

'ECR Prize'

An Arts-based Heuristic Enquiry: An Exploration of Chronic Pain Using Active Imagination

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Biographical note

Hal Camplin qualified as an art therapist in 2022. He previously worked within the social care and community arts sectors. He is currently working with adults in a community art therapy studio organisation and with a project for the vulnerably housed in Bristol (where he lives).

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ABSTRACT:

Background:

Art therapy using Carl Jung's active imagination technique could benefit people with chronic pain.

Aims:

This paper is based on research exploring art therapy using active imagination to address the deeper psychological effects of chronic pain.

Method :

An arts-based heuristic study by a researcher with lived experience of chronic pain. It applies an active imagination technique developed whilst training.

Results:

The data showed that an arts-based active imagination practice can develop self-compassion to meet the psychological needs of a person with chronic pain.

Conclusions:

Active imagination has the potential to benefit people with chronic pain.

Implications for practice/policy/future research:

It could be integrated into other areas of practice such as mindfulness-based art therapy (MBAT), compassion focused therapy and expressive art therapy.

A protocol for an active imagination art-based therapy practice (AIBAT) was produced that could be tested by art psychotherapists. Further studies using this protocol would provide further evidence for treatment of long-standing conditions such as chronic pain.

Plain-language summary

This study explores the psychological effects of chronic pain by using art therapy with Carl Jung's active imagination technique. Active imagination is a technique accessed by meditating and holding an internal dialogue with personalities appearing from the unconscious. The researcher was the sole participant using a technique developed during training in art psychotherapy. The data showed that an active imagination-based art therapy practice can develop self-compassion to meet the psychological needs of a person with chronic pain. Limitations are discussed with a step-by-step process offered as tool for further research.

Keywords: chronic pain, active imagination, arts psychotherapy, compassion-focused therapy, self-compassion

Introduction

In 1995 I had a diagnosis of syringomyelia, a spinal disease caused by the malformation of my brain. I experience chronic stinging pain on the right-hand side of my body. I used art making to express the disconnection and conflict I felt between my body and mind. After experiencing chronic pain for twenty years, I trained in art psychotherapy where I could explore my psychological depths. I was curious about active imagination, which is a therapeutic method created by Jung (1925) and fully explored in the Red Book (Jung, 2009). Jung's method involved meditating and entering a dialogue with different parts of himself in his unconscious. It is distinct from dreaming as the person taking part is 'active' in it and aware of what arises and participates in it consciously (Johnson, 1986, p.138). Kapitan (2020) uses a case study to explain what treatment and intervention a person with chronic pain might need, especially when they have accepted that the pain will be long term.

'Steven (pseudonym)...does not seek treatment; he seeks healing, an inner process of mobilizing resources to achieve wholeness—we address its destructive course in his life and imagine what is needed now — not to cure his disease but to free up the forces of healing so that he may put his life in balance.' (Kapitan, 2020, p158).

I think those forces of healing can be examined as a process. My core question is: how does active imagination stimulate a process of self-healing for a person with lifelong chronic pain? This paper explains the context in the literature, the methodology with its heuristic art-based research process and outlines my findings. I will put forward a conclusion and recommendations for art psychotherapy practice with suggestions for further research.

Chronic pain

Chronic pain is not life-threatening, yet the nervous system continues to fire off signals as if it is a broken alarm system (NHS, 2021). For me that broken alarm system made it hard to hear my own voice. So much so that I found it hard to identify with myself beyond disease and illness. To appreciate how disease impacts the whole person it requires capacity for empathy. Bennett's (2001) definition of illness emphasises the psycho-social experience of disease and the meaning it holds for the sufferer. He states that "illness is a complex mix of attitude, belief, and behaviour" (Bennett, 2001, p.51).

'There has been a widespread call for an ethics in the management of patients with chronic pain which is patient-centred and takes into account the lived experience of the patient' (Edwards et al., 2014, p.364).

My lived experience of chronic pain and the treatment I have received continues to bring up strong feelings for me. These types of feelings are well articulated by Collen (2005), who writes powerfully about his frustrations with his treatment and how he used his art to communicate with medical professionals. I want to explain why I think active imagination is worth investigating in relationship to the other treatments I discuss.

I found little literature related to chronic pain and active imagination. This made me more curious about the task ahead of me and the potential difficulties.

Active imagination

Jung's active imagination technique began with meditating around an image (Swan-Foster, 2018, p.209). As it is distinct from dreaming the person is 'active' in it and aware of what arises and participates in it consciously (Johnson, 1986, p.138). Jung describes in *Mysterium Coniunctionis* that 'although, to a certain extent, he looks on from the outside, impartially, he is also an acting and suffering figure in the drama of the psyche' (Jung, 1955, para. 753). This might reflect the experience of a person with chronic pain who wants to reframe and reclaim their experience of treatment. In my treatment the focus was often with the physical pain only when the pain was also elsewhere.

Do art therapists use active imagination as Jung did? According to Malchiodi, 'almost all art therapists use a loose variation of active imagination to help individuals find meaning in their art expressions' (Malchiodi, 2010). Schaverien argues that the translation of active imagination through imagery or objects is useful for examining transference and countertransference. She uses case vignettes to explore the impact on active imagination and non-verbal imagery on the therapeutic relationship (Schaverien, 2005, p.132). I was unable to do this in

this research because of the ethical constraints and must use myself as both patient and therapist – which perhaps more closely follows Jung's process in the Red Book. I must hold the space as a therapist and explore it as a patient at the same time.

Recent psychotherapy Research on Chronic Pain and Art Therapy

Angheluta and Lee's (2011) systematic review of literature states that chronic pain is often approached from a multidisciplinary and biopsychosocial perspective. Art therapy can be described as a mind-body treatment (Angheluta, Lee, 2011, p.111). This treatment can be defined as 'some sort of mental-behavioural training and involve modulating states of consciousness to influence bodily processes toward greater health, well-being and better functioning' (Samueli Institute, 2021).

In my view active imagination is a form of mental-behavioural self-training owing to the discipline required in the process. Angheluta and Lee (2011, p.128) emphasise that research mixes modalities making it difficult to isolate effects and the specific therapeutic intervention or treatment. However, researchers are exploring holistic treatment because of patient feedback that no single treatment does enough to alleviate symptoms. There is a risk that the patient is not treated as a whole person.

