necessity of my having to weed the essences out. On the other hand, the bullet lists could give the impression of lack of commitment or interest on the part of the participant (Mackrill, 2008, p. 13).

Several times throughout the data analysis, I regretted not having given the participants diary guidelines, as they may have served to focus the entries on the research question and reduce extraneous information (Mackrill, 2008, p. 14) much like an interview guide can do in studies which make use of interview instead of diary.

Having said that, some of the participants were used to keeping diaries, and one in particular informed me that the diary helped her to integrate the myriad of insights she had during and after the FPS. The diary therefore served not only as data related to the study, but as an additional support to her psychotherapy process (Mackrill, 2008, p. 11).

6.3 Grounding and Worlding

Grounding in EXA refers to delving and probing into parts of the artistic expression in order to arrive at deeper meaning (Knill, 2010, p. 85). An example of this can be a participant's use of a mallet to symbolize anger, and when being with and examining anger, adding more props as other dimensions to the anger emerge, such as grief or fear, or a specific memory, which can be represented symbolically by a sound, movement, taste, picture etc.

I've chosen to refer to lack of grounding as superficial experience. By that I mean that the client remains on the surface of the artistic expression without taking a closer look. Superficiality can be an expression of lack of maturation of the experience, as in the case of liminality; however, it can also be an expression of avoidance.

I will illustrate by referring to Robert and Katie, who both rented apartments and bought cars after their EFPTs (see chapters 2 and 5). My impressions of their motivations for doing so were quite different from each other. In Robert's case, although the possibilities for new experiences in his everyday life were important, as he had begun to change his locus of control from external to internal, his acting on his wants and needs appeared to be somewhat impetuous. An example of this arose during the calculation of his budget. Even though he had a well-prepared list of his basic needs for housing, food, transport etc, when I mentioned the possible need for an extra sum of money for unforeseen expenses, he became angry and resisted discussing it despite the possibility he might encounter challenges later on. The EFPT appeared to have opened the door to creating a life of his own design, the idea of which he found pleasurable, and which he believed he deserved and could achieve; however, he appeared to not wish to sully that experience by injecting into it uncomfortable feelings or ideas. Although I was concerned for possible challenges he might face as a result of his initial resistance to displeasure, I did honour as part of his process his new-found desire to experience the freedom to create a good life for himself without having to submit to others' expectations and demands.

Katie showed more forethought and didn't shy away from possible obstacles. For example, though both Robert's and Katie's descriptions of choices to move and secure transport were based on careful planning, Katie considered several options and arranged for a car loan with a monthly payment plan she could afford for a certain number of years, whereas Robert's purchase of a car was based on an incidentally available amount of money and a coincidentally available car. My impression, therefore, was that Katie's decisions were more grounded than Robert's.

The subject of grounding brings up an important consideration as to the carrying out of the EFPT, and the following up of clients. One of the things I learned from doing an EFPT with Robert, in contrast to the EFPTs in this study, was that Robert's timeline was based on his ideal birthday party, one that might not ever actually take place, but was meant to illustrate for him as embodied as

possible at the time an experience of him being the focus and master of his life. In contrast, the EFPTs in this study were based on as concrete a FM as possible with the underlying purpose of making the transition from alternative to literal worlding as smooth and as realistic as possible, i.e., more in line with Yablonsky's description of his future-projection technique, see 3.5.

Although a client's possibly over-empowered actions outside of the psychotherapy room are not always to be foreseen nor prevented by the therapist, an adequate balance of grounding and imagination is preferred in order for the transition from alternative to literal worlding to be successful (Dayton, 1994, Autodramas). Having said that, I do not discount the necessity for some clients who have been overcontrolled in their past to feel the need to experience a period of extreme freedom and disregard possible consequences, which could present as recklessness or lack of impulse control to an untrained eye. This is a matter that could be investigated in another study.

