

**Out of the Themanos:
A Model of Combined Expressive Art and Outreach Therapy**

by

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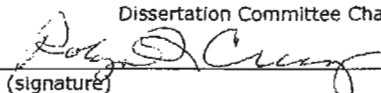
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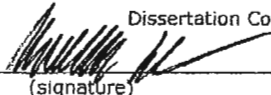
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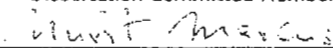
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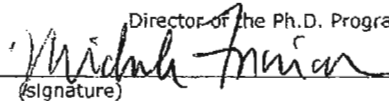
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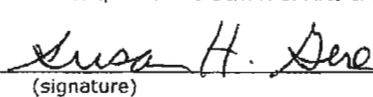
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DEDICATION

This research project is dedicated to Rabbi Nachman of Breslav, a predecessor of modern outreach therapy.

From the book *The Stories of Rabbi Nachman from Braslev*, here is “The Story of the Man Who Turned into a Turkey”:

Once upon a time there was a prince who lost his mind and thought he was a turkey. He undressed and sat under the table. He abstained from food and ate only oat seeds and crumbs of bones. The king brought all the doctors to heal him and they did not succeed. In the end a wise man arrived and told the king that he will heal him.

Immediately he took off his clothes and sat under the table. He started picking oat grains. The prince asked him: who are you and what are you doing here? Answered the wise man: And who are you and what are you doing here? The prince answered: I am a turkey. The wise man answered: I am a turkey too. The two turkeys sat together until they got used to one another.

When the wise man saw this, he asked the king to bring him a shirt. He wore the shirt and told the prince: do you think that a turkey is not permitted to wear a shirt? He is permitted and it does not make him less of a turkey. The words entered the prince's heart and he consented wearing a shirt as well. After a while the wise man hinted to the king that he should bring him trousers.

He wore the trousers and asked the prince: do you think that a turkey is not permitted to wear trousers? He is allowed too, and even with trousers

he is a qualified turkey. The prince thanked him by wearing trousers too. With time he wore all his clothes.

Then, the wise man asked to be served human food on the table. He ate from it and told the prince: do you think a turkey is not permitted to eat good foods? One can eat well and be a turkey. The prince listened to him and started eating like a human being.

Seeing this the wise man said: Do you think a turkey is sentenced to sit under the table? Turkeys can be wherever they want. The prince accepted the wise man's ideas and since he stood and walked as a human being he began behaving as a regular human being (Steinmann, 2009).

TABLE OF CONTENTS

1. Introduction: A Model of Combined Expressive Art and Outreach herapy	13
2. Literature Review	15
Introduction	15
Creativity and Cure in ET	16
Outreach Psychotherapy and ET	19
Out-of-Office activities, Well-Being and Mental Health	23
The Setting - Core Issues	29
Transference and Counter-Transference in Psychotherapy with Dysfunctional Clients	32
Summary	34
3. Methods	36
Qualitative Research	36
The Research Question	38
Introduction to Methods	39
Data Collection Methods	40
Baseline Data Collection	40
Session Data Collection	40
The Participants in the Research	40
The Questionnaires	41
4. Results	44
The First Client	44
The Second Client	47
The Third Client	51

Results for Client One.....	54
Baseline Evaluations.....	54
Session Evaluation.....	56
Result for Client Two	62
Baseline Evaluations.....	62
Session Evaluation.....	64
Result for Client Three	69
Baseline Evaluations.....	69
Session Evaluation.....	71
5. Discussion.....	77
Research Findings on the Therapeutic Process.....	77
The First Client.....	77
The Second Client.....	81
The Third Client.....	86
Results and Clinical Observations of the Research.....	92
Summarizing Conclusions	98
Epilogue.....	103
Appendix A: Baseline Questionnaire – First Client	105
Appendix B: Baseline Questionnaire – Second Client	107
Appendix C: Baseline Questionnaire – Third Client	109
Appendix D: Description of Sessions Questionnaire	111
Appendix E: Data Description of Sessions by First Client	114
Appendix F: Data Description of Sessions of First Client by Therapist	124
Appendix G: Data Description of Sessions by Second Client	144
Appendix H: Data Description of Sessions of Second Client by Therapist	155

Appendix I: Data Description of Sessions by Third Client	172
Appendix J: Data Description of Sessions of Third Client by Therapist.....	186
Appendix K: First Client – ET Work: "Beginnings"	204
Appendix L: First Client – ET Work: "Want To Do"	206
Appendix M: Second Client – ET Work: "Anxiety"	208
Appendix N: Second Client – ET Work: "Depression"	210
Appendix O: Second Client – Creative Writing: "Mother"	212
Appendix P: Second Client – Creative Writing: "Mother2"	214
Appendix Q: Third Client – Creative Music "Tal and Me - Sketch1"	216
Appendix R: Third Client – Creative Music: "Ethnic Mix 1"	218
References.....	220

LIST OF TABLES

Table

1. Correlation Coefficients between Session Evaluations by Therapist and 2nd Clinician....56
2. Correlations between Session Evaluations by Therapist and 2nd Clinician.....64
3. Correlations between Session Evaluations by Therapist and 2nd Clinician.....72

LIST OF ILLUSTRATIONS

1. Baseline Evaluation by First Client Before and After Intervention.....	55
2. Baseline Evaluation by Father of First Client Before and After Intervention.....	55
3. First Client's Adhering to the Therapy Setting: Therapist and 2 nd Clinician.....	57
4. First Client's Weaving Together the Two Media: Therapist and 2 nd Clinician.....	58
5. First Client's General Functioning: Therapist and 2 nd Clinician.....	58
6. First Client's Emotional Intensity: Therapist and 2 nd Clinician.....	59
7. First Client's Intensity of Transference: Therapist and 2 nd Clinician.....	59
8. Intensity of Counter-transference with First Client: Therapist and 2 nd Clinician.....	60
9. Baseline Evaluation by Second Client Before and After Intervention.....	63
10. Baseline Evaluation by Husband of Second Client Before and After Intervention.....	63
11. Second Client's Adhering to the Therapy Setting: Therapist and 2 nd Clinician.....	65
12. Second Client's Weaving Together the Two Media: Therapist and 2 nd Clinician.....	65
13. Second Client's General Functioning: Therapist and 2 nd Clinician.....	66
14. Second Client's Emotional Intensity: Therapist and 2 nd Clinician.....	66
15. Second Client's Emotional Intensity of transference: Therapist and 2 nd Clinician.....	67
16. Intensity of Counter-transference with Second Client: Therapist and 2 nd Clinician.....	67
17. Baseline Evaluation by Third Client Before and After Intervention.....	70
18. Baseline Evaluation by Mother of Third Client Before and After Intervention.....	70
19. Third Client's Adhering to the Therapy Setting: Therapist and 2 nd Clinician.....	72
20. Third Client's Weaving Together the Two Media: Therapist and 2 nd Clinician.....	73
21. Third Client's General Functioning: Therapist and 2 nd Clinician.....	73
22. Third Client's Emotional Intensity: Therapist and 2 nd Clinician.....	74
23. Third Client's Intensity of Transference: Therapist and 2 nd Clinician.....	74
24. Intensity of Counter-transference with Third Client: Therapist and 2 nd Clinician.....	75

ABSTRACT

The research investigated the effectiveness of an innovative model of combined Expressive Therapies (ET) and outreach therapy. This model was developed to accommodate the needs of dysfunctional clients who cannot fully benefit from the conventional ET setting. The study was a preliminary qualitative case study, investigating the assumption that combining ET work in the office with an activity in an outreach setting chosen by the client could contribute to initial experiences of coping and success for dysfunctional clients. One woman and two men aged 20, 32 and 47 participated in the research over 15 sessions on a twice a week schedule. Even though the research intervention was rather short, all three clients reported meaningful improvement in their abilities to cope with some aspects of daily activity. All three also reported meaningful positive change in their general well being and mood.

CHAPTER 1

Introduction

A Model of Combined Expressive Art and Outreach Therapy

The present research investigated a model combining expressive therapy (ET) in the office with outreach therapy sessions taking place outside the office. In this model ET was defined as a therapeutic endeavor using the creative process of multiple art forms to improve the physical, mental and emotional well-being of individuals. Outreach therapy was defined as any ongoing activity outside the office personally chosen by a client and carried out by him or her accompanied by a therapist to enhance self esteem and coping with daily life.

The purpose of the research was to investigate the topic of treatment effectiveness of this model and learn more about the influence of this kind of treatment on clients' state.

The model of combining ET with a personally chosen outreach activity developed out of the experiences of the researcher in his clinical practice. Looking for therapeutic ways to help dysfunctional clients who cannot adjust to the conventional setting and those whom ET by itself did not bring the hoped-for outcomes, combining ET with some outreach activity chosen by the client was attempted. The researcher then experimented with this model in his work over the years with quite a number of clients.

The research aimed at investigating the effectiveness of this model, exploring several issues. The general issue addressed was whether expanding therapy to include both ET and an outreach activity would bring about experiences of success and of coping for the client. More specifically, the research looked into several aspects of this general issue. One issue investigated was whether work in two different media would have either direct or indirect influence on the therapeutic process. A second issue to be investigated was whether an outreach activity personally chosen would stimulate efforts of clients to cope in areas of life that were meaningful to them and would bring about experiences of success, of coping and of

perseverance. A third issue investigated was whether experiences to persevere in goals clients set for themselves would have carry-over effects into daily life and into an opening up of creativity in their ET work. A fourth issue addressed the question whether out of clinic activities experienced together by client and therapist would strengthen the therapeutic bond and have a positive effect on functioning in life.

The idea of this model developed out of the need to find ways to help dysfunctional clients effectively. The topic seems of importance to the field of ET since it suggests an enriching approach for helping clients who have difficulty accommodating to the regular therapeutic setting or whose condition does not seem to meaningfully improve through regular ET.