There have been a few art therapy studies that reported chronic pain effects for different demographics and medical conditions (Choi et al., 2021; Hass-Cohen et al., 2021; Hass-Cohen and Findlay, 2009; Ostrom et al., 2017; Shella, 2018; O'Neil and Moss, 2015; Czamanski-Cohen et al., 2014). These studies do have limitations due to sample size or being too specific to characteristics such as gender and few set out any protocols. One exception is Hass-Cohen who laid out an art therapy relational neurobiology (ATR-N) brief assessment protocol that shows advantages for the assessment of the 'multiple psychosocial dimensions of pain experiences' (Hass-Cohen and Findlay, 2009, p.175).

Cognitive behavioural therapy (CBT)

CBT attempts to reduce distressing psychological symptoms and to target maladaptive cognitive and behavioural responses to pain (Day, 2017). Cognitive behavioural interventions are one of the most extensively researched forms of psychotherapy and psychological interventions (Butler et al., 2006) perhaps because they involve protocols that are easy to research. According to Rubin (2001), the application of art therapy from a cognitive-behavioural framework is considered a psychoeducational approach and is mainly documented in relation to working with children to create behavioural changes (Rosal, 2001).

Czamanski-Cohen (2014) explored the use of a protocol that combines art-based

and cognitive behavioural interventions (CB-ART) to help thirteen women cope with pain, anxiety, and depressive symptoms. Client feedback regarding the experience of being part of the CB-ART treatment helped identify how art making can enhance the use of mental imagery in psychotherapy (Czamanski-Cohen, 2014, p.320).

There is strong empirical evidence on the benefit of cognitive restructuring of maladaptive thoughts, relaxation, and guided imagery for reducing pain and depressive symptoms (Neimeyer et al., 2008). However, studies are short-term and rarely look at effects over longer periods of time. One key limitation of the CBT approach is that it does not address trauma and in fact might re-traumatise by its attempts to conjure up anxiety-provoking experiences to correct the thoughts and feelings they attach to them (Van Der Kolk, 2015, p.220-221).

Expressive art and existentialist crisis

Expressive arts therapies can also produce positive results alongside medical treatment, physical therapy, and cognitive behavioural approaches to treat conditions such as arthritis, migraine, and cancer pain (Camic, 1999). Art therapy has been shown to significantly reduce pain-related fatigue for hospitalized cancer patients (Nainis, 2008). Wood's systematic review into the management of symptoms for adults with cancer (Wood et al., 2011) claims that art therapy helps patients to recalibrate their sense of self (and functioning and relationships) following cancer, leading to a more active involvement in symptom management and self-care (Wood et al., 2011, p.144). Even though the chronic pain experience for people with cancer is very different from my own I am interested in the shared elements and where art therapy has had strong effect.

There are other recent studies, such as by Farrugia et al. (2018, p.29), which provide an example of long-term therapy success – 56 weeks on life story work. To cope with existential issues long term work is necessary but difficult to resource. Larsen et al. (2018) talks about introducing hope to people with chronic pain as a positive affect to change the circle of negative emotionality. The group work produced a 'hope collage' and led to hope generated in group processes, hope in relation to others, and internalising hope (Larsen et al., 2018, p.734).

Mindfulness

Mindfulness is based in Buddhist practice which Jon Kabat-Zinn implemented as a stress-reduction program in adult health services - he treated chronically ill patients in the 1980s who had resisted traditional treatments (Morley and Williams, 2015, p.168). This became Mindfulness-Based Stress Reduction (MBSR)

which combined with art therapy became known as Mindfulness-Based Art Therapy (MBAT) (Choi et al., 2021, p.1). A stress-reduced state allows greater sharing of feelings about pain with a therapist. Therefore, relational attachments can become more secure creating psychological stability evidenced by the improved quality of life for patients with oncological conditions (Choi et al., 2021, p.2). Torrijos talks about a Mindful Self-Compassion program for chronic pain patients and how self-compassion promotes a proactive attitude towards self-care and actively seeking relief from suffering (Torrijos-Zarcelo, 2020, p.930).

Mindfulness-Based interventions (MBIs), focus on promoting behaviours guided by important life values instead of mitigating pain. They foster acceptance and change the relationship between the person and their experiences. Acceptance and Commitment Therapy (ACT) (Hayes and Brownstein, 1986; Hayes, Strosahl and Wilson, 1999) allows the therapist to create and individualize their own mindfulness techniques, or even to co-create them with clients. Active imagination is worthy of further study in relation to these other established areas of research and may support the psychological growth to reduce the emotional impact of chronic pain.

Methods

Study design

My goal in this study was to explore my experience of chronic pain through a technique that I have developed in my personal therapy sessions as part of my art psychotherapy training. The heuristic methodology (Moustakas 1990) was the best structure to utilise as I worked with deeply personal material in a dual role as a researcher and research participant. Within the heuristic cycle, I used an arts-based approach to aid the exploration and discovery (Leavy, 2015; McNiff, 1998). The heuristic method uses personal and subjective experience as a source of data for research. Jung's Red Book (2009) is a systematic study of personal experience using active imagination (Jung, 1925) which I will use to explore my chronic pain. Moustakas (1994) follows a humanistic approach (Rogers, 1951) and supports the researcher's lived experience as a patient (McLeod, 2001, p.205).

The method presents truth as un-contextualised in a one-off study and is a social constructivist approach (Moustakas, 1990, 1994). Epistemologically, social constructivism assumes that reality is relative and built up on an individual context of meaning-making out of subjective experience (Ponterotto, 2005). I acknowledge the bias I hold through my own values and attitudes as this will affect validity. A possible strength of this research method is to limit risks of predetermined or anticipated results and outcomes.

Arts-based research as heuristic enquiry

As a qualitative research model, heuristic enquiry is appropriate for art-therapy based research given that it allows for more interpretative subjectivity, which is a natural outcome of both art and art therapy (Bloomgarden and Netzer, 1998; Fenner, 1996; Kapitan, 1997; Kaufman, 1996; Lett, 1998). Arts-based research (ABR) involves researchers engaging in artmaking as a way of knowing (Leavy, 2017, p.4). I wanted to pay close attention to processes in the active imagination work and how the artmaking allowed for non-verbal representation in the form of symbols and metaphors.

Edgar identified the role of spontaneous image work that facilitates a journey into the imagination using the Jungian active imagination technique (Edgar, 2004, p.10). Art therapists often refer to this as 'guided fantasy' where they narrate a short story and ask participants to imagine it (Hogan, 2001). In qualitative research this can be refocused to gain data concerning the subject on an enquiry. The participant can bring the question in mind to their 'wise old person' about the subject (Edgar, 2004, p.31; Hogan, 2001 p.69) and is the co-creator of the object that is being studied. In my study I am both researcher and participant – therapist and patient. To enable transformation, I needed to be open to all possible ways of knowing.