6.4 Brief Mention

This study explored the role closing phase installation of PSRE played in clients' experience of benefit of psychotherapy. It was a short-term study on a small population where the first two PSs were generally held with a maximum interim period of two weeks. It did not explore long-lasting effect or long-term benefits for participants of the study beyond the interim, nor was it constructed as detailed case studies of participants' experiences nor quantified the types of experiences they had. A follow-up interview or PS with participants after a longer period of time has elapsed, e.g., six months or a year, in order to collect data regarding continued experience of benefit or need for further installation, would be of interest.

In addition, study of installation of PSRE where the EFPT is administered during another phase than the closing phase of a psychotherapy session, may be of interest. A comparative analysis of the results of that study and this study may be worth exploring with regard to experienced benefit. Issues of consistency and fidelity of administration of the intervention may also be worth exploring (Bristowe et al, 2018, p. 531).

With regard to a possible addition of a fifth stage to the EXA wave session structure, see 3.7.1 and 3.7.2, the findings show that ending the FPS with installation of PSRE resulted in clients' leaving the FPS feeling positive and having experienced benefit. Nonetheless, some participants faced

challenges with PSRE, which would indicate that an adjustment of EXA session structure may not be suitable for all clients of EXA.

7 Conclusion

The aim of this study was to explore the role installation of PSRE in the closing phase of a psychotherapy session played in clients' experience of benefit of psychotherapy. Benefit was defined in such terms as well-being and quality of life, among others. Cross-contextual data collected included my observations during the FPS and SPS as well as nine participants' written diaries of their experiences in the interim in connection with the FPS. The design of the study and analysis of the data were based on a phenomenological-hermeneutic approach.

Participants demonstrate experiences of benefit in six areas: agency, motivation, identity, ambivalence/liminality, reality alignment, and application of PSRE. They leave the FPS feeling positive and motivated and make concrete use in their daily lives of experiences they have encountered in the FPS. They also emphasize the use of embodiment and PSRE as being of benefit in contrast to talking. The experience of stagnation along the timeline, of having surmounted an obstacle, of success in an endeavour, and of parallel timelines which vividly and embodied illustrate reversion from positive to negative thought and behaviour patterns and back again are examples of benefit of installing PSRE. A conclusion which can be drawn from this is that installation of PSRE contributes to participants' experiences of benefit in terms of both becoming aware of thought and behaviour patterns and effecting change in their daily lives.

Some participants report profound changes, while some find access to or prolonged experience of PSRE challenging. Increasing positive stimuli or reducing the FM to easily achievable goals are two ways which contribute to accessing and experiencing PSRE. A caveat and conclusion to be drawn is that the EFPT may not be a suitable intervention for all clients. A useful question to consider is "*What* treatment, by *whom*, is most effective with *this* individual with *that* specific problem under *which* set of circumstances?" (Smith et al, 1980, p. 33).

An unexpected outcome is some participants' use of potential negative experience as a motivating factor to effect change. In the case of parallel timelines which also illustrate a less-than-positive FM, this FM is experienced as positive in the way that it serves to dissuade from continuation along the 'dark' or painful path, thereby fueling the choice to change to the 'light' or positive path toward a positive FM. A conclusion which can be drawn from these cases is that an expectation of negative

outcome is also of benefit, where the positive FM may not be realistic or explicit, and where the clients' image or experience of positive FM may not be pronounced or profound.

One of the considerations of the study was my curiosity regarding potentially adding a fifth stage to the wave, i.e., the session structure of EXA taught at USN and NIKUT, simulating the realization of an insight or FM at the end of the session within the safe context of the alternative world before the client's putting the experiences into practice in the literal world. It is clear from the findings that although this 'fifth stage' was of benefit to participants in this study, more research is necessary before any conclusion regarding altering established session structure can be reached.