The first assumption of the study was that adding an outreach activity chosen by each client would bring about experiences of success and of coping. The second assumption was that experiences to persevere in goals clients set for themselves would have carry-over effects into daily life and into an opening up of creativity in their ET work. The third assumption was that activities experienced together by client and therapist would strengthen the therapeutic bond and have a positive effect on the client's functioning in areas of life meaningful to him or her. The fourth assumption was that work with clients in two different media would have direct or only indirect influence on the therapeutic process.

The research is of the nature of a preliminary study. It has its limitations having been carried out by one therapist, with only three clients and over only 15 sessions per client.

CHAPTER 2

Literature Review

Introduction

Malchiodi (2005) outlined the history of ET. She pointed out that art has as long a history as humankind can remember and that art was known as a curative power ever since ancient Egyptian times. Malchiodi expanded that the idea to utilize art as an adjunct to medical care began at the end of the 19th century and that by World War I attention was drawn to "medical miracles" with patients' betterment as a reaction to music. Over the 1930s and 1940s, Malchiodi described, the understanding evolved that expression through different art media can help the mentally ill population. Amir (1999) highlighted the more recent developments in the field of ET writing that the field of ET has developed enormously over the last decades so that the field has become known as powerful routes to access creativity, inner dialogue and psychological development.

Mohr et al. (2005) outlined the development of the outreach psychotherapies over the last decades. These theorists described the outreach psychotherapies as new attempts at stretching the borders of psychotherapy. They expanded that the term outreach refers to out-of-office endeavors that let go of the safe office environment and dare adjust the setting of the psychotherapeutic encounter to the needs of dysfunctional clients who are unable to adjust to the conventional setting.

The first section of this literature review touches on creativity in ET; the second section outlines the literature on preliminary ventures into outreach psychotherapy carried out over the last decades; the third section presents the literature on outreach activities as facilitators of well being and mental health; the fourth section presents the literature on core issues pertaining to settings in psychotherapy; and the fifth section presents the literature on transference and counter-transference in psychotherapy with dysfunctional clients, exploring

the issues of setting, transference and counter-transference from the vantage point of the patient's capabilities.

Creativity and Cure in ET

The curative effect of art has been widely discussed in the ET literature with theoreticians highlighting different aspects of the creative and the curative process.

Rogers (1999) described ET as processes using various arts – "movement, drawing, painting, sculpturing, music, writing, sound and improvisation - in a supportive setting to experience and express feelings. Any art form that comes from an emotional depth provides a process of discovery. We express inner feelings by creating outer forms" (p. 113).

Rogers (2002) put the art therapies into a historical perspective. She regarded expressive arts as ancient forms reborn in order to bring about integration and balance into our world. She expanded that in ancient times people knew that dancing, singing, art and stories were all part of the same process of helping man become fully creative and functioning. According to Rogers, people used arts for creating a connection with nature as well as with their inner selves, using the knowledge that dancing and singing could release emotions, fill the body with energy and create a group atmosphere while the visual arts enriched them with imagery and metaphors.

Amir (1999) related to Pythagoras, the Greek philosopher and mathematician, who had believed in daily listening to music as contributing to man's mental and physical health; and to Plato who had stated that the soul is in danger of losing its harmony and internal organization when it does not have the sounds of music. Amir (1999) highlighted the therapeutic value of music therapy and attributed immense healing power to music. She described the composer as a creative person who plays with the making of sounds and dynamics; making acrobatics with rhythm and colors.

Golan (1994) focused on the therapeutic value of writing. She described writing as a tool for self-expression aimed at the release of repressed emotions and tensions. Golan explained that the writing process facilitates bringing up conscious and unconscious suppressed experiences. When suppressed experiences become verbal and aesthetic, the individual can achieve emotional relaxation and better control of his behavior. She also associates the writing process with helping with a range of emotional problems such as traumatic experience, on one hand, and creating an artistic distance on the other, enabling the examination of a problem from within as well as from without.

Cohen (1995) considered writing as often more meaningful than the therapeutic dialogue. He regarded writing as a way to express one's own inner voice, avoiding hiding from oneself and beginning the search of self. Philips et al. (2002) related to inpatients' writing, saying that when people suffer from great distress or major depression and feel that there is nothing worthwhile in their lives writing can help bring up positive memories as well as help the imagination creatively open up to valuable possibilities.

McNiff (1998) described the creative process observing that creativity can open up through any simple concrete daily activity. Time and again he referred to daily activities as stimulants to creativity, expressing his conviction that any daily activity can be creative in itself while at the same time stimulating creativity: "It is possible to create at the highest levels of quality while still working in a bank, teaching school, painting houses, or toiling in a factory. I have actually found that these different activities further my creative expression. I seek out new experiences and challenges, and they invariably enrich my art by providing subject matter, emotional energy, and new connections to life" (p. 50).

McNiff (1992) described ET as a very diverse discipline through which creativity treats itself and recycles its vitality back to daily living. He regarded the making of art as a medicine that proceeds through phases of creation and reflection. McNiff (2004) put emphasis

on the many different ways the creative process may be triggered: "I have consistently discovered that the core process of healing through art involves the cultivation and release of the creative spirit. If we can liberate the creative process in our lives, it will always find the way to whatever needs attention and transformation. The challenge, then is first to free our creativity and then to sustain it as a disciplined practice"(p.5).

Knill (2005) regarded creativity as a process occurring to both therapist and client in the creative art therapy process, discovering new solutions to old problems or appropriate responses to new situations. "Therefore, with a creative attitude the ordinary way of looking at things is abandoned." (p.84).

Serle and Strong (2001) assumed that spontaneous art resembles the process of free associations and that dream processes resemble, in many ways, artistic activities. They discussed the connection between art and the psychoanalytic viewpoint, relating to art as a profound channel to the unconscious. They explained that the repetition of art symbols represents, according to the Freudian and Jungian heritage, the ego's efforts to actively repeat traumas experienced passively, in order to gradually acquire a sense of control over events. They regarded the work of art as the symbolic expression of the client's emotional life with the imagery revealing experiences which could not be expressed in language.

Shafir (2010) highlighted ET as a door opener to the creative process. She described modern life as often alienating people from their inner creative flow, leaving them in heavy feelings of stagnation and absence of meaning. The creative process, according to her understanding, always begins in the zone of the unknown, with the endless uncertainty and innumerable possibilities it contains. Only through daring to dwell in the unknown can the beginnings of creativity awaken. These beginnings of creativity can then improve the creative flow, leading to more and more creativity and vitality.

Chodorow (1991) described the expressive therapies as stimulants of processes facilitating the emergence of contents from the unconscious to the conscious, gradually creating differentiation. She described images as connectors between the isolated inner world and the collective external world. Chodorow regarded unconscious imagery as an expression of feelings, thus releasing internal conflicts. She described the creative process as one activating the imagination and leading clients directly into the heart of his or her anxieties and conflicts. According to Chodorow the therapeutic power of creativity has to do with imagination activating a symbolic process, taking the client into the emotional heart of a complex and leading him or her through it.

Ginosar and Asher (1994) described expressive arts therapy as the common name for the use of expressive and creative processes in the field of art, aiming at strengthening man's healthy parts, encouraging processes of change and improvement in man's soul and body, thereby promoting his or her well-being. They regarded the expressive art therapies as a variety of routes aimed at opening up creativity thereby curing the soul.

Outreach Psychotherapy and ET

Mohr et al. (2005) described outreach psychotherapy as a relatively new attempt of widening the borders of psychotherapy. They delineated the development of outreach therapy over the last two decades, with some therapists who endeavored to adjust the setting of the psychotherapeutic encounter to the needs of clients who cannot adjust to the conventional setting. They stressed that these non-traditional therapy practices are unexplored, lack documented experience, critical analytical data and documentation of their benefits and disadvantages. They suggested that a good starting point to overcoming these challenges could be an open dialogue about them, so as to raise awareness of their possibilities.

Mohr et al. (2005) suggested that some traditional therapists may feel that their conventional approach and standing are threatened by change; and voiced their hope that

open-minded therapists will agree that in order to provide the best therapy possible to patients, additional methods should be evaluated and studied further.

Mohr et al. (2005) described their research on psychotherapy over the telephone. The researchers pointed out that psychotherapy over the phone has been and still is being developed and tested as a respectable, convenient way of counseling. They outlined some of the advantages of therapy via the telephone over traditional therapy: therapy becomes possible for people who live far away from a therapist and for those who are not mobile; some patients can express their fears and feelings more freely when not meeting face-to-face; some clients may feel a larger degree of spontaneity and flexibility than in face to face therapy. The authors also related to the disadvantages of phone therapy, highlighting that, telephone therapy, not being face-to-face, has its setback in facilitating emotional inter-personal interaction as compared to traditional therapy. Mohr et al. concluded that telephone-administered psychotherapy seems to offer a flexible, anonymous and less personal type of psychotherapy. They related to the benefits of telephone therapy, which seemed to allow clients to internalize healthy changes more readily. They also addressed the practical aspects of patients' accessibility to treatment when not in good health and when they need flexibility in the timing of therapy.

Greene (2007) expressed the view that psychotherapy should open up and develop into a wide body of psychological treatment procedures attuned to the wide variety of behavior disorders, mental conditions and illnesses. He suggested that the need to help so many different people, with a wide array of problems and in diverse situations, obligates therapists to explore any methods that can help in healing the psyche.

Greene (2005, 2007) described Internet therapy from his subjective, rich experience and discussed the advantages and challenges facing this medium. He raised the issues of creating a safe place, of facilitating the expression of strong emotions without fear of being

judged or ridiculed and of actualizing the agreed upon issues of time, place, and payment. Green highlighted that unique to internet therapy, is the ability for both the patient and the therapist to consider what they are going to say as well as reread what was previously written. In some instances, not being seen makes it easier for the patients to express anger and other difficult feelings. Greene pointed out that not seeing the therapist can facilitate an idealization of the unknown scenario which can contribute to the patient's willingness to be open. He mentioned that the ability to have a session in the comfort of the patient's house can also provide a feeling of greater confidence. Green highlighted the drawbacks as well, describing that the interaction lacks the personal spontaneity of face-to-face meetings; the therapist lacks the communication tools of observing the patient and quietly listening; eye-contact is unavailable and the client can easily be swayed and distracted by the surrounding environment. It seems that Green's therapeutic concept did not emphasize the therapeutic relationship as the primary mechanism of psychotherapy and highlighted mainly those components of psychotherapy which exist in internet therapy.