Table 1. Intervention description with process and materials

	5 Weeks of Hourly sessions- immersion phase of heuristic cycle
1	30 minutes of active imagination sessions entered by meditation. Process of meditation using visualisation aids such as audio, suitable chair, private space, focus objects and images. Verbalisation for audio recording will give a cognitive task to brain and allow unconscious processes to be witnessed.
2	15 minutes of response art as image making/writing down text from dialogue and/or working with clay.
3	15 minutes of reflection using audio and video recording.
4	Further reflection in personal therapy, supervision, and other personal feedback in between sessions.
5	Attention to elements of the location, time and space and materials I have used. The first session will act as a pilot so I can use the feedback to adjust any elements of the process as necessary.

Procedures and ethics

Heuristic enquiry is 'an extremely demanding process... that should not be attempted lightly' (Hiles, 2001, p.2). As the sole participant and researcher, I

considered my own safety and wellbeing. The space was a room in a private home studio with a table cleared for art materials and where I was unlikely to be disturbed. It contained a seat that is adjustable and comfortable headphones for my ergonomic needs. I was close to a responsible adult for support should I require assistance.

My personal experience is the data to be systematically investigated and interrogated. I could experience discomfort with disclosure or self-exposure. I aimed to be mindful of how re-experiencing trauma could interfere with the self-analytical process and how to handle the confidentiality of the researcher as participant (Mihalache, 2019, pp.151-3). To reduce risk, I had support through weekly personal therapy, experiential groups as appropriate, clinical supervision and time with my research supervisor and tutor.

Data analysis and reflexivity

The explication phase in Moustakas' heuristic cycle was not predetermined and responded to the experience and data generated. The techniques of analysis are adaptable. I acknowledge that Braun and Clarke's thematic analysis (2006) has great flexibility and is applicable to heuristic enquiry. Using thematic word maps may be useful in analysis but I do not think coding is necessary as it will fragment the data and I focused on the essential and core concern and to bring into a reflexive focus. Fenner (1996, p.37) talks about 'emergent' design to reveal the essence of personal meaning. I want to depict the experience as a whole with a vivid portrait not just a snapshot (Moustakas, 1990, p.54).

Validity

The personal and highly subjective character of heuristic studies makes validity a big challenge in evidence-based practice. Gilroy suggests validity can be made more concrete by 'exhaustive, continual checking and by their critical reflexivity about the accuracy of their depiction and explication of their own experience' (2006, p.103). The meaning is not about statistics or numerical value as it might be in quantitative research. Neither will it necessarily lend itself to thematic analysis looking at the significance of conceptualisations. The meaning is tacit. Grasping it is not straightforward.

The validity of tacit knowing is hard to quantify or qualify because it relies on subliminal, archetypal, and preconscious processes. It is knowing more than can be articulated (Douglas and Moustakas, 1985, p.49). To use intuition requires the researcher to engage all senses.

Findings

A key element of my findings is the discovery of a personalised process of active imagination which is important to answer how a process of self-healing can be stimulated. This was achieved by using a ritualistic approach (Wasilewska, 1992; Gabel and Robb, 2017, p.132) which can be used to construct a guideline for other art therapists to use in further research or practice. To communicate to the reader how the narrative process was fed by the unfolding response art I have created a composite image (Figure 1). In my mind all the response art is merged into one experience of self-compassion. I intend this to be mainly for a quick visual reference of the whole.











Session	Painting	Clay piece	Transcript reflection
I	 <p>Session I Response art - Warning flag, acrylic paint on paper</p>	 <p>Session I Response art - Shell object, air-drying clay</p>	<p>I met a man called Testma who talked about being in pain since birth and mentioned 'the drugs' referring to the medication I take. I struggled to comfort him, and a female personality called Josephine appeared dressed as a black widow. <u>She pulled out my heart and showed it to me.</u> I felt warm in this moment yet disturbed so I left the active imagination rapidly.</p>
II	 <p>Session II Response art - Pink on red on black, chalk pastel on paper</p>	 <p>Session II Response art - One eyed head, air-drying clay</p>	<p>Josephine appeared in and out of view as I felt like I was being drawn through a long fleshy tunnel. The tunnels had cracks in them which I asked Josephine to smooth over and heal. At the end of the tunnel was a bright light where I was encouraged to make a choice between being reborn or creating a trap. Then Testma appeared hunched over a bed, <u>and I stated my intention to share compassion.</u></p>
III	 <p>Session III Response art - Heart in tree in egg, acrylic paint on paper</p>	 <p>Session III Response art - Vertebrae, air-drying clay</p>	<p>I found Testma sitting on the bench in sorrow again. I put my arm around his shoulder and reassured him. I experienced being inside his entire body. <u>I found a tree with Josephine in it holding a child called Willow with a hole in the middle of their body.</u> She advised me that I can embody states other than a scarecrow and grow. She encouraged me to move towards the mountain to find the Red Man who is a healer and wise man. I climbed inside a badger who told me to come to the root of the pain and give compassion to the wound.</p>
IV	 <p>Session IV Response art - Yellow mountain rising, acrylic paint on paper</p>	 <p>Session IV Response art - Tunnel between two heads, air-drying clay</p>	<p>I met a man in a cave called Jack Deus. He asked for forgiveness for treating me like a fool and locking the passions away. In the water I saw an image of my head cut off and a spine growing out of my head with flowers coming out of it. A new entity called Hiptatoo said he was worried that the black bile will rise, and I will choke because I don't ask for help. I committed to asking for help by connecting through creativity. <u>Josephine slapped me on my right cheek (the one I have pain in) and tells me I need to learn to cry.</u> I felt my body become a calm warm stone and a tear drop came out of both my eyes in that moment.</p>
V	 <p>Session V Response art - Red Man spirit flies, acrylic paint, and chalk pastel on paper</p>	 <p>Session V Response art - Four hold embrace, coloured plastecine</p>	<p>I charged up a mountain with lots of trees with Testma. We went together up a rope ladder which turned into a tree which is where my heart is. We found the Red Man and held hands forming a hexagon. <u>The Red Man plunged his hand into my skin and pulls out my heart. He said: "beating for us all -now put it back and repair all around. My hand is your hand. You can learn to heal."</u> The Red Man went around to the back of my head and opened the cavity and put his healing hand to massage my brain.</p>

Figure 1. Composite image of the narrative process of all active imagination sessions.

The five separate active imagination sessions relate as a journey through different levels of a place I imagined and by meeting personalities who I developed relationships with (Jung, 1968, 1969).

The manifestations of the unconscious do at least show traces of personalities. A simple example is the dream, where a number of real or imaginary people represent the dream-thoughts' (Jung, 1968, p.283).