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List of tables and charts

Appendices

Appendix A: List of Abbreviations

EFPT	Embodied Future Projection Timeline
EXA	Expressive Arts Psychotherapy
FM	Future Moment
FP	Future Projection
FPS	First Project Session
NIKUT	Norwegian Institute for Expressive Arts and Communication *(Norsk institutt for kunstuttrykk og kommunikasjon)*
PM	Present Moment
PS	Project Session
PSRE	Positive, Sensory-Rich Experience
SPS	Second Project Session
TPS	Third Project Session
Timeline	See EFPT above
USN	University of South-Eastern Norway *(Universitetet i Sørøst-Norge)*

Appendix B: Informed Consent Form

FORESPØRSEL OM DELTAKELSE I FORSKNINGSPROSJEKTET

Å AVSLUTTE MED EN OPPTUR

Dette er et spørsmål til deg om å delta i et forskningsprosjekt for å undersøke om hvilken betydning det har for deg å avslutte terapitime med å bruke tid på nye, positive innsikter som har kommet fram i en psykoterapitime. Prosjektet er knyttet til et mastergradsprogram i klinisk psykisk helsearbeid ved Universitetet i Sørøst-Norge.

HVA INNEBÆRER PROSJEKTET?

Prosjektet "å avslutte med en opptur" går ut på at du har en vanlig psykoterapitime (første prosjekttime) hos meg, Miriam Segal, som er kunst- og uttrykkspsykoterapeut, prosjektleder og forsker i prosjektet. Timen finner sted i terapirommet mitt på Bislett i Oslo. På slutten av timen, etter at du har funnet fram til ny innsikt eller oppdagelse, bruker jeg en teknikk som heter "den kroppslige tidslinjen" for å fokusere litt ekstra på den nye innsikten, før du drar fra timen. Påfølgende time (annen prosjekttime) er ca to uker senere.

I perioden mellom første og annen prosjekttime skriver du journal, der du noterer opplevelsene dine knyttet til den nye innsikten. Journalen tar du med til annen prosjekttime slik at journalen kan gjennomgås med meg. Hendelsene i prosjekttimene blir journalført i elektronisk pasientjournal slik jeg gjør med vanlige terapitimer, og journalen du har skrevet, lastes også opp i pasientjournalen.

Bakgrunnen for dette prosjektet er at forskning viser at hjernen har det som kalles for "negativity bias". Dette vil si at vi lærer raskere og husker bedre negative opplevelser enn positive opplevelser. Positive opplevelser trenger mer tid for å bli lagret i vårt minne.

Klienter som går i kunst- og uttrykksterapi (KUT) eller psykodrama er som regel vant med å bruke tid på positive, sanserike opplevelser. Dette gjøres ved bruk av kunstuttrykk, f eks teater, bevegelse eventuelt dikting, maling, dans, musikk m fl. Disse klienter er vant med teknikken «den kroppslige tidslinjen» (teknikken kan ha et annet navn). Jeg undersøker opplevelser KUT- og psykodramaklienter har, knyttet til å bruke litt ekstra tid fokusert spesifikt og sanserikt på ny, positiv innsikt på slutten av en vanlig psykoterapitime. Tida fokusert på positiv opplevelse, kalles for installering. Til denne undersøkelsen trenger jeg voksne mennesker mellom 18 og 65 år som allerede har erfaring med KUT eller psykodrama,

og som kan være med på både en time med installering (første prosjekttime) og en påfølgende time (annen prosjekttime).

Annen prosjekttime finner sted ca to uker etter første prosjekttime og varer i maksimum 90 minutter. Du og jeg blir enige om et passende tidspunkt for begge prosjekttimene som holdes i mitt vanlige terapirom på Bislett i Oslo.

Observasjoner jeg gjør, samt deler av journalen du skriver, er gjenstand for undersøkelse og kan brukes i studien. Alle opplysninger fra prosjekttimene, samt fra journalen du skriver, gjøres anonyme, og du blir ikke identifiserbar verken i masteroppgaven eller i eventuelle foredrag, artikler, podcast mm knyttet til forskningen. Masteroppgaven min er planlagt ferdig 15. januar 2021.