The literature on outreach therapy is diverse and discusses a variety of attempts at providing services. Pollach et al. (1991) designed a model of therapeutic home visits for agoraphobic clients who could not leave their homes. The immediate goal of these interventions was to get the patients sufficiently mobilized to continue treatment at the outpatient clinic without the continuous aid of the outreach therapist. They stated their belief that outreach therapy offers endless, yet unexplored, possibilities.

Timna (2006) suggested that various mental disorders require unique ways of treating them. He described therapy with the video game Play-station® in treating a boy suffering from Asperger's syndrome. He explained that traditional therapy with clearly defined roles of therapist and patient would not be helpful to clients with Asperger's who need clearly defined sets of rules, since they cannot understand situations that are not clearly structured. In this

setting the therapist takes on the role of a trainer, not of a partner in dialogue. In the computer virtual reality the patient can learn to identify challenging situations, follow rules, make decisions, and act accordingly. Timna pointed out that little is known as yet regarding generalization, of whether the patient can over time develop the ability to handle real-world challenges when confronted with them alone, without a trainer.

Ewert, McCormick, and Voight (2001) summarized extensive literature on outdoor experiential therapy programs. They point to the fact that these programs have continued to grow in popularity and have moved into the realm of normative therapeutic practices. The range of their applications suggests that these types of treatment modalities can be useful in a variety of settings and with a broad spectrum of clients. Gillis and Gass (2004) sketched the setting of adventure group therapy as one that can give clients an opportunity to observe their own social issues and move from the comfortable indoor setting to a setting that is more unpredictable. Among other benefits, this can facilitate bridging the gap between therapy and the 'real' world. Additionally, it encourages patients to work through their own feelings and discover personal solutions.

An interesting initiative of outreach ET work came from McNiff (2009) who succeeded to organize a major exhibition of 'patients' art work at a well respected academy in the 1970's. Then, in a conjoint endeavor, an expressive arts therapy program for mentally disturbed people was established at the same gallery and reached out to people within the area surrounding the academy. McNiff (2009) describes:

We created expressive arts therapy studios in two of the most prominent spaces of the museum, hired an expressive arts therapy staff, and invited the entire spectrum of child and adult mental health programs within the surrounding communities to become involved in the museum program. It was a bold and

radical initiative to bring truly hard core expressive arts therapy programs into an eminent art museum (p.20).

Out-of-Office Activities, Well-Being and Mental Health

The literature has not as yet described out-of-office therapy as a therapeutic process per se. There is, however, a rapidly growing literature on the contribution of out-of office sports activities to mental health and there are numerous websites referring to the interrelatedness between participation in out-of-office activities like workout, bicycling and fishing to well being.

Martinsen (2005) summarized the results of several intervention studies showing that systematic exercise is associated with an antidepressant effect. Landers and Arent (2007) pointed out that exercise seems to be more effective than no treatment, and not significantly different from antidepressant medication and psychotherapy. Further they concluded that research clearly showed that both aerobic and anaerobic exercise were effective in reducing anxiety and depression scores and increasing positive mood. Crone and Guy (2008) highlighted the potential role of exercise as an adjunct to the more standard forms of treatment in the mental health area. They suggested that their study may assist in helping exercise become a more integral and thus effective part of client-centered, contemporary, evidence-based mental health service.

Kirdcaldy, Shepherd, and Siefen (2002) summarized literature pointing to a long list of psychological benefits arising from physical activity. They reported positive shifts of mood state and perceived health, an increased sense of self-sufficiency, greater personal adjustment and enhanced body image. In addition, they highlighted facilitation of cognitive and perceptual processing, improvement of stress management skills and a bolstering of overall psychological performance. Specifically, they reported data supporting the potential therapeutic benefits of physical activity for children and adolescents. They pointed out that

exercise has been recommended in several studies as a tool in the therapy of psychiatric ailment, including chronic depression and anxiety state.

A few studies reported that specific types of sports are more highly related to well being than others. Legrand and Heuze (2007) hypothesized and verified that high frequency aerobic exercise triggered a significant decrease in depression. Kirdcaldy, Shepherd, and Siefen (2002) reported that there were strong relationships between endurance activity and reported scores for physical and psychological well-being. Landers and Arent (2007) summarized recent evidence indicating that resistance exercise is most effective when intensity is properly defined and controlled in the moderate range.

Other studies differentiate between a number of aspects of well-being and their correlation with sports activities. Landers and Arent (2007) suggested that it is the participant's own perception of improvement of physical fitness rather than the objective change itself that is responsible for the improvement of the individual's physical self-worth. Fox (2000) as well as Sonstroem (1995) pointed out that the following variables operate in the enhancement of the physical self-concept: perceived improvement in fitness, enhanced body image, sense of control over the body, feeling somatic well-being, social experiences and reinforcement, goal achievement, success experiences, self-evaluation, process internalization and self-determination. Knapen, Van Coppenolle, Peuskens, Pieters, and Knapen (2006) suggested the possibility that changes in self concept are not necessarily a result of an improvement of physical achievement. They may rather be the result of experiencing physical activity. This observation seems to bring liberty to patients and therapists in choosing those types of physical activity in which the individual is interested, with no need to focus on training effects.

Salmon (2001) used the term psychomotor therapy instead of 'sports' or 'exercise' and pointed to several aspects that should be implemented in psychomotor therapy in order to

allow long-term success in mental health treatment. These aspects consist of providing structure that will assist clients in developing the belief that they can control their own behavior, well-being, fitness and health (internal locus of control); teach problem-solving skills to clients; help them develop self-efficacy and confidence to carry out behaviors necessary to reach a desired goal.

Physical activity has been found useful as a point of entry into psychological issues. Hays (1999) observed teen groups and proposed that engagement in physical pursuits or discussion of recreational activities or exercise involvement may serve as a useful point of entry for facilitating discussion among adolescents about issues relating to body image and self-esteem.

Bicycling is described in research and popular websites as greatly contributing to physical health as well as to wellbeing. Clark (n.d.) in a summarizing article on the all-around benefits of bicycling related to the following psychological findings: Clark wrote that stimulating the body through bicycling is one way of helping the body release endorphins which can lift depression and relieve mental stress much like a psychoactive drug. Bicycling like any aerobic exercise, Clark clarifies, also helps to reduce mental stress in general, in the sense that it raises tolerance to stress. He cites one study concluding that "psychological improvements often occur independent of fitness changes, possibly from factors such as the sense of achievement and positive feelings of self control, or simply from social interaction while taking the exercise. Research also showed that hard cycling has been found to reduce tension. In a study performed on exercise bikes, a group pedaling for twenty minutes at high intensity was found to have muscles twice as relaxed as a group exercising at low intensity. This decreased muscle tension is thought to result in a greater degree of relaxation and reduced stress". Clark also relates to some more impressionist common knowledge: "Anecdotally, many people affirm they 'feel good' during or for some time after exercise.

While subjective responses prove nothing to the scientists, cycling appears to contribute to mental well-being simply because of the positive enjoyment that people gain from it. It confers a feeling of freedom and independence, and a sense of achievement" (Clark, n.d).

The popular website of the London Cycling Campaign brings an article called "Health Benefits of Cycling" (London Cycling Campaign, n.d.), in which the following aspects of mental health that are affected by bicycling are highlighted: "...preliminary research indicates that regular aerobic exercise decreases depression and improves confidence and self-esteem. Endorphins released into the body from the brain while cycling are thought to be at least as beneficial as drug therapy for mild to moderate cases of depression."

Moser (2001), a professional piscatorial therapist, wrote on a website that piscatorial therapy encompasses many therapeutic aspects. It has an obvious relationship to sports medicine, while at the same time connecting with spiritual traditions." The periods of solitude when the fish aren't biting provide for contemplation in the search for inner peace. This quiet is intermittently interrupted by the natural stimulant effect of a fish's sudden strike and the resultant adrenalin rush" (Moser, 2001). Moser mentioned that some research on the efficacy of piscatorial therapy is being carried out, but gives no further details.

Levy (n.d.) in her web article, "The Zen of Fishing," highlights three aspects of fishing: "Fishing is like life...you never know what you're going to catch. I think it teaches you lessons in persistence and tenaciousness. You're not always going to get what you want when you want it, in fishing or in life." Levy also describes fishing as a never ending series of opportunities for hope. She goes on writing that "...something about this ancient activity moves people to wax philosophically; and to embrace it to satisfy a deep, unnamable yearning... Many have described fishing as a way to reach for a world beyond our own. Scores of writers have explained that fishing touches, calms and even heals the human soul." (Levy, n.d.).

An article in the website of Pisces Fishing (Pisces Fishing, n.d.) regarded fishing as therapeutic, since it comprises a whole array of elements. The website stressed the element of hunting: "The periods of solitude and quiet while the fish aren't biting prove to be a helpful time of contemplation, intermittently interrupted by the sudden adrenaline rush of the fish striking." The website highlighted fishing as helping "to lift the mood, boost self esteem, lower stress and provide a sense of purpose and meaning. There is also the added benefit of increased social connections and increasing the general well being of participants." (Pisces Fishing, n.d.).

Ferrari, L. (2006) in a short descriptive essay, "Fly Fishing Therapy for Wounded Soldiers," on the website of Newsplex, stated that this kind of outdoor activity can be most meaningful as a rehabilitative tool, both physically and emotionally.

Davidow, J. (n.d.) in her picturesque web article on fly fishing for cancer patients in the Seattlepi website stresses the importance of fishing as a healing activity: "It really isn't about catching a fish or about the float trip on the river... A lot of them are still traumatized by their whole cancer ordeal. It's the idea of taking these women out of the hospital, out of their community, back to a more basic look at life. And, at the same time, you can give them a skill that's good for promoting their arm health" (Davidow, n.d.).