In each session I entered and exited from a large muddy field where I embodied a scarecrow. The symbolism of the scarecrow relates to an experience I had around the time of my brain surgery in 1995 when I sank into a saltmarsh on a school trip. In my reimagining of this memory, I stopped struggling and sank completely through the ground onto a different level each session.

The full transcript data is long and detailed, so for this paper I have selected below passages of text and images which best illustrate my struggle to develop self-compassion. I consider this development as central to a self-healing process and one which I will continue to work on.

Selected active imagination sessions with response art and reflections

The man I met in Session I, called Testma, seemed to be wearing prison clothing which is very suggestive of the experience of chronic pain. The feeling of being trapped and punished. A question has remained long in my mind about the cause of my disease. So, it is interesting Testma talked about being in pain since birth. Testma mentioned 'the drugs' (Figure 1. Session I) which may refer to the medication that I currently take and the conflict they present. I had feelings when I was very young that I was un-well and it is possible that he is connected to an emotion suppressed from childhood. I also met a female personality called Josephine who pulled out my heart from my body and showed it to me. I interpreted the message from both these personalities as the need to pay attention to the deepest feelings in my heart. The rawness of the imagery indicates an urgency to communicate and unlike a dream I have conscious awareness.



Figure 2. Session I Response art. Warning Flag. A painting in acrylics and wax on paper.

After my first session of active imagination, I had a strong feeling of dragging myself into work and I used personal therapy to reflect on it. This first session was a pilot and I intended to make minor adaptations to the process specifically to improve safety and wellbeing. I considered the idea of checking in with all parts before I left the active imagination. In the same way as a therapist, you wouldn't leave a client in an unsettled state. This proved to be very effective adaptation. In the following sessions more parts expressed themselves who might have been shut off by my sudden exit.

Session III provided a good example of how to pay attention to warnings from my unconscious without being overwhelmed. In the active imagination I found a tree with Josephine in it who was holding a child called Willow with a hole in the middle of their body. This vision may indicate something missing or a sense of loss perhaps experienced by my inner child. Intuitively I felt a strong need to continue to nurture my feelings of compassion. By this stage in my journey, I felt ready for this vision because I had built relationships with these parts of me by showing curiosity for their needs. My response and intention were essential. It is helpful to have the parts of yourself you need to speak personified in your imagination. It allowed me to separate out the emotions to prevent overwhelm and focus on my intentions.



Figure 3. Session III Response art. Heart In Tree In Egg. A painting in acrylics and oil pastels on paper.

I was able to practice this technique of separating out emotions further in Session IV.

'Josephine slapped me on my right cheek (the one I have pain in) and tells me I need to learn to cry.' (Figure 1).

This is a highly significant moment to embody and employ a therapist self that I have worked on. I was able to soften and step to the side of the aggression feeling like a warm stone - solid, compassionate, and honouring the anger from this female part. *Learn(ing) to cry* for me is symbolic of allowing myself to be vulnerable with others and avoid repressing emotions. In this case it related directly to the pain in my face.

In my response art after Session IV, I painted a mountain. The mountain is an interesting symbol in relation to the self. Jung refers to an Estonian fairy-tale where an old man spirit advises a boy who has run away from home to find a great mountain which alludes to his adult personality and the goal of his journeying (Jung, 1968, p.219).



Figure 4. Session IV Response art. Yellow Mountain Rising. A painting in acrylics on paper.

The culmination of my five-part journey ends in meeting the Red Man within the mountain (Figure 5). He does not appear as a wise old man archetype but may represent a form of healing spirit and a feeling of safety. The Red Man is a personality I have met before in my dream states and now he appears to support my self-healing. Now I understand his role in my psyche. It brings me a strong feeling of hope and a part of my psyche I can return to in future sessions.

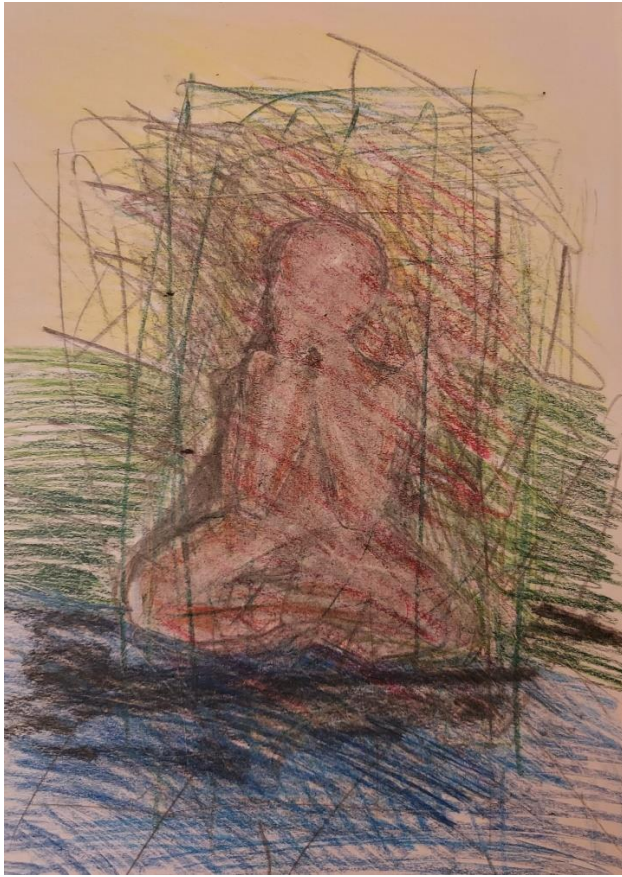


Figure 5. Session IV Response art. Red Man in the Yellow Mountain. A drawing on paper.

Conclusions

The results of my active imagination meditations were both illustrative and personally symbolic and illustrative of an emerging step by step process. Establishing a ritual when practising active imagination by including art enriches the experience, honours the process, and increases commitment. This ritual creates the necessary conditions for the psychotherapeutic concepts of holding (Winnicott, 1960) and containment (Bion, 1961) and prevents overwhelm by supporting grounding of powerful emotions. The process is an 'active' one and entirely generated by working on expansion of the self. My training as a therapist, particularly the experiential work, has prepared me to feel more confident in exploring difficult emotions. It may be challenging to assess the suitability of this work for individuals with long term health conditions. I will look at positive risk taking and the potential for harm in the discussion section in a wider art psychotherapy context.

Discussion

Questions arising from the research.

In this section I want to return to the heuristic framework (Moustakas, 1990) and the final creative synthesis stage.