MULIGE FORDELER OG ULEMPER

Prosjektet ”å avslutte på en opptur” fokuserer på installering av positive opplevelser. Det kan hende at dette bidrar til at de positive opplevelsene blir bedre lagret i ditt minne slik at de lettere kan benyttes i hverdagslivet etter timen. Siden prosjektet innebærer en eventuell endring i strukturen du er vant til i vanlig terapitime, samt at du gjør en aktivitet på slutten av første prosjekttime, kan det hende at du opplever et ubehag knyttet til det, f eks i form av følelse av usikkerhet. Du har rett til en oppfølgingstime (tredje prosjekttime) innen to uker etter annen prosjekttime, skulle du føle behov for det. Tredje prosjekttime gis også av meg og varer i maksimum 90 minutter. Tredje prosjekttime koster kr750,00, hvilket er halv pris av det en vanlig psykoterapitime på 90 minutter koster.

FRIVILLIG DELTAKELSE OG MULIGHET FOR Å TREKKE SITT SAMTYKKE

Det er frivillig å delta i prosjektet. Dersom du ønsker å delta, undertegner du denne samtykkeerklæringen på siste side.

Du kan uten å oppgi noen grunn trekke samtykke tilbake muntlig eller skriftlig til meg. Du har mulighet for å trekke samtykke før, under eller etter at prosjektet er gjennomført, om du skulle ønske det. Dersom du trekker ditt samtykke, kan du kreve å få slettet alle innsamlede opplysninger, men du kan ikke kreve at publikasjoner, foredrag, podcast med mer hvor slike opplysninger er brukt i anonymisert form trekkes tilbake og slettes. Opplysninger som kan identifisere person, brukes ikke i studien og publiseres ikke. Opplysninger som fås i prosjekttimene, lagres som vanlig i pasientjournal. Opplysningene behandles konfidensielt slik at du aldri vil kunne identifiseres i publikasjoner, foredrag, podcast med mer.

Dersom du ønsker å trekke deg eller har spørsmål til prosjektet, kan du kontakte meg, Miriam Segal, tlf 411 50 595, e-post info@miriamsegal.com. Om du velger å trekke deg eller å ikke delta, vil dette ikke få negative konsekvenser for din videre behandling.

HVA SKJER MED OPPLYSNINGENE OM DEG?

Opplysninger som kommer fram i prosjekttimene, bruker jeg i arbeidet med min masteroppgave. Både jeg og min veileder er underlagt taushetsplikt, så alle opplysningene blir behandlet konfidensielt. Opplysningene er lagret i pasientjournal, som vanlig. Kun opplysninger knyttet til de ovennevnte prosjekttimene, brukes i studien, og disse anonymiseres helt. Det er kun jeg som har tilgang til pasientjournal og dermed opplysningene om deg, og dem som er knyttet til studien.

Opplysningene som registreres om deg skal kun brukes slik som beskrevet i hensikten med prosjektet. Du har rett til innsyn i hvilke opplysninger som er registrert om deg og rett til å få korrigert eventuelle feil i de opplysningene som er registrert. Du har også rett til å få innsyn i sikkerhetstiltakene ved behandling av opplysningene.

Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger gjennom en navneliste. Det er kun jeg, Miriam Segal, som har tilgang til denne listen. Listen gjør det bl a mulig for meg å kontakte deg igjen, om det skulle være behov for det.

Det er mulig at deler av min masteroppgave publiseres i form av artikkel eller bok eventuelt at jeg skriver flere artikler om temaet knyttet til min masteroppgave. Jeg har også til intensjon å holde foredrag om temaet knyttet til min masteroppgave. Du blir ikke identifiserbar verken i masteroppgaven eller artikkel, foredrag, podcast eller annet. Alle opplysninger blir anonymisert og behandlet konfidensielt.

Opplysningene om deg inklusiv kontaktopplysninger er oppbevart i elektronisk pasientjournal og er ikke tilgjengelige for andre verken i løpet av eller etter prosjektet.

FORSIKRING

Lov om erstatning ved pasientskader mv (pasientskadeloven) gjelder for dette prosjektet. Jeg er autorisert medlem av Norsk forening for kunst- og uttrykksterapi (NFKUT) og har ansvarsforsikring hos Gjensidige forsikring.

ØKONOMI

Installeringstimen (første prosjekttime) og påfølgende time (annen prosjekttime) – to timer à maksimum 90 minutter - er uten kostnad til deg. En eventuell oppfølgingstime (tredje prosjekttime) på maksimum 90 minutter koster kr750,00.