Martinsen (2005) outlined several pertinent theories explaining the way exercise helps in alleviating depression and anxiety. He described Beck's theory (1995) that depression is maintained by persistent negative automatic thoughts and withdrawn, passive behavior. Exercise leads to increased periods of experienced joy and mastery, which may affect depressive mood. He outlined Bahrke and Morgan's theory (1978) suggesting the distraction hypothesis, that distraction is an alternative strategy, where the person engages in activities like work or hobbies, to focus on other themes than their negative depressive thoughts. Martinsen further delineated Bandura's (1977) concept of self efficacy referring to the belief

of having the necessary skills to finish a task with a favorable outcome. When starting with exercise, people experience an increase in their physical capacity which they can only attribute to their own efforts. This experience of mastery may be transferred to other areas of life, and help them increase their belief in their own resources. Martinsen introduced Csikszentmihayi's (1990) flow hypothesis, explaining that a flow experience is a state in which one is so engaged in one's activities that one forgets oneself and one's worries. Experiences of flow often appear in situations where there is balance between the task to be performed and the skills of the person to perform it. Various forms of physical exercise offer good opportunities for flow experiences.

From another angle sports has been regarded as a positive addiction. Glaser's (1976) research distinguished between positive and negative addiction. She suggested that in contrast to negative, self-debilitating addictions such as substance abuse, the positive addiction to regular exercise such as swimming or running may serve as a replacement or distraction from smoking or alcohol abuse, strengthening individuals' self-efficacy and enhancing their life satisfaction.

The role of the mental health worker in facilitating clients' participation in sports was highlighted by Kirdcaldy Shepherd & Siefen (2002). They stressed the importance of the role of mental health professionals (e.g. sport therapists, physiotherapists, psychiatrists, mental health nurses) in facilitating service users' access into sports therapy programs.

All the literature reviewed regards sports as an adjunct to the more standard forms of treatment in the mental treatment area. It seems that nothing has been written as yet about sport therapy as a therapy per se, or on a treatment program organically intertwining sport therapy with some brand of main-stream psychotherapy.

The Setting - Core Issues

The setting and borders of ET and outreach therapy are different from those in the traditional setting and touch on the implications of different settings regarding the therapeutic process. The following tries to relate to some of the most meaningful issues that pertain to any attempt at analyzing therapeutic settings.

There is a vast literature dealing with psychotherapeutic settings. The traditional approach, stating the belief in the need of a formal setting as a prerequisite for any therapeutic process, is presented in the writings of Bermann (1986), who summarized psychoanalytic writings and concluded that there is a unanimous recommendation to conduct therapy within a clear and agreed system or "framework" (p. 7), which gives it a different character than any regular social interaction. In this sense Bermann stressed that the sessions in traditional psychotherapy are fixed and limited by time, there is no extra-therapy contact between client and therapist, and the therapist does not talk about his or her personal life with the client. Bermann goes on to say that it is the client who decides on the issues that are dealt with, the therapist considers the implications of the client's expressions and their value and does not see him or herself committed to full spontaneity, but only to feedback that ensures balance and prevents confusion. In Bermann's view it is the stability of the framework which permits flexibility and creativity in its contents, in relating to the feelings arising in the client as well as in the therapist. The therapist tries to process these feelings and reactions, to make sense of them, a process Casement (1987, p. 79) called "inner guidance." Casement expanded that once the therapist arrives at an inner understanding of what is happening at a dynamically deeper level, he or she tries to share this understanding with the client. Casement believes that this sharing focuses on the client's world. It may include sharing the therapist's feelings (counter-transference), but only if the therapist feels that this sharing will help the client understand his or her underlying dynamics.

Petern (2001), a pertinent psychoanalyst, regarded boundaries in psychotherapy as referring to frame, hierarchy and authority. She conceptualized according to classical psychoanalysis that the objective of personal development is the adjustment of the individual to society. The process of development, according to this theory, is based on the socially set boundaries and on a developmental process of internalizing external boundaries. The objective of the process is to settle the paradox and conflict between inside and outside, between imagination and reality.

One of the first theoreticians relating to boundaries in therapy in a more flexible way was Bleger (1967). He emphasized the importance of adhering to a fixed setting, since the fixed setting has a permanent presence similar to the presence of a parent which is essential for the development of the self. However, he explained, lack of flexibility in relation to the therapeutic framework, as with a parent, will bring personal development to a halt. Bleger suggested that from time to time it is necessary for the therapist to risk his or her own security and fixed role in order for the client to become able to take risks in developing. He went on to say that there are those who interpret a client's demand to change the setting as negative transference, a sort of attack on the therapy. Others, according to Bleger, regard a client's demand to change the setting as an expression of willingness to expand the treatment's range and an opportunity to grow. Strictly set rules may be essential to the process, but might also bring about stagnation. Bleger pointed out that strictly set rules depend not only on theory, but also on the therapist's personal need to guard his or her personal boundaries so as to sustain his or her individuality, privacy and autonomy. That is why different therapists will insist on different rules.

Winnicott (1971), observing from a wider prism, described the paradox of humans as individuality-seekers on the one hand, and as social creatures on the other. He expanded the meaning of the term 'boundaries' and gave it an extra dimension – the dimension of

movement, defined by him as the playground for the process of existence and development. Instead of clear cut boundaries, Winnicott was interested in the realization of the human potential. Instead of differentiation, he described a relationship with the environment through the subjective perception dedicated to the needs of humans so as to allow their development through an endless and boundless experience, creating the space for creative potential. Thus, boundaries and creativity oppose each other, according to Winnicott, and the creative potential is the ability of the self to have a sense of freedom, characterized by life with a subjective experience of essence, efficacy, meaning and reality. The environment which Winnicott refers to as allowing development, is an environment blending in with the individual's needs, attentive to and directed to the individual, reflecting the subjective experience of existence.

Petern (2001) pointed out that the difference between Winnicott's ideas and the classical conception of boundaries is most noticeable on the plane of interaction. When one considers boundaries within the classical conception they are referring to experiences of restraint within the interaction, within the process of differentiation, in sync with the theory. From Winnicott's point of view, boundaries are an experience that develops and realizes within the self through a blending presence, creating a different kind of inner relationship.

Elaborating on the issue of flexibility in an even clearer and straight forward way, Bass (2005) stated his belief that no single framework fits every patient or every treatment process. When both patient and therapist change, learn and develop, each in his or her way, the treatment framework may end up being difficult to manage unless it is able to adjust itself to those changes. Bass regarded this process of negotiation about changes in the framework as an essential component of therapy.

Looking back on the pertinent literature Lior (2007) surveyed the psychoanalytic literature and delineated two basically different approaches to the therapeutic setting. The first

is based on the classical psychoanalytic understanding of the treatment technique, according to which the rules and conditions for therapy are set in advance. The rules relate to fixed dates for sessions, payment conditions and the therapy method. Psychotherapy, according to this approach, is treatment for clients who can accommodate to these rules. The second approach suggests flexibility and stems from the realization that there are clients who cannot adhere to the standard rules of the 'game' and that the rules need to be adjusted to the client.

Quinodoz (1992), 15 years earlier, described the setting from a different perspective and arrived at the same understanding. She described the therapeutic endeavor as having two layers: the objective layer, consisting of the external rules governing the outer life of both client and therapist, and the subjective layer, expressing an internal reality. She voiced her belief that both layers need to be shaped by the interaction between therapist and client.

Yalom (2002), inspired by the psychoanalytic and the existentialist traditions goes one step further in relation to the issue of boundaries in sharing his experience of home visits. He recommended home visits to therapists, saying that these visits are most helpful in acquainting the therapist with impressions and information he or she would never get in any other way. Yalom did not ignore the need of a clearcut setting, especially for young therapists. However he warmly recommends flexibility, creativity and individual handling of psychotherapy. At the end of his exposition he writes: "One should ask why the tradition of home visits which was so common in the past is nowadays regarded as a daring step full of danger" (p.198).

Transference and Counter-transference in Psychotherapy with Dysfunctional Clients

Therapeutic work with dysfunctional clients has given rise to literature on therapy adjusted to the needs of these clients. Eissler (1983) conceptualized that modifications of psychotherapy are needed in order to meet the needs of patients with different organizational levels of the "self." Deutch and Mirsky (1988), summarizing the literature, pointed out that

psychotherapy has gone through changes over the years so as to be able to answer the special needs of patients with different emotional disorders. VanHart and Witztum (1990) recommended some type of integrative treatment for dysfunctional clients in community mental health centers. They outlined treatment as focusing on the one hand on listening to the patient, making an effort to 'join' the patient's expectations and use them in the treatment, and on the other hand formulating treatment aims and goals that are concrete and agreed upon and giving assignments to the clients.

One of the subjects dealt with in the literature on psychotherapy with dysfunctional psychotic, borderline and depressive patients is the issue of transference and counter-transference from the vantage point of the patient's abilities. Kornizer (2006) summarized the professional literature on transference and counter-transference for the hospitalized patient with low organizational levels of the "self". He summed up that only in recent years has the profession recognized the enormous difficulty of containing these patients and the paramount importance of the attention to counter-transference feelings of staff working with them. Some 35 years ago Blanck and Blanck (1974) recommended flexibility when it comes to dysfunction patients. Kernberg (1975) was among the first theoreticians to suggest a move away from the traditional 'one person psychology' to a 'two person psychology' when treating patients with personality disorders. He recommended that therapy should be an interaction between two "real" persons; since only a relationship can bring change in the self image of the difficult patient, help him or her feel less hostile and angry, and gradually open up to a basic relationship with the therapist. Kernberg explained that the possibility of the patient seeing the therapist as personally involved - can help him or her feel safer to expose his or her thoughts and feelings. Kernberg also described the therapist as a role model whom the patient can imitate and through this process discover his or her thoughts and feelings. Similarly, Greenson

(1978) recommended 'true' or non-transference relationships in the treatment of dysfunctional patients.