The core question of my research is how can Jung's active imagination technique stimulate a process of self-healing in a person with chronic pain? I have found that it provides the opportunity to develop deep self-compassion if practised with boundaries supported by ritual and clear intention. That embodied growth of self-compassion is the gateway to self-healing by supporting the processing of emotions. This search for self-compassion in my own research is a way of accepting my whole self instead of choosing parts I like or don't like.

What is important is to consider how others can use this technique. How do we develop the ethics and safety? Can we make it accessible to a diverse client group by learning from some existing practices?

Mindfulness and compassion

How do third wave therapies such as Mindfulness-Based Art Therapy (MBAT) support the growth of self-compassion? Compassion is a relevant theme today in healthcare, and the 'specific elements of art therapy may offer an effective route to strengthening compassion' (Haeyena and Heijmanb, 2020, p.9). Building on Gendlin's (1982) ideas, Rappaport (2014b) uses FOAT (focusing-oriented art therapy). She adds that *focusing* in art therapy 'grounds the experience in the body, accesses the client's inner knowing, cultivates greater compassion, and enhances skills to stay attuned to the moment-to-moment unfolding and the client's experiential process' (Rappaport, 2014b, p.193). During *focusing*, unexpected feelings and issues may surface. It is helpful for therapists to teach clients grounding or centering practices – such as, mindful breathing or awareness of the body and feet rooted on the ground (Hogan, 2015, p.84). I have found grounding to be an important aspect of developing a safe process of active imagination work. Chang (2014) and Franklin (2010) note that mindfulness techniques are also very compatible with a person-centred framework (Rogers, 1951). They cultivate similar qualities, 'including being present, deep listening and non-judgemental awareness' (Chang 2014, p.219).

Humanistic approach and Rogers on the authentic self

Carl Rogers (1951, 1967) in his person-centered approach focused on supporting clients to have their own internal frame of reference. Active imagination allows people to develop this directly in terms of identifying and working on inner relationships. The person-centred approach aligns with active imagination in that it enables participants to take on an active role in their therapy. It does this by working at the level and pace of the client so that spontaneous thoughts and feelings, warmth and trust can emerge (Golebiowski, 2011, p.225). Natalie Rogers (1993) brought these theories to expressive art therapy and believed this is how people can find their authentic self and connect with their true purpose. The methods for the person-centred approach are not specific and its humanistic principles could be applied into active imagination practice. It means

engaging with those parts of oneself with a fully developed authentic self (Winnicott, 1965) where there is deeper healing potential for those that need it.

Further work needs to be done with clients in active imagination to explore how this works for both client and therapist working collaboratively. One of the benefits of this heuristic study is using lived experience to inform risk of harm – a key requirement of an art therapist's competency, as laid out in the HCPC's standards of proficiency (HCPC, 2013). The psychic power of this work is not to be underestimated.

Ethics and risks of harm

Therapy generates powerful psychoactive processes because therapists facilitate intimacy and trust with clients (Springham, 2012, p.42), supported by the therapist's professional supervision and oversight by a professional body (Springham and Huet, 2020, pp.16-17). In active imagination, the main hazard is the emergence of powerful emotions in the form of personalities as if they are real people. Showing compassion towards these parts allows a processing of emotions which reduces the risks of harm. Part of the potential of the process is the access to these hard-to-reach parts and ideally the goal is to face conflict. We have internal relationships with parts of our self that can rupture. 'Rupture and repair' is a concept widely used in psychotherapy and has its origins in attachment theory conceptualised by Bowlby (1958). It happens when there is a disconnect in the therapeutic relationship followed by the healing and positive continuation of that relationship.

The technique of active imagination helps a therapist to work with what a person brings from their unconscious. However, Jung did not propose active imagination as a treatment (Jung and Chodorow, 1997, p.69) and expressed himself in an abstract way to guard against the creation of a protocol. Yet what matters most for the modern therapist is how we make the practice safe within the guidance of the HCPC (2013) and BAAT (2020).

There can be complicating factors such as working with anyone actively psychotic. This condition can be affected also by the risk of substance abuse as a coping mechanism. Other health conditions such as dementia, Korsakov's syndrome, very rare genetic syndromes, diabetes, back pain, poor sleep hygiene have been documented in their ability to unsettle (BAAT, 2020, p.61). The risk could be minimised by collaborative working with all health professionals in how to ensure client has the best all-round support and working on ways to support grounding.

It is interesting to look at the mindfulness literature on the risks of harm. Kostanski and Hasted (2008, p.20) question the lack of substantial data on the significance of any risk. They suggest that the higher risk group might be people with psychosis or major affective disorders and level of training needs to be appropriate for intensity of the work. Some research suggests success in work

with people with psychosis where distressing thoughts and feelings increased but the impact on daily life was reduced by (Chadwick, Taylor and Abba, 2005; Bach & Hayes, 2002). The skills of addressing these thoughts can be developed and the essential one is building self-compassion. My thinking around ethics has led me to an unexpected outcome of my research. I have produced a basic protocol for Active Imagination-Based Art Therapy which I will call AIBAT (Table 1).

Table 1. Protocol for Active Imagination-Based Art Psychotherapy (AIBAT)

Element	Practice
1. Set up the space:	Example:
<ul style="list-style-type: none"> a. Spend a prior session explaining to client about active imagination and the elements to consider. b. Once agreed support the client to personalise the therapy space to feel comfortable enough to meditate. c. Prepare materials on a clean and uncluttered table with soft /low lighting. d. Ensure you will be undisturbed, and that the client knows where you are in the room. e. Agree with client beforehand about use of any recording devices. 	<ul style="list-style-type: none"> - sit in a comfortable chair in a small room or studio with sensory items such as a candle, incense, plants. - have paper(A3), paint(acrylic), pastels (chalk and oil), air drying clay on a table in front of you - if necessary, put a sign on door and be aware of any potential disturbances - set up a phone or audio recorder
2. Meditation:	Example:
<ul style="list-style-type: none"> a. Use a grounding technique for entry transition. 	<ul style="list-style-type: none"> - 2 minutes of slow deep breaths with feet planted on the ground or handling a familiar object
<ul style="list-style-type: none"> b. Support the client to use meditative tools such as audio and focus on an image (chosen or made previously), and/or 3D objects. 	<ul style="list-style-type: none"> -use theta waves audio with headphones or speaker, an image of deep water, clay object made with client's hands previously
<ul style="list-style-type: none"> c. Encourage client to focus on supportive relaxed posture and awareness of sensations in their body. 	<ul style="list-style-type: none"> -client to sit fully into a comfortable seat, gently roll shoulders, close eyes, and scan their body for sensations
<ul style="list-style-type: none"> d. Encourage client to visualise a place with their eyes closed letting images come to them. 	<ul style="list-style-type: none"> - a familiar field, garden, or wood
<ul style="list-style-type: none"> e. Ask client to describe their experience verbally and connect with their intentions towards that movement. Encourage an intention of curiosity and compassion and to ask the name of anyone they meet. 	<ul style="list-style-type: none"> - e.g. 'I fall into a tunnel and meet a sobbing man in a stripped outfit'. -e.g., intention is to listen to them