GODKJENNING

Norsk senter for forskningsdata (nsd@nsd.no eller 55 58 21 17) har vurdert prosjektet og har gitt forhåndsgodkjenning [saksnr NSD 2019/847117]. Regionale komiteer for medisinsk og helsefaglig forskningsetikk (rek-sorost@medisin.uio.no eller 22 84 55 11) anser prosjektet for å være utenfor sine rammer [saksnr REK 2019/32712].

Etter ny personopplysningslov har behandlingsansvarlig Universitetet i Sørøst-Norge og prosjektleder Miriam Segal et selvstendig ansvar for å sikre at behandlingen av dine opplysninger har et lovlig grunnlag. Dette prosjektet har rettslig grunnlag i EUs personvernforordning artikkel 6 nr. 1a, artikkel 9 nr. 2a og ditt samtykke.

Du har rett til å klage på behandlingen av dine opplysninger til Datatilsynet.

KONTAKTOPPLYSNINGER

Dersom du har spørsmål til prosjektet kan du ta kontakt med meg, Miriam Segal, tlf 411 50 595, e-post info@miriamsegal.com.

Personvernombud ved institusjonen er Paal Are Solberg, Paal.A.Solberg@usn.no eller personvernombud@usn.no.

JEG SAMTYKKER TIL Å DELTA I PROSJEKTET OG TIL AT MINE PERSONOPPLYSNINGER BRUKES SLIK DET ER BESKREVET

Sted og dato

Deltakers signatur

Deltakers navn med trykte bokstaver

Jeg bekrefter å ha gitt informasjon om prosjektet.

Sted og dato

Min signatur

Navnet mitt med trykte bokstaver

Appendix C: Decision NSD

NSD NORSK SENTER FOR FORSKNINGSDATA

NSD sin vurdering

Prosjekttittel

Clients' Experience of Benefit of Psychotherapy after Closing Phase Installation in Therapy Sessions

Referansenummer

847117

Registrert

09.07.2019 av Miriam Segal - 136811@student.usn.no

Behandlingsansvarlig institusjon

Universitetet i Sørøst-Norge / Fakultet for helse- og sosialvitenskap / Institutt for helse-, sosial- og velferdsfag

Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)

Rolf Sundet, rosundet@online.no, tlf: 91706211

Type prosjekt

Studentprosjekt, masterstudium

Kontaktinformasjon, student

Miriam Segal, miriam@miriamsegal.com, tlf: 91815516

Prosjektperiode

01.07.2020 - 15.01.2021

Status

06.07.2020 - Vurdert

Vurdering (2)

06.07.2020 - Vurdert

NSD har vurdert endringen registrert 3.7.2020.

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg den 6.7.2020. Behandlingen kan fortsette.

NSD gjør oppmerksom på at opplysninger som kommer frem i forbindelse med forskning kan ikke uten videre overføres til journal. Forsker har også taushetsplikt, og det er viktig å være klar over at denne taushetsplikten ikke er ensbetydende/sammenfallende med den taushetsplikt man har i kraft av sitt yrke/sin stilling. Hvis opplysninger skal tilbakeføres til journal må utvalget få tydelig informasjon om dette.

OPPFØLGING AV PROSJEKTET
NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Lykke til videre med prosjektet!

Kontaktperson hos NSD: Lisa Lie Bjordal

Tlf. Personverntjenester: 55 58 21 17 (tast 1)

30.10.2019 - Vurdert

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet 30.10.2019 med vedlegg, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

Prosjektet er vurdert av Regionale komiteer for medisinsk og helsefaglig forskningsetikk (REK) til å falle utenfor helseforskningslovens virkeområde (ref. REK sør-øst A – 32712). Prosjektet kan derfor gjennomføres uten godkjenning fra REK.

MELD VESENTLIGE ENDRINGER
Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde: https://nsd.no/personvernombud/meld_prosjekt/meld_endringer.html
Du må vente på svar fra NSD før endringen gjennomføres.