Some authors have reviewed therapeutic work carried out in rehabilitative communities for dysfunctional clients, in which therapists engaged both in psychotherapy and in informal meetings with clients. Deutch and Mirsky (1988), working in a therapeutic community described the complexity of the combined application of psychotherapy and socio-therapy. They regarded informal meetings between patient and therapist in the therapeutic community and reported that these informal meetings enriched the experience of patient and therapist, widening the therapist's view of the patient's complex inner world. They stressed that feelings arising from these informal meetings needed to be contained within the psychotherapeutic process so as to stimulate growth and development. According to their experience, a long and stable process which allows a “good enough holding environment” (p.229) combined with an exploratory psychotherapy, can facilitate the strengthening of the ego and successively enable clients to stabilize with minimal environmental support and gradually focus on exploratory psychotherapy. Deutch and Mirsky met their clients in informal community settings and processed the meanings of these encounters in the therapeutic session.

Summary

The model researched in the present study developed out of the need to accommodate therapy for dysfunctional clients. The review explored the literature that related to the fundamental aspects of this research model. The model combined ET with outreach therapy. The two first sections of the review therefore surveyed the literature on ET and on the outreach therapies. The first section reviewed some of the rich literature on ET and the healing power of the creative process and the second section gathered the relatively new literature on ventures into outreach therapies. These two sections led to the understanding that

ET and the outreach therapies are varied approaches that expand and enrich the range and types of therapeutic interactions, with ET being a powerful therapy facilitating creativity and well being while the outreach therapies open up further new routes to well being for clients who seem in need of different therapeutic settings.

In an endeavor to expand the range of therapeutic settings for dysfunctional clients the third section discussed some of the manifold literature on outreach activities that were explored and researched as promoting well being and mental health. The range of outreach activities referred to was limited in scope to those types of activities applied in the present research.

Work with dysfunctional clients according to this model raised fundamental issues concerning therapeutic settings and relationships. The fourth section therefore dealt with core issues having to do with therapeutic settings and the fifth section raised issues of transference and counter-transference in psychotherapy with dysfunctional clients. These two sections led to the understanding that rehabilitative work with dysfunctional clients requires flexibility in regard to the settings in which therapy takes place as well as the therapeutic relationships that seem to require a more intensive and personal character than the traditional therapeutic relationship.

The literature review highlighted the need of the field of mental health for innovative approaches to the treatment of dysfunctional clients. It reviewed the manifold contemporary endeavors at therapeutic ET and outreach interventions carried out thus far in this area, as well as attempts at expanding the range of therapeutic settings for dysfunctional clients to outdoor activities. Since these approaches raise fundamental issues regarding therapeutic interactions, therapeutic settings, transference and counter-transference, these topics have been widely discussed.

CHAPTER 3

Methods

Qualitative Research

This research study utilized a blended method to gain understanding of the data collected. Below is an overview of the various approaches and methods used.

A rich diversity of literature dealing with qualitative research has been published during the last 25 years. In this type of research the researcher tries to gain deep understanding of humans and their functioning. Stake (1994) delineated two kinds of knowledge, the overt and the covert, as well as two modes of clarification, explanation and understanding. He wrote that researchers, in a naturalistic study, aim at understanding phenomena, instead of only explaining them by drafting laws or generalizations. He explained that understanding differs in meaning from explanation since it is characterized by empathy. In other words, it can be regarded as a detailed description of the research subject with his or her thoughts, feelings and motivations. Stake made the point that explanation belongs to the field of overt knowledge, whereas understanding belongs to the field of that which cannot be observed, but can be understood and applied. He pointed out that this kind of knowledge can enhance the development of new ideas and new insights.

Focusing on case studies, Stenhouse (1979) defined that they are inductive, presenting the data which emerges from the situation without depending on previous assumptions. Case studies, according to him, can enable the description and analysis of complex situations from various points of view via utilization of the researcher's sensitivity. Zabar-BenYehoshua (1990) characterized the case study method as a method for organizing information and social data while preserving the unique nature of the studied objects; it is a descriptive study of a specific case. The case may be a person, a class in school, an educational system or any other entity. A case study has boundaries set by time, place and participants.

McNiff (1998) addressed the issue of qualitative research, challenging the reliance that has permeated ET from its inception on behavioral science research methods. He explained that "If we shift our attention away from the clinical model to the studio approach to artistic medicine, we have a completely different world of research assumptions and practices"(p.79). McNiff stressed the importance of impressionistic research explaining that "Art-based research generally does involve more ambiguity, risk and uneven results in terms of the end product. But the outcomes tend to be more creative, less mediocre and more conducive to advancing the sophistication of practice"(p.84).

Goodill and Cruz (2004) expanded on the Single Subject Designs (SSD) in clinical dance/movement therapy research. They suggested that these more clearly structured studies open the door to the investigation of treatment issues, especially the issue of treatment effectiveness. In these studies the subject's clinical status is evaluated and compared in the differing phases of the study. In this way the subject becomes his or her own control. In contrast to the therapist in the regular office setting the therapist-researcher structures the treatment process in advance with a focus on research. Target variables are specified ahead of the beginning of the study and the research plan includes aspects of the intervention as well as criteria for the data collection. The format of these studies is of the ABA type, the first "A" describing to the first baseline stage of data collection, the "B" describing the therapy (intervention) phase of the study and the second "A" describing stands for the second baseline or phase of data collection.

The client in case studies is always an active participant, since participation in any study changes the therapeutic setting. The literature on active participation of research subjects seems scarce. Yalom (1998) wrote a most interesting case study on a client who participated in his research by writing her impressions of every session while he wrote his. He then integrated the two different viewpoints. Inspired by Yalom, Reemarchook (2003)

assumed that documentation of the sessions by both therapist and client could help the development of personal awareness. Reemarchook also raised the possibility that documentation could help create a sense of continuity between sessions and that any strong feelings that would not be directly expressed in a session could find written expression and would then naturally enter into the consecutive session.

Crone and Guy (2008) reported that one of the researchers on their team was himself a service user who had participated in sports therapy and that these experiences provided insights for the research, especially into the design of the interview schedule, the data collection procedure and the interpretation of the data. They regarded the dual role of service user and researcher in contemporary mental health research as fruitful in the exploration of the field.

The Research Question

The present research was a qualitative case study. It described the therapeutic process with three clients, aimed at investigating the issue of treatment effectiveness. The study investigated the model of a therapeutic process combining Expressive Therapies (ET) with an outreach activity. In this model outreach activity is any ongoing activity outside the office that is personally chosen by clients.

The present model developed with the background of the literature on the expressive therapies and on outreach psychotherapy. McNiff (1998) built a bridge between these two therapeutic domains when he stated that creativity can open up through any simple daily activity. He regarded daily activities as stimulants to creativity and expressed his conviction that any daily activity can be creative in itself while at the same time stimulating creativity.

The model of combining ET with a personally chosen outreach activity developed out of the experiences of the researcher in his clinical practice. Looking for therapeutic ways to help dysfunctional clients who cannot adjust to the conventional setting and those whom ET by

itself did not bring the hoped-for outcomes, combining ET with some outreach activity chosen by the client was attempted. The researcher then experimented with this model in his work over the years with quite a number of clients. The present case study research investigated the effectiveness of this model and looked into some aspects of the therapeutic process in an endeavor to learn more about it.

Introduction to Methods

The research investigated the effectiveness of the model of combined ET and outreach therapy by applying it in the therapeutic process with three participants. Over 15 sessions each client participated in two therapy sessions a week, one of them an ET session and the other - an outreach session. ET sessions with the three clients were 50 minute sessions and outreach sessions took between one and a half and two hours.

Prior to the research, therapist and client tried to clarify together the areas of functioning each client was most interested in improving. These areas of functioning were then applied in formulation of a personal baseline data questionnaire for each client, addressing five areas in which he or she reported difficulties in coping. The questionnaire was formulated by the researcher according to the preferences of goals stated by each client as a closed questionnaire with space for personal comments under each question. This questionnaire was given to each client and to a relative of the client twice – before and after the intervention.

Every research session was documented and analyzed. In order to enable structured documentation which could then be analyzed according to some specific areas, the researcher prepared an open ended questionnaire. The questionnaire consisted of open ended questions according to therapy parameters the researcher had found meaningful in his ET and outreach work. These questionnaires were then evaluated by the researcher and a second clinician according to six areas. The six areas were chosen by the researcher as ones representing important aspects of the research question.

Data Collection Methods

Baseline data collection. Every client filled out a baseline questionnaire before and after the research period. The questionnaire was tailor made for each client, addressing five areas in which he or she reported difficulties in coping. (See Appendices A, B and C). The same questionnaire was also administered to a second evaluator, a relative of the client. In the first case study it was the client's father; in the second case study it was the client's husband and in the third case study it was the client' mother. The choice of the specific relative-evaluator arose out of the circumstances and the character of every one of the clients and their relationships with their family members. The reason that close relatives were chosen was based on the fact that only ones who were in daily contact with the client and could assess his or her wellbeing on the functional level were relatives. The choice of a close relative instead of some uninvolved professional had its advantages as well as disadvantages, which will be discussed in the conclusions.

Session data collection. Every session was documented by both client and therapist on an open ended questionnaire. (See Appendix D). These session reports were then evaluated on six dimensions by the researcher – therapist. Reliability of these evaluations was checked through an independent evaluation of the reports by a clinical psychologist.

The Participants in the Research

The therapist was a 37 year old single male trained as an expressive therapist and Jungian psychotherapist, working in private practice. He had been working for 16 years in the therapeutic field, first as an instructor, then as a therapeutic mentor and for the last eight years as a therapist. With the years he had developed a model of ET combined with outreach therapy.

The three clients were recruited from the researcher's private ET practice. The researcher offered them the opportunity of taking part in the research, receiving an outreach

therapy session each week as an addition to their regular ET session, with no extra payment involved. They all signed letters of consent to take part in the research.

A close relative of each client assessed the client's condition before and after the research intervention. A clinical psychologist was the 2nd evaluator of the sessions. She was a senior clinician and supervisor.

The Questionnaires

Data were collected with the help of two open ended questionnaires: The baseline questionnaire and the therapy report questionnaire.