<p>f. Therapist prompt client to allow space for all those parts that need to communicate before using a pre-agreed grounding technique for an exit transition.</p>	<p>-agree beforehand use of a distinctive sound e.g., bell or chime on 20mins. Ask “does anyone need to say anything” within their active imagination.</p> <p>-second alarm on 30mins to exit via the place you came in letting them know you will return when ready</p> <p>-slow deep breaths for 2 mins with feet on the ground</p>
<p>3. Creative Response</p>	<p>Example:</p>
<p>a. Therapist to encourage use of the art materials. Agree with client beforehand the limits on this whilst encouraging expression to enrich the experience. The aim is to capture things quickly to pick up on the essence of the active imagination and unconscious imagery that lingers. Set time limits.</p>	<p>-play with the air-drying clay for 5 mins</p> <p>-make an image with paint and/or pastels for 10mins</p>
<p>4. Reflection</p>	<p>Example:</p>
<p>a. Therapist to support client to record awareness and reflection on any thoughts or feeling before, during and after the active imagination meditation. Include bodily sensations.</p>	<p>-15 minutes of reflection using audio and video recording if client has agreed or hold unrecorded conversation</p>
<p>b. Therapist to record any feelings they had and own response art post session for reflection in another session. This countertransference data could add another element to the therapeutic relationship. This might relate to movements made by the client.</p>	<p>-brief notes with timings can be taken during the session whilst remaining present and use air-drying clay or paint post-session</p>
<p>5. Integration</p>	<p>Example:</p>
<p>a. Support Client in subsequent sessions to reflect on any symbolism, themes, or links between their imagery, objects, and their life. The narrative or poetic text and artwork can be built upon depending on client’s experience and ability to work independently and safely between sessions.</p>	<p>- produce written transcripts of any audio commentary</p> <p>- organise the material into a simpler narrative form and consider key moments</p> <p>- note any symbols e.g., an animal or mythological character reoccurs</p> <p>- use a journal or make further images or diagrams in days after session</p>
<p>b. Therapist to ask client to notice any change in how they act in the world towards themselves and others. And how this relating to any core messages from the active imagination.</p>	<p>- you smile more, feel lighter or heavier</p> <p>- any irritation or challenging emotion towards yourself or other</p>
<p>c. Therapist to consider any difficulties with any practical or safety in the setup or process before the next session.</p>	<p>- you ensure the door is shut properly for privacy, notice tiredness or agitation</p>

	the next day so spend more time on safe exit process next session
d. Ensure client is sufficiently regulated and provide contact availability within boundaries of contracting agreement.	- check what client is doing next and what support they may have at home

Strengths and limitations overview

The flexibility within the heuristic method enabled me to find a space to allow the data to breathe. The verbal commentary alone produced rich data for immersion and incubation. Once I had transcribed the audio I immersed and incubated several times dipping in and out of my unconscious to make connections and find greater understanding. I carried the data with me so, as I attempted to organise and create narrative sense the symbols began to hold the less linear space. Moving dynamically between immersion and incubation protected me from becoming overwhelmed with the subjectivity of the data. I could then sustain this through to explication of the data from the stance of a researcher. The creative synthesis arrived when I turned my attention to the accessibility of the process and how I could view risk from a positive perspective. I then produced the AIBAT protocol (Figure 6).

I achieved a safe and illuminating process that works for me. The boundaries of time-limited image/object making within the session times meant each session ended effectively. The experience felt held (Winnicott, 1960) and contained (Bion, 1961). I think this process is accessible to others – not just those with chronic pain. The personal participation of the artists-researcher in arts-based research is fundamental to professional practice. It is this subjective experimentation that makes arts-based research a valuable methodology (McNiff, 1998) and how it supports embodied knowing (Rappaport, 2014; Sultan, 2019).

Recommendations

- The protocol above (Figure 6) could be tested by other art psychotherapists and inform an assessment process.
- Explore the collaborative potential between Mindfulness-Based Art Therapy (MBAT) and active imagination.
- Use active imagination for chronic pain and long-term conditions where issues may be deeply embedded.
- Research into the accessibility of active imagination by developing short term trials and more work into making it inclusive for people with physical illnesses, psychosis, or trauma work.

-I think more therapists could benefit from exploring active imagination work to deepen self-compassion or it could be an element of training.

Conclusion

I set out to investigate how I could work with the psycho-social effects of lifelong chronic pain using active imagination. In my review of the medical and art psychotherapy literature it was clear that active imagination has great potential to be included in a collaborative practice with third wave therapies such as Mindfulness-Based Art Therapy (MBAT), compassion focused therapy and expressive art therapy.

Using the heuristic and arts-based methodology has created a dynamic framework for the investigation. I have explored validity and ethical considerations. The method was defined through the working, and I could produce a protocol for others to use as a recipe. My data findings in the form of images, dialogue and reflection on the process create a robust and successful example of using active imagination. It is also data for a reflexive practice. I have intentionally adapted my own psychic structure by developing self-compassion for the parts of myself expressing the psychological effects of chronic pain. This in turn will support me to provide a stronger therapeutic practice.

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References

- Angheluta, A. and Lee, B. K. (2011) 'Art Therapy for Chronic Pain: Applications and Future Directions.' *Canadian Journal of Counselling and Psychotherapy*, 45(2).
- Bach, P. and Hayes, S. C. (2002) 'The use of acceptance and commitment therapy to prevent the rehospitalisation of psychotic patients: A randomised controlled trial', *Journal of Consulting and Clinical Psychology*, 70, pp.1129 – 1139.
- BAAT (The British Association of Art Therapists) (2020) 'BAAT Guidelines on Art Therapy for People with a Psychosis Related Diagnosis'. Available at: <https://www.baat.org> (Accessed: 26 Mar 2022).
- Bennett, M. J. (2001) *The empathic healer: An endangered species?* San Diego, CA: Academic Press.
- Bion, W. R. (1961) *Experiences in Groups and Other Papers*. New York: Tavistock.
- Bloomgarden, J. and Netzer, D. (1998) 'Validating art therapists' tacit knowing: the heuristic experience', *Art Therapy*, 75(1), pp.51-54.