TYPE OPPLYSNINGER OG VARIGHET
Prosjektet vil behandle særlige kategorier av personopplysninger om helse og alminnelige kategorier av personopplysninger frem til 15.1.2021. Data med personopplysninger oppbevares utover prosjektperioden til 15.1.2026 for å kunne kontakte utvalget på nytt om fremtidige forskningsprosjekter. Opplysningene oppbevares i låsbart skap hos forskeren, internt ved behandlingsansvarlig institusjon eller ved nasjonalt arkiv.

LOVLIG GRUNNLAG
Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake.

Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a, jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

PERSONVERNPRINSIPPER
NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om:

- lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål
- dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
- lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet

DE REGISTRERTES RETTIGHETER
Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20).

Det unntas fra terapeutens (tredjepersons) rett til innsyn i de opplysninger som pasientene måtte gi om den. Jf. art. 15.4 skal retten til kopi ikke ha negativ innvirkning på andres rettigheter og friheter. Slike taushetsbelaget opplysninger blir derfor behandlet konfidensielt av forkser. Både terapeut og pasient mottar informasjon om dette.

NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER
NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).
For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.

OPPFØLGING AV PROSJEKTET

NSD vil følge opp underveis (hvert annet år) og ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet/ pågår i tråd med den behandlingen som er dokumentert.

Lykke til med prosjektet!

Kontaktperson hos NSD: Lisa Lie Bjordal
Tlf. Personverntjenester: 55 58 21 17 (tast 1)

Appendix D: Decision REK

REK
REGIONALE KOMITEER FOR MEDISINSK OG HELSEFAGLIG FORSKNINGSETIKK

Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst A	Anne Schiøtz Kavli	22845512	09.10.2019	32712

Deres referanse:
Rolf Sundet

**32712 Klienters opplevelse av psykoterapiens gevinst etter installering i avsluttende fase av
psykoterapitime**

Forskningsansvarlig: Universitetet i Sørøst-Norge
Søker: Rolf Sundet

Søkers beskrivelse av formål:

It has been postulated that the brain has a negativity bias, meaning that the brain learns, remembers, and recalls negative experience quickly, whereas it requires more time to store positive experiences in long-term memory (Cacioppo, 2014). The intention of this study is to examine psychotherapy clients' experiences of benefit when positive insights derived in their therapy sessions are installed at the end of the session. It is a qualitative phenomenological pilot study with data collected through semi-structured interviews of a small sample of clients of Expressive Arts Psychotherapy (EXA). The data will be analysed using systematic text condensation as described by Malterud (2012). The explorations in this project will centre on the following research question: What role does closing phase installation of positive, sensory-rich experience in psychotherapy sessions play in clients' experience of benefit of psychotherapy?

REKs vurdering

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst A) i møtet 19.09.2019. Vurderingen er gjort med hjemmel i helseforskningslovens § 10.

Formålet med denne studien er å undersøke klientenes opplevelse av psykoterapi der man mot slutten av terapien forsøker å forankre (installere) positiv innsikt som har framkommet i løpet av terapisesjonen.

Utgangspunktet er ideen om at hjernen har et negativitetsbias som gjør at negative opplevelser lagres lettere enn positive opplevelser.

Det planlegges å intervjue 4 – 6 voksne pasienter som deltar i kunst- og uttrykksterapi. Deltakende klienter velges fra psykoterapeuts egen klientbase, men kontaktes av forsker.

Intervensjonen gjennomføres av deltakerens egen psykoterapeut i en vanlig psykoterapitime for at det skal oppleves som mest mulig betryggende for deltakeren. På slutten av timen vil det brukes en teknikk kalt «den kroppslige tidslinjen» for å fokusere litt ekstra på det klienten tar med seg fra timen. Dette innebærer at terapitimen kan vare 15-30 minutter lenger enn en vanlig time.

Fordi prosjektet innebærer en endring i struktur på terapitimen ved at det gjøres en aktivitet på slutten av timen er det mulig at enkelte klienter kan føle et ubehag knyttet til det, og de tilbys derfor en oppfølgingstime innen to uker dersom de skulle ha behov for det.