The baseline questionnaire (See Appendices A, B and C) contained six open ended questions. The questions related to daily coping with life's challenges and demands in areas relevant to each client, since the difficulties of every client expressed themselves in different areas of coping. With the first client the questions related to the ability to start the day on time, the ability to carry out daily routine, the ability to carry out activities set by self, the ability to sleep on time and the quality of mood. With the second client the questions related to the ability to start the day on time, the ability to sleep well, the quality of mood, the amount of ruminative thinking vs. peace of mind and the feeling of connectedness to the body. With the third client the questions related to the ability to carry out daily activities, the ability to carry out activities set by self, quality of mood, creative drive and quality of sleep.

The baseline questionnaire was administered to each client and to the relative of choice prior to the intervention phase (baseline 1) and after termination of the therapeutic intervention (baseline 2). The baseline questionnaire data were evaluated on a scale of one to four on every one of the areas of daily coping with life's challenges and demands. Comparisons were made between the client's and the relative's coping scores before and after the therapeutic intervention.

The therapy report questionnaire (See Appendix D) related to the state and feelings of each participant prior to and during the session; the overt content of the session; and the feelings and thoughts of each partner towards the other. It was filled out after every session by both therapist and client. The client was asked to hand in his report of every session when coming to the next one.

The therapy session report questionnaires were classified according to six main areas, each of which was operationally defined by specific behaviors.

The first area related to the issue of the client's adherence to the therapeutic setting. Adherence to the setting was estimated through the following behaviors: arrival on time, keeping to the preplanned length of session, keeping to the preplanned sequence of alternating meetings, keeping to the commitment of writing the reports, quality of reports, expressed willingness to make an effort in the outreach activity and bringing up emotionally meaningful subjects in ET.

The second area related to the issue of weaving together the two media of ET and outreach therapy. The extent to which the two media were woven together was operationally defined through the following two questions: Did content and qualities that came up in ET enter the outreach sessions and vice versa? Was there mutual fertilization between the media?

The third area related to the general functioning of the client in the session as well as to his or her references in the session about his or her state over the days between sessions. General functioning was estimated relating to the following behaviors: mood; wakefulness vs. heaviness; concentration and ability to observe during the session; difficulties in falling asleep, difficulties in waking up and daily overall functioning as reported in the session.

The fourth area related to the emotional intensity of the client. Emotional intensity was evaluated through expressions of positive or negative feelings, as opposed to a generally

apathetic or lightly depressive mood. Emotional expression of transference was excluded from this area since it was evaluated separately in the fifth area.

The fifth area related to the client's transference. Client transference was evaluated through: overt vs. covert expressions of feeling toward therapist; activity vs. passivity in client's contribution to session; feelings of contact / closeness vs. distance; and expressions of a demanding attitude vs. consideration.

The sixth area related to the therapist's counter-transference. Therapist counter-transference was evaluated through the following phenomena: awareness of counter-transference vs. no awareness; activity vs. passivity in therapist's contribution to session; feelings of contact / closeness vs. distance; and ability to contain vs. inability.

Client and therapist reports on each session were regarded as complementing one another and giving a comprehensive picture of every session together; they were therefore evaluated as one document. The session questionnaires were evaluated on each of the above described six areas, each area being evaluated on a scale of four levels: low, medium, high and very high or one to four. The choice of four levels resulted from experimentation with classification along a larger number of levels. The widest classification that yielded reliable differentiation was the one to four ratings. Results on all six areas were then graphically presented over the time - sequence of the sessions. Frequencies of scores were computed on every area and media frequencies of scores were compared between ET and outreach activity.

CHAPTER 4

Results

Each client's background and a brief summary of the course of treatment are described first, and then the client's data and results are presented.

The First Client

The client was a late adolescent male, 20 years old, who lived with his parents. There was one older brother who did not live at home any more. The client had left high school at the age of 16.5; had not done army service and had stayed rather passively at home. His parents played a very active role in his life and were the ones to contact the researcher initially. They were of middle class, the father - an auditor and the mother - a musician, were both free lancers.

Based on the anamnesis gathered prior to the treatment, psychological and psychiatric evaluations and clinical observation throughout the treatment the client was depressive with low self esteem and passive – aggressive defenses, showing little urge and motivation all around. He was dissociated from his feelings and body sensations, shy and insecure in his contact with the outside world while at the same time being over-sensitive in his sensations. Over-sensitivity coupled with anxiety entangled him in a perfectionist loop.

The therapeutic goals with the client were to help him get out of his home with some purpose in mind, stimulate his artistic expression and get acquainted with some aspects of the outer world. ET was tuned to facilitate the expression of themes in the client's inner world and issues that came up in his encounter with the world.

Prior to the research the client had been in ET with the researcher-therapist for about a year on a schedule of two sessions a week. The therapy had begun in the client's home for the first month since at the time he was so depressed that he was not willing to leave his bed. After several meetings in his home the client expressed willingness to come to ET sessions. After a few ET sessions, therapist and client started negotiating about some outreach activity the client

would be interested in doing outside the office together with the therapist, as an addition to ET. The client chose the gym as an area he would be interested in experiencing. Gym sessions were then interwoven with office sessions for about two months but were stopped at the time since the client had difficulty to persevere with them. ET then continued twice a week.

About a year after the beginning of the treatment the client voiced interest in going back to the gym. He voiced his goals of developing a more masculine body, becoming more lively, energetic and physically stronger. At that point the therapist offered the client the opportunity of participating in the study. Participation was offered to the client as an additional incentive that would help him get organized, focused and committed

Gym work aimed at accompanying him in getting orientated to the rules of work-out and the gym as an active environment with more trainees around; encouraging him in differentiating himself from the environment, in being attentive to his body, concentrating on the simple activities, thereby accomplishing preset goals set for the workout.

Over the first year ET sessions had been interspersed with some purely verbal sessions, according to the needs of the client. Anticipating the onset of the therapeutic research intervention the client created an expressive art work he named "Beginnings" (see appendix 11). The work was created on a quarter of a sheet with Plasticine, a material that is easy to shape. The client created an image of a circle that represented him and three rolls that represented the path of his life. He said that he (the circle) does not touch the path and explained that he feels disconnected from the matrix of life. Unexpectedly, over the period of the research the client was so full of emotions he needed to share that he expressed great need to talk things over rather than work in ET. It seemed that the outreach activity had a strong impact on him; it seemed like he started out with high expectations of self, then got scared from his own ambitions and became emotionally flooded. Probably, being scared and flooded he turned to his most familiar choice of expression – words. From another vantage point, the

therapist felt that the more motivated the client became - the stronger became his fears and resistance.

Shortly after termination of the research period the client went back to ET creating the expressive art work named "Want to do" (see Appendix L). The work consisted of two parts: a quarter of a sheet creating the background and a cut image of a hybrid that was half human with one eye and five fingers coming out of its head. On the background he drew with pastel crayons a "Pandora box" locked by chains and on it he glued the hybrid. The client explained that he was expressing his will to open up to his difficulties, the eye conveying the wish to clearly see his issues and the hand conveying his will to get a grip on life. It seemed that he was thereby expressing the significant process he had gone through over the research period.

One could therefore also regard the period of the study as a time of incubation, of inner development and ripening towards the next period of ET work.

The client's choice of the gym was an interesting and challenging one. The work-out activity he had chosen was very structured and enabled him to perform in accordance with his perfectionist needs. The choice of the gym, at the same time, brought him into a dialogue with his low body image and started some process of connecting to his difficulties and being in contact with his body sensations.

Work in the gym confronted the client with issues he was trying to cope with in daily life. One such issue was the challenge of paying attention to orientation in space prior to performing activities. This issue came up, for example, when he struggled with an exercise and could not manage it well until he learned to prepare and balance himself well before starting any activity. A second issue was the client's strong need of being attuned to. This need found expression in the gym; in the way the client demanded attentive changes in the work-out in accordance with the way he felt. A third issue that came up was the client's rather high expectations of himself, which he could not live up to and which required the energetic

accompaniment of an alter ego. The fourth issue which strongly came up was the issue of self pity and the need to receive empathy side by side with encouragement to make an effort and achieve preset goals.

ET which had turned into verbal sessions helped the client contain the emotional issues he was trying to cope with. He was flooded with fears and emotions and required the sessions to be supportive. It was a stormy time for him, many issues were on his mind and he brought up all his worries for feedback. He yearned for guidance with the flavor of parental accompaniment, support and help in the creation of simple differentiations. He also used the therapist as a "keeper of memories" who could help him in remembering basic memories and facts in his life in order to feel some continuity.

The Second Client

The client was a middle aged woman, 47 years old, married for 20 years with two adolescent children. In her family of origin she was the youngest of three. The client had matriculated high school, had done full army service as a secretary and had then studied economics. For the last 21 years she had been working as a bookkeeper in a big firm.

The client had contacted the therapist by herself. In the intake sessions she informed the therapist that she was in the first stages of multiple sclerosis (MS). She described a depressive mood, incessant thoughts of worry, outbursts of anger, difficulties in falling asleep as well as difficulties to wake up.

The client felt that she was not fulfilling herself in any area. She was not satisfied with her motherhood, feeling she was not investing enough in her children which made her feel guilty. In her relationship with her husband – she felt ambivalent; on the one hand she felt he was a source of stability and financial protection; on the other hand she described him as rigid and inflexible, lacking the ability for a warm and open dialogue. She was also unhappy, unsatisfied and tired of her workplace.

Half a year before contacting present therapist she had seen a psychiatrist, was diagnosed as suffering from reactive depression and received anti depressants. Weeks after the beginning of the research she shared with the therapist that she had stopped taking her medication without consulting any one.

Prior to contacting the present therapist the client had been in body oriented psychotherapy for half a year; then had decided to try another therapist. In the intake sessions she expressed the need "to be healthy in body and soul" and do some work with her body. The present therapist felt that it would be helpful for her psychological wellbeing to create some combined treatment. ET could help her open up to herself at a deeper level, while some physical outreach activity could help work against the physical downhill prognosis, accelerated by depression. After careful thought the therapist suggested the possibility of her participation in the research with only one session a week being paid by her. She willingly agreed.