- Bowlby, J. (1958) 'The nature of the child's tie to his mother', *International Journal of Psychoanalysis*, 39, pp.350-371.
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3 (2). pp. 77-101.
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006) 'The empirical status of cognitive-behavioral therapy: A review of meta-analyses', *Clinical Psychology Review*, 26(1), pp.17–31.
- Camic, M. P. (1999) 'Expanding treatment possibilities for chronic pain through the expressive arts.' in Malchiodi, C. (ed.) *Medical art therapy with adults*. London and Philadelphia: Jessica Kingsley Publishers.
- Chadwick, P., Taylor, K. N. and Abba, N. (2005) 'Mindfulness groups for people with psychosis', *Behavioral and Cognitive Psychotherapy*, 33, pp.351 – 359.
- Chang, F. (2014) 'Mindfulness and Person-Centred Art Therapy', in L. Rappaport (ed.) *Mindfulness and the Arts Therapies*. London and New York: Jessica Kingsley, pp. 219–35.
- Choi, H., Hahm, S-C., Jeon, Y-H., Han, J-W., Kim, S-Y., Woo, J-M. (2021) 'The Effects of Mindfulness-Based Mandala Colouring, Made in Nature, on Chronic Widespread Musculoskeletal Pain: Randomized Trial', *Healthcare* 2021, 9(6), 642, pp.1-12.
- Collen, M. (2005) 'Life of Pain, Life of Pleasure: Pain from the Patients' Perspective—The Evolution of the PAIN Exhibit', *Journal of Pain & Palliative Care Pharmacotherapy*, 19(4), pp. 45-52. Available at: DOI: 10.1080/J354v19n04_08 (Accessed: 02 November 2021).
- Czamanski-Cohen, J., Sarid, O., Huss E., Ifergane A., Niego, L., Cwikel, J. (2014) 'CB-ART—The use of a hybrid cognitive behavioral and art-based protocol for treating pain and symptoms accompanying coping with chronic illness', *The Arts in Psychotherapy* 41(4), pp.320-328.
- Day, M. A. (2017) *Mindfulness-Based Cognitive Therapy for Chronic Pain: A Clinical Manual and Guide*. Chichester: John Wiley & Sons.
- Douglass, B. G. and Moustakas, C. E. (1985) 'Heuristic Inquiry: The Internal Search to Know', *Journal of Humanistic Psychology* 25, pp.39-54.
- Edgar, I. R. (2004) *Guide to imagework. Imagination-based research methods*. London: Routledge.
- Edwards, I., Jones M., Thacker M., Swisher L. L. (2014) 'The Moral Experience of the Patient with Chronic Pain: Bridging the Gap Between First and Third Person Ethics', *Pain Medicine*, 15, pp.364–378.
- Farrugia, E., Raimondo V., Kelly I. and Davidson J. (2018) 'Long-term art therapy intervention for a teenage girl with chronic pain and enthesitis related JIA', *Rheumatology*, 57, pp.29-32.
- Fenner, P. (1996) 'Heuristic Research Study: Self-Therapy Using The Brief Image-Making Experience', *The Arts in Psychotherapy*, 23(1), pp.37-51.
- Franklin, M. A. (2010) 'Affect regulation, mirror neurons and the 3rd hand: Formulating mindful empathetic art interventions', *Art Therapy: The Journal of the American Art Therapy Association*, 27(4), pp.160-167.
- Gabel, A. and Robb, M. (2017) '(Re)considering psychological constructs: A thematic synthesis defining five therapeutic factors in group art therapy', *The Arts in Psychotherapy*, 55, pp.126–135.
- Gendlin, E. (1982) *Focusing*. New York: Bantam Dell.
- Gilroy, A. (2006) *Art therapy, research and evidence-based practice*. London: Sage.

Golebiowski, M. (2011), 'My coat or yours? Generating peer support and interpersonal relationships through art therapy for minority ethnic people experiencing early onset dementia living at home', in Weston S. and Liebmann (eds.) (2015) *Art therapy with neurological conditions*. London: Jessica Kingsley.

Haeyena, S., and Heijmanb, J. (2020) 'Compassion focused art therapy for people diagnosed with a cluster B/C personality disorder: an intervention mapping study', *The Arts in Psychotherapy* (69), pp.1-10.

Hass-Cohen, N., and Findlay J. C. (2009) 'Pain, attachment, and meaning making: Report on an art therapy relational neuroscience assessment protocol', *The Arts in Psychotherapy*, 36, pp.175–184.

Hass-Cohen, N., Bokoch, R., Goodman, K. and Conover K. J. (2021) 'Art therapy drawing protocols for chronic pain: Quantitative results from a mixed method pilot study', *The Arts in Psychotherapy*, 73, pp. 1-10.

Hayes, S. C., and Brownstein, A. (1986) 'Mentalism, behavior: behavior relations and a behavior analytic view of the purposes of science', *The Behavior Analyst*, 9, pp.175-190.

Hayes, S. C., Strosahl, F, L, & Wilson, K. G. (1999) *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York: Guilford Press.

Health Care Professions Council (HCPC) (2013). Available at: <https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---arts-therapists.pdf> (Accessed: 10 Feb 2022).

Hiles, D. (2001) 'Heuristic inquiry and transpersonal research'. Available at: psy.dmu.ac.uk/drhiles/HIpaper.htm (Accessed on: 15 Dec 2021).

Hogan, S. (2001) *Healing arts: the history of art therapy*. London: Routledge.

Hogan, S. (2015) *Art therapy theories: a critical introduction*. London: Routledge.

Johnson, R. A. (1986) *Inner work: using dreams and active Imagination for personal growth*. New York, NY: Harper.

Jung, C. G. (1925) *Analytical Psychology: Notes on the seminar given in 1925*, ed. McGuire W.(ed.) (1989). Princeton: Princeton University Press.

Jung, C. G. (1955) *Mysterium Coniunctionis*. New York: Bollingen Foundation.

Jung, C. G. (1968) *Archetypes of the collective unconscious*, (Hull, R.F.C., Trans.), *Collected Works* (9). London and New York: Routledge.

Jung, C. G. (1969) *On the Nature of the Psyche*, (Hull, R. F. C. Trans.), London and New York: Routledge.

Jung, C. G. and Chodorow, J. (1997) *Jung on Active Imagination (Encountering Jung)*. New Jersey: Princeton University Press.

Jung, C. G., and Shamdasani, S. (Ed.) (2009) *The Red book: liber novus*. (M. Kyburz and J. Peck, Trans.). New York NY: W W Norton & Co.

Kapitan, L. (1997) 'Making or breaking: art therapy in the shifting tides of a violent culture', *Art Therapy: Journal of the American Art Therapy Association*, 14(4), pp.255-260.