To uker etter terapitimen vil det gjennomføres et semistrukturert intervju av deltakerne som tar om lag 60 minutter. Klientene blir spurt om opplevelsene fra KUT timen, hvordan timen ble avsluttet, om det var et tema som krystalliserte seg for dem i løpet av timen, om noe ble tydeligere knyttet til temaet i løpet av avslutningen, spørsmål som dreier seg om opplevelsen av avslutningen av timen og eventuelle konsekvenser for handlinger etter at timen var slutt, samt fordeler og ulemper med denne måten å avslutte timen på.

Etter komiteens vurdering vil ikke prosjektet, slik det er beskrevet i søknad og protokoll, kunne bringe ny kunnskap om helse eller sykdom, men om klientenes opplevelse av en ny måte å avlutte en terapitime på. Prosjektet faller derfor utenfor helseforskningslovens virkeområde.

Hva som er medisinsk og helsefaglig forskning fremgår av helseforskningsloven § 4 bokstav a hvor medisinsk og helsefaglig forskning er definert slik: «virksomhet som utføres med vitenskapelig metodikk for å skaffe til veie ny kunnskap om helse og sykdom».

Det er institusjonens ansvar å sørge for at prosjektet gjennomføres på en forsvarlig måte med hensyn til for eksempel regler for taushetsplikt og personvern.

Vedtak
Avvist (utenfor mandat)

Prosjektet faller utenfor helseforskningslovens virkeområde, jf. § 2, og kan derfor gjennomføres uten godkjenning av REK.

Vennlig hilsen

Knut Engedal
Professor dr. med.
Leder REK sør-øst A

Anne Schiøtz Kavli
Seniorkonsulent

Kopi til: Universitetet i Sørøst-Norge: postmottak@usn.no

Klageadgang
Du kan klage på komiteens vedtak, jf. forvaltningsloven § 28 flg. Klagen sendes til REK sør-øst A. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst A, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag (NEM) for endelig vurdering.

Alle skriftlige henvendelser om saken må sendes via REK-portalen
Du finner informasjon om REK på våre hjemmesider rekportalen.no

Appendix E: Examples of IPA

1.

	Meaningful chunks	Theme
	- har tenkt at jeg må tenke på å kjenne etter, så langt har jeg vurdert hvorvidt jeg skjemmer meg selv bort for tiden og hvorvidt dette er en del av det gamle sporet eller det nye.	Tilstedeværelse, indrefokusert, sortering, bevissthet om seg selv
	Har gjentatte ganger tenkt på sesjonen – samtidig som «effekten» av den har begynt å avta. Den «gamle veien» er mer behagelig? Samtidig så har det oppstått nye tanker om selvaksept.	Ny læring ikke forankret, behag v endring, selvaksept

2.

	Jeg tar en liten tavle og setter den foran det som representerer målene hennes. Dette skal illustrere at de fortsatt er der, men hun kan ikke se dem. Hun sier hun mister energi, at det ble vanskelig å fokusere på målene.	Håpløshet, mister fokus
	Jeg tar bort tavla, og hun lyser opp. [pendulering]. Hver gang hun lyser opp, installerer jeg opplevelsen.	Omsetter positiv sanserik opplevelse.
	Jeg spør om hva som skal til for å komme videre, og plutselig skyver hun stolene helt til hver side av rommet og går helt til målet. [...] sier det er kjekt at hun kan se framover.	Agens, ansvar, handlekraft
	Hun beskriver opplevelsen som «en befrielse» og puster godt.	Frihet
	Etter kort tid flytter hun seg bort fra målet, og jeg inviterer henne til å bli stående ved målet og kjenne godt etter, gjeninstallere de gode følelsene. Jeg understreker at det er lov å kjenne på gode følelser lenge, og hun smiler og sier at jeg har et poeng.	Vant til ikke å stå i det gode, gi seg selv lov

3.