The client and the therapist then discussed the client's inclinations and wishes and found out that she would be interested in bicycling as her outreach therapy. There were various reasons for this choice. The doctors had advised on physical activities that would work on stamina and balance. She was worried about losing her balance and strength due to the MS and found it a good idea to try to choose an activity that would train balance. She hoped to strengthen her body, working against the illness. Being outside in the fields and connecting with nature appealed to the client. She also had sentiment for bicycling, since she had loved bicycling as a child.

The therapeutic goals of the research formulated conjointly by this client and the therapist were to better her ability start the day on time, improve her sleep and her mood. As she suffered from ruminative thoughts she formulated the fourth goal of improving her peace of mind. Observing that she was not taking good enough care of her body she formulated the fifth goal of bettering her connection to her body.

ET through the media of art and creative writing was tuned to facilitate the expression of themes in the client's inner world and issues that came up in her encounter with the world. Bicycling aimed at practicing physical balance as well as emotional stability, bringing about an experience of togetherness, of team work, of relying on each other. The bicycling gave the client the opportunity to strengthen the body, work on stamina, thereby contributing to her feelings of competence.

Bicycling together appealed to the client since she needed to make preliminary amends with her body. She had never paid much attention to bodily sensations in any context. She had never done intentional work with and for her body. It seems that her primary needs of being loved and cared for had so little been taken care of that she could not take care or take responsibility of herself both physically and emotionally.

The choice of bicycling excited the client at first. She even bought a special bicycling suit and asked to be photographed in it. She expressed the wish to become fit. She hoped to feel a little better through being taken out of her depressive position to an outdoor activity she hoped to enjoy.

However, the excitement receded over the first four bicycling sessions and the client expressed low motivation. She talked about fatigue, but it felt more like difficulty persevering mixed with some bitterness. Time and again she asked to change the activity from bicycling to walking; but when client and therapist tried walking she wasn't any happier. It seemed that she was ambivalent towards the task, wanting to stick to it yet not finding the energy to get absorbed in the activity. This behavior reflected her unhappiness with anything she was doing in life as in therapy and the way she rather quickly gave up on goals she set for herself.

In the bicycling sessions the client regarded the therapist as an authority figure she could trust and rely on and turned her ambivalence to the task. In ET direct ambivalence towards the therapist came up. On the one hand she gave expression to some positive feelings

of being helped; on the other hand she was preoccupied with the therapist being younger than her, and maybe unable to help her. It seemed as though her ambivalence towards the therapist reflected her dual inner attitude to the possibility of betterment. She yearned for change and fulfillment yet had difficulty believing it could happen.

In ET the client seemed more motivated and willing to create. She did expressive art work as well as expressive writing. One of the first art works (Appendix M) was created several hours after an anxiety attack she had experienced at work. The work was created on a whole sheet, using a pencil and acrylic colors. She painted a human figure with very weak contours. The image had gaping eyes and mouth and a hole in the thorax area and conveyed a frightening experience. Another art work (Appendix N) was created during a session in which the client touched on her depression. She created an image of her head in clay with a forlorn expression and at the end of the session said that she was leaving her depression in the office for me to safeguard. At some point along the research the subject of her mother and their relationship came up. It was intermingled with the subject of the client's own motherhood towards her children and her guilt feelings towards them being preoccupied with her illness and not attentive to them. In these sessions she wrote a letter (Appendix O) as well as a poem (Appendix P) about her mother. The letter portrayed her mother's image with some expression of anger, conveying the feeling of absence of attentive motherhood. The poem portrayed the craving and a strong yearning for a more ideal mother.

All the same it felt as though she was careful, protecting herself; her emotional expression felt somewhat flat and constrained. Whenever we seemed to come near to some major issue she would get blocked; could not follow the dialogue; her eyes would get unfocused and her forehead muscles would contract.

The Third Client

The client was a young man, 32 years old, who lived in a separate living unit in his parents' home. He was the eldest of three, with a sister aged 30 and a brother aged 26, who had left the parents' house years ago. The sister was married with three children; the brother had gotten married recently. The parents were both free lancers, the mother working in marketing, the father in auditing.

The client had matriculated high school, had done full army service as a technician and had then started college. On his first summer vacation he had gone with friends on a trip to India, had experienced marijuana and had a psychotic breakdown. He was brought home and was hospitalized in a psychiatric hospital. He received medication, but otherwise did not cooperate with the medical team. The lack of cooperation left the diagnosis unclear. The diagnoses debated were PTSD, reactive psychotic breakdown and schizophrenia.

The therapist met the client about six months after he had been hospitalized. He had spent three months in full hospitalization and another three months in day care. His parents had heard about the therapist's professional approach and had contacted him, asking him to work with their son. When the therapist first met the client he was in a deep depression, very apathetic, was not taking care of his personal hygiene, and was slow and heavy, having gathered 40 extra kilos since hospitalization. Electric shock therapy was recommended by the psychiatrist at the time.

The therapist started working with the client twice a week. ET work included music and art therapy. In the first year and a half therapy was very fruitful. The client lost weight, started taking care of his hygiene, started communicating, found work and started dating a woman of his age. He also went back to creating music in his recording studio.

The client planned on moving in with his girlfriend. It was a good period for him. He was happy and full of motivation. At his request the therapist and client met only once a week.

After a while he stopped taking his anti psychotic and anti depressive medication and soon thereafter his mental state badly deteriorated and the relationship broke up. In retrospect he said that he had felt shame about taking his medication and felt he had to manage without it. From that moment on the client did not recuperate any more. He continued work, but only partially, and stayed very depressed with very little motivation. It was questionable whether he was taking his medication regularly. During this same period the client lost his driving license when caught at a level of alcohol above the norm. He had no transportation to come to the office and the ET sessions started taking place in his music studio.

At that point in time the therapist offered the client the possibility of participating in the research. The client consented and negotiations began about some activity the client would be interested in doing outside the studio together with the therapist, as an addition to ET work in the music studio. The client chose fishing as an activity he would be interested to share with the therapist. Since the therapist had no previous experience with fishing, he suggested the client teach the art of fishing.

The therapeutic goals with the client were to help him get out of his inertia, get him out of bed after work and into an activity he would be committed to and would pursue over time as well as to rekindle his artistic creativity. ET work in his music studio was tuned to facilitate the expression of themes in the client's inner world and issues that came up in his encounter with the world. Fishing aimed at bringing about an experience of togetherness, of team work, of relying on each other. It gave the client the opportunity to reverse roles and be the tutor in the process, thereby contributing to his feelings of competence.

Fishing together appealed to the client since he wished to share one of his main hobbies with the therapist and let him experience an area in which the client felt competent. The client hoped to feel a little better through being taken out of his passive position to an outdoor activity he usually enjoyed.

Fishing confronted the client with issues he was trying to cope with in daily life. The activity he had chosen brought up the issue of trust. The client had great difficulty having confidence in anyone. His choice was that of experiencing an interaction that could give a taste of being able to rely on a second person.

The client's choice of fishing was an interesting and challenging one. There is something lonely about fishing. It can either be done all alone or in loose interaction with others. While the interaction seems loose, there is a disguised yet strong competitive aspect in it, of which the therapist had not been aware before; it is a situation in which it is very clear who succeeds in catching more fish. As described, the client was depressive and could not express anger directly towards anyone. The fishing activities gave place for indirect expression of aggression, as in competing, hunting, killing, cleaning and eating the catch.

Work in the music studio confronted the client with emotional issues with which he was trying to cope. Music was clearly his destiny, his passion and the force that gave him some sense of meaning. The creative freedom combined with the logical – mathematical system helped him have some order in his otherwise chaotic world. The presence of the therapist in the studio as a benevolent parental figure motivated the client to create. He needed the therapist's musical accompaniment in the studio as well as his active feedback in order to create music. Over the period of the research the client worked on two music pieces which he developed over time. The client commented that the first piece (Appendix Q) was rather crude since he had low motivation while creating it. He regarded the second piece (Appendix R) as much more gathered and meaningful, mirroring his higher level of motivation and his better state of mind after a period in the research process.

Sessions in the studio and in the outreach setting brought up issues with which the client was preoccupied. The client brought up many of his incessant worries for feedback. He badly needed guidance with the flavor of parental accompaniment, support and help in creating

simple differentiations. He was preoccupied with his suffering and depression, with the lack of liveliness, with his lack of basic trust and with the thought that the world is coming to an end.

Results for Client One

Baseline evaluations. Initial baseline evaluations made by the client and his father were collected and are depicted in Figure 1 below to assist with analysis.

The baseline questionnaire data as represented in Figure 1 showed several changes in the client's evaluation of his condition as reported in the areas of daily coping with life's challenges and demands. The client reported a very meaningful positive change (of three grades) in his ability to start the day; a somewhat smaller but still very meaningful change (of two grades) in his ability to carry out activities set by himself and a more minor change (of one grade) in his ability to carry out his daily routine, in his ability to sleep on time and in the quality of his mood.

Similarly, the baseline questionnaire data as depicted in Figure 2 also showed several changes in the father's evaluation of the client's condition. The father reported a meaningful positive change (of two grades) in the client's ability to start the day on time, in his ability to carry out his daily routine and in his ability to sleep on time. He reported a smaller improvement (of one grade) in his ability to carry out activities set by self and reported no change in the quality of the client's mood.

Figure 1: Baseline Evaluation by First Client Before and After Intervention:

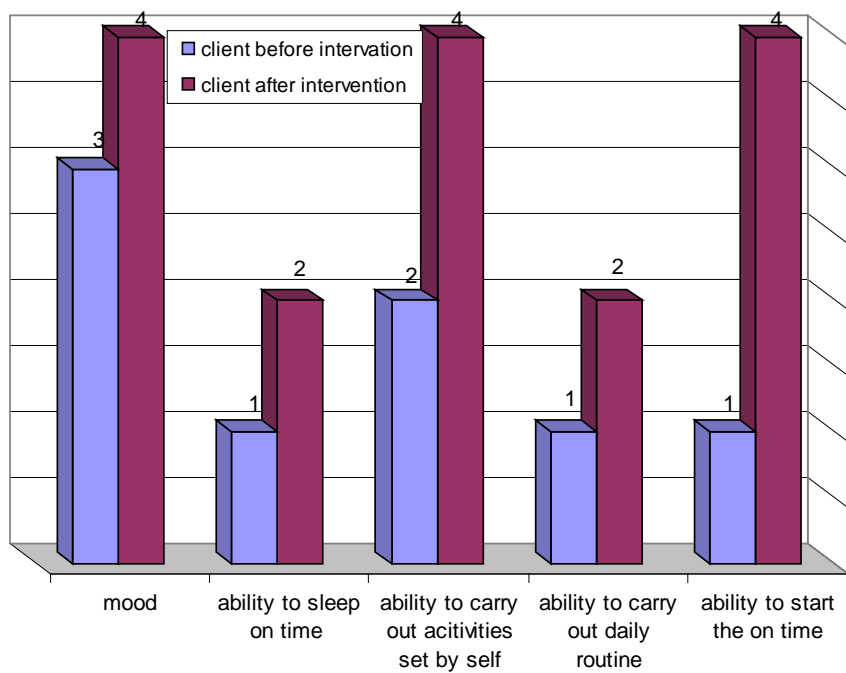
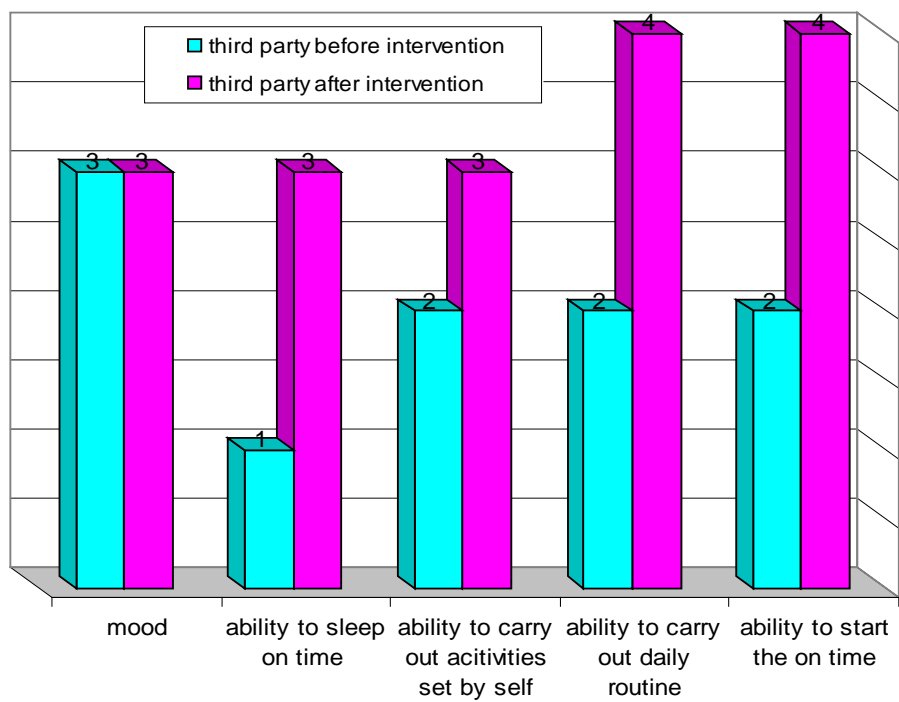


Figure 2: Baseline Evaluation by Father of First Client Before and After Intervention:



Comparison between client's and father's baseline estimates before the intervention showed a small difference (of one grade) in the ability to start the day on time and in the ability to carry out daily routine, with the client giving himself a lower score on both. Their reports were unanimous regarding the three other aspects: the ability to carry out activities set by self, the ability to sleep on time and the quality of mood aspect.

Comparison between client's and father's baseline estimates after the intervention showed that there was a bigger difference (of two grades) in their evaluation of the ability to carry out daily routine; there was a small difference (of one grade) in their evaluation of the ability to carry out activities set by self, the ability to sleep on time and the quality of mood aspect; and they were unanimous on one aspect - the ability to start the day on time. The differences in evaluation did not show a consistent skew of either evaluator.

Session evaluation. Sessions were described by both client and therapist ((see Appendices E and F). Sessions were evaluated by both the therapist and a 2nd clinician across six areas. Agreement of assessments between the two evaluators was assessed through calculating correlation coefficients as well as examining the evaluation ratings graphically. Table 2 presents the correlation coefficients between the therapist and 2nd clinician ratings across the six areas described previously.

Table 1: Correlation Coefficients between Session Evaluations by Therapist and 2nd Clinician

Evaluation	Correlation coefficient
Client adhering to the therapy	0.89
Weaving together the two media	0.94
General functioning of client	0.73
Emotional intensity of client	0.72
Intensity of transference of client	0.88

Intensity of counter transference of therapist

0.88

The session evaluation data as represented in Table 2 showed high correspondence between the therapist's and the 2nd clinician's evaluations. Correlation coefficients ranged between 0.72 and 0.94. Viewing the graphed data for general functioning and emotional intensity (Figures 5 and 6) showed where differences between the therapist and 2nd clinician occurred.

Figure 3: First Client's Adhering to the Therapy Setting: Therapist and 2nd Clinician

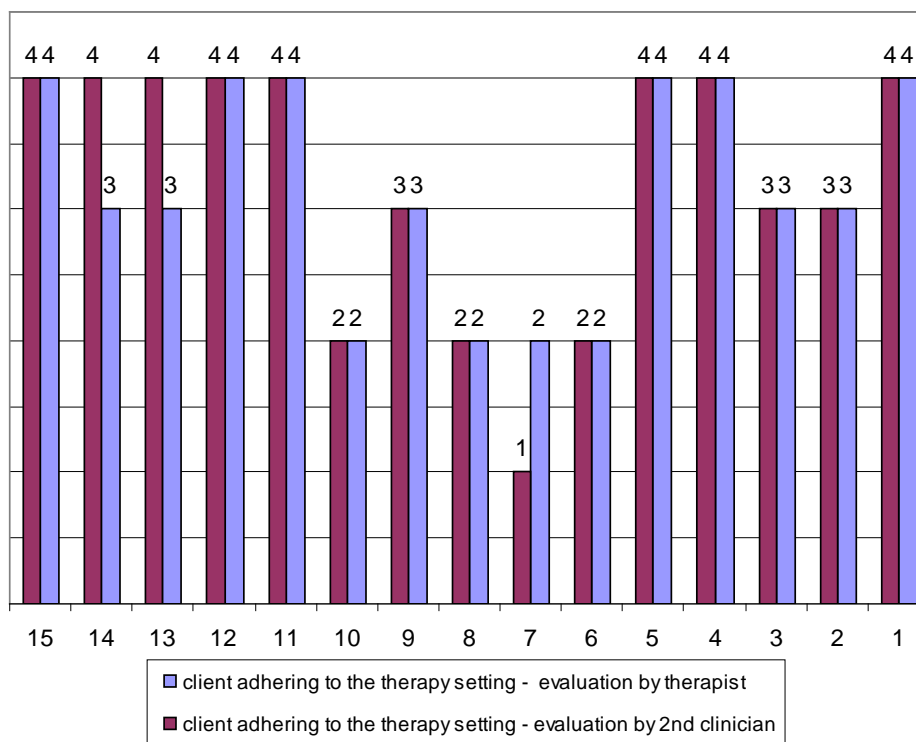


Figure 4: First Client's Weaving Together the Two Media: Therapist and 2nd Clinician

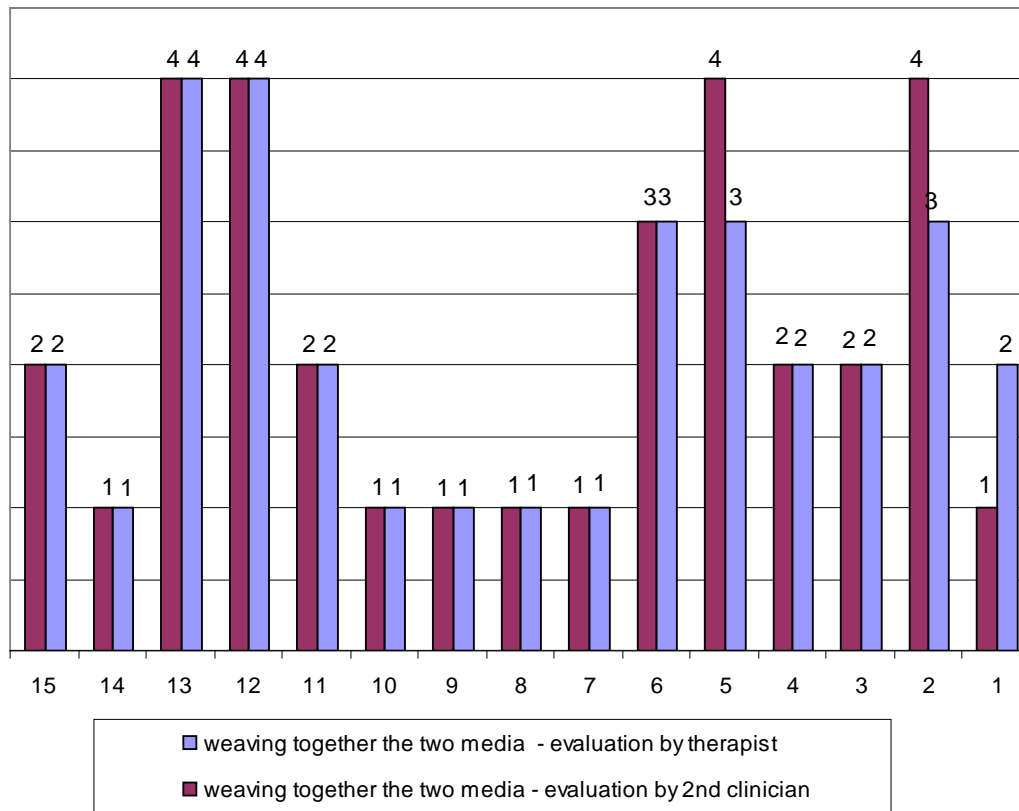


Figure 5: First Client's General Functioning: Therapist and 2nd Clinician