Kapitan, L. (2020) 'The emphatic imagination of art therapy for the brain', *Art Therapy: Journal of the American Art Therapy Association*, 14(4), pp.158-159.

Kaufman, A. B. (1996) 'Art in boxes: an exploration of meanings', *The Arts in Psychotherapy*, 23(3), pp.237-247.

- Kostanski, M. and Hassed, C. (2008) 'Mindfulness as a concept and a process', *Australian Psychologist* 43(1), pp.15-21.
- Larsen, D. J., Stege, R., King, R. and Egeli, N. (2018) 'The hope collage activity: an arts-based group intervention for people with chronic pain', *British Journal of Guidance and Counselling*, 46 (6), pp.722–737.
- Leavy, P. (2015) *Method meets art: arts-based research practice*. 2nd edn. New York: Guilford.
- Leavy, P. (2017) *Handbook of arts-based research*. New York: Guilford
- Malchiodi, C. (2010) 'Active Imagination, Art Therapy Prime Directive: Stick with the image. That's it. Really', *Psychology Today*. Available: <https://www.psychologytoday.com/intl/blog/arts-and-health/201009/cool-art-therapy-intervention-2-active-imagination> (Accessed: 10 Dec 21).
- McLeod, J. (2001) *Qualitative research in counselling and psychotherapy*. London: Sage.
- McNiff, S. (1998) *Art based research*. London: Jessica Kingsley Publishers.
- Mihalache, G. (2019) 'Heuristic inquiry: Differentiated from descriptive phenomenology and aligned with transpersonal research methods' *The Humanistic Psychologist*, 47(2), pp.136–157. <https://doi.org/10.1037/hum0000125>.
- Morley, S. and Williams A. (2015) 'New Developments in the Psychological Management of Chronic Pain', *Can Journal of Psychiatry* 60(4), pp.168–175.
- Moustakas, C. E. (1990) *Heuristic research: design, methodology, and applications*. Newbury Park, CA: Sage.
- Moustakas, C. E. (1994) *Phenomenological research methods*. Newbury Park, CA: Sage.
- Nainis, N. A. (2008) 'Approaches to Art Therapy for Cancer Inpatients: Research and Practice Considerations' *Journal of the American Art Therapy Association*, 25 (3).
- Neimeyer, R. A., Kazantzis, N., Kassler, D. M., Baker, K. D., and Fletcher, R. (2008). 'Group cognitive behavioural therapy for depression outcomes predicted by willingness to engage in homework, compliance with homework, and cognitive restructuring skill acquisition', *Cognitive Behavior Therapy*, 37(4), pp.199–215.
- N.H.S. (2021). Available at: <https://www.esneft.nhs.uk/service/pain-management/ipswich-pain-management-services/what-is-chronic-pain/> (Accessed : 1 Dec 2021).
- O'Neil, A. and Moss, H. (2015) 'A Community art therapy group for adults with chronic pain', *Art therapy- Journal of American Art Therapy Association*, 32(4), pp.158-167.
- Ostrom, C., Bair, E., Maixner, W., Dubner, R., Fillingim, R. B., Ohrbach, R., et al. (2017) 'Demographic predictors of pain sensitivity: Results from the OPPERA study', *Journal of Pain*, 18(3), pp.295–307.
- Ponterotto, J.G. (2005). 'Qualitative research in counseling psychology: a primer on research paradigms and philosophy of science', *Journal of Counseling Psychology*, 52, pp.126-136.
- Rappaport, L. (ed.) (2014) *Mindfulness and the arts therapies: theory and practice* London: Jessica Kingsley Publishers.
- Rappaport, L. (2014b) 'Focusing-oriented Arts Therapy: Cultivating Mindfulness and Compassion, and Accessing Inner Wisdom', in L. Rappaport (ed.) *Mindfulness and the Arts Therapies*. London and New York: Jessica Kingsley, pp. 193–208.
- Rogers, C. R. (1951) *Client-centred therapy*. Boston MA: Houghton-Mifflin.
- Rogers, C. R. (1967) *On becoming a person*. London: Constable and Company Ltd.

- Rogers, N. (1993) *The creative connection: expressive arts as healing*. Palo Alto CA: Science and Behavior Books.
- Rosal, M. (2001) 'Cognitive behavioral art therapy', in J. Rubin (ed.), *Approaches to art therapy*. Philadelphia: Brunner and Routledge.
- Rubin, J. A. (ed.) (2001). *Approaches to art therapy: Theory & technique*. New York: Brunner-Routledge.
- Samueli Institute (2021) Available at: <https://www.brainmindhealing.org/about/> (Accessed: 10 Dec 21).
- Schaverien, J. (2005) 'Art, dreams and active imagination: a post-Jungian approach to transference and the image', *Journal of Analytical Psychology*, 50, pp.127-153.
- Shella, T. A. (2018) 'Art therapy improves mood and reduces pain and anxiety when offered at bedside during acute hospital treatment', *The Arts in Psychotherapy*, 57, pp.59–64.
- Springham, N. (2012) 'Building a knowledge base about risk in art therapy: A response to 'Risk discourse in art therapy'', *International Journal of Art Therapy*, 17(1), pp.40-42.
- Springham, N. and Huet, V. (2020) 'Facing our shadows: understanding harm in the arts therapies', *International Journal of Art Therapy*, 25(1), pp.5-18.
- Sultan, N. (2019) *Heuristic Inquiry: Researching Human Experience Holistically*. Thousand Oaks, CA: Sage.
- Swan-Foster, N. (2018) *Jungian Art Therapy: A guide to dreams, images, and analytical psychology*. New York: NY: Routledge.
- Torrijos-Zarcero, M., Mediavilla, R., Rodríguez-Vega B., Del Río-Diéguez, M., López-Álvarez, I., Rocamora-González, C. and Palao-Tarrero, A. (2020) 'Mindful Self-Compassion program for chronic pain patients: A randomized controlled trial', *European Pain Federation*, (25), pp.930-944.
- Van Der Kolk, B. (2015) *The body keeps the score*. London: Penguin Books.
- Wasilewska, E. (1992) 'Ritual and Art Making', *Art Therapy: journal of the American Art Therapy Association*, 9:4, pp.198-200.
- Winnicott, D. W. (1960) 'The theory of the parent-infant relationship', *International Journal of Psychoanalysis*, (41), pp.585– 595.
- Winnicott, D. W. (1965) *The child, the family, and the outside world*. Harmondsworth: Penguin Books
- Wood, M. J. M., Molassiotis, A. and Payne S. (2011) 'What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review', *Psycho-Oncology*, 20, pp.135–145.