	Intervensjonen: Hun tar styring selv: Livet framover slik hun ser det etter behovene hun har i dag. Fokus på veien videre	Kontroll, likevel tydelig visjon, framtidsrettet
	Hun setter etter hvert et skille mellom ham og resten av scenen ved å legge et fargerikt skjerf der.	Grensesetting
	Men hver gang jeg retter fokuset mot det positive, vender hun blikket og kroppen mot sorgen og grumset. [...] Hun kommenterer bl a «Ja, ja, fint med blomstene og det der, men...» og fortsetter med fortelling om at veien videre er fokus på sorg og grums.	Selvbebreidelse, ytrefokusert (må endre seg selv for å ha ham eller ha det bra)
	Hun sier at å fokusere på det positive – blomster, musikk mm – oppleves som å fokusere på noe overflatisk, rosenrødt.	Misoppfattelse: Livet må gjøre vondt.
	Hun går til tanke og refleksjon framfor å kjenne etter, sanse, være.	Unngåelsesatferd, kontrollbehov
	Når hun begynner å gå i fortellinger, går hun fort til det vonde, så jeg poengterer dette, og da retter hun fokuset tilbake på det som kjennes godt.	Pendulering, omstilling
	Ikke mye beskrivelse av sanseopplevelser, men hun viser øyeblikk der hun kan fokusere på det som gjør henne godt.	Egenomsorg
	Plutselig [...] sier at sorgen ikke behøver å ta så stor plass.	Bevissthet, egenomsorg

Appendix F: Examples of STC

Transition IPA-STC

Code	Sub-Group	Code Group
Kontroll	Kontroll Uvane Offerrollen Selvmedlidenhet Reaktiv Sjokk Svik Opphengthet	Kontroll: Behov for å kontrollere omgivelser, mennesker
Gi etter	Gi etter Religiøs press Ytrefokusert Selvoppofrelse Tar på seg skylda Skyld Selvsabotasje Fangementalitet Pliktoppfølgende Manglende egenomsorg Hjelpeløshet Trygghetssøkende Utydelige mål Snill pike	Kontroll: Hjelpeløshet, trygghetssøkende
Trygghet	Trygghet Frihet Gi slipp Tillit Solid Sikker	Tillit: Trygghet, frihet

STC

Main	Meaning Unit	Theme Code	Sub-Theme	Code Group	Category
Rolle: **Anseelse**	«Du kødder ikke med meg.» Hun blir sint, noe hun ikke har blitt før, og setter venninna på plass. Fornøyd med det, men noe dårlig samvittighet. Hun opplever måten de behandler henne på, som umyndiggjørende og respektløs. 'Nå er det nok!' «Jeg sto på mitt og jeg forsvarte mitt synspunkt.» Hun setter etter hvert et skille mellom ham og resten av scenen ved å legge et fargerikt skjerf der. «kjente også at det var viktig å BEVARE opplevelsen fra timen i mitt ♡ – Ikke dele. GRENSER»	Grensesetting	Grensesetting Manglende grensesetting Anger Sunn aggresjon Egenverd Stolthet Egenomsorg	Grensesetting	Identitet – Identity

Rolle: Anseelse	Nysgjerrighet og medfølende kopling i stedet for å lukke seg. → ble hyggelig stemning der hun følte seg sterk og trygg. Oppriktig nysgjerrighet på andre Innsikt i andres verdener og perspektiver	Empati	Empati Omsorg for andre Medfølelse	Empati	
Rolle: Immobilitet / mobilitet	Skal ikke briljere v skal briljere, være flink og ikke flink, avhengig av hvem som har definert rollen. Ønsker å nå målet, men tror ikke hun er bra nok. Står på den ene siden av rommet i frihet, kraft, og på den andre siden frykt og evig pine.	Ambivalens	Ambivalens Ubesluttsomhet Liminal fase Overgang Modning Kolliderende ønsker og behov Øve inn nye vaner Behag v endring	Liminal fase / Ambivalens	Ambivalens / liminalitet Ambivalence / Liminality

Be your own inspiration,

your own author,

your own executor,

your own therapist

and finally,

your own Creator.

- Jacob Levy Moreno[4]

[4] In Litwinska-Raczka, 2018, p. 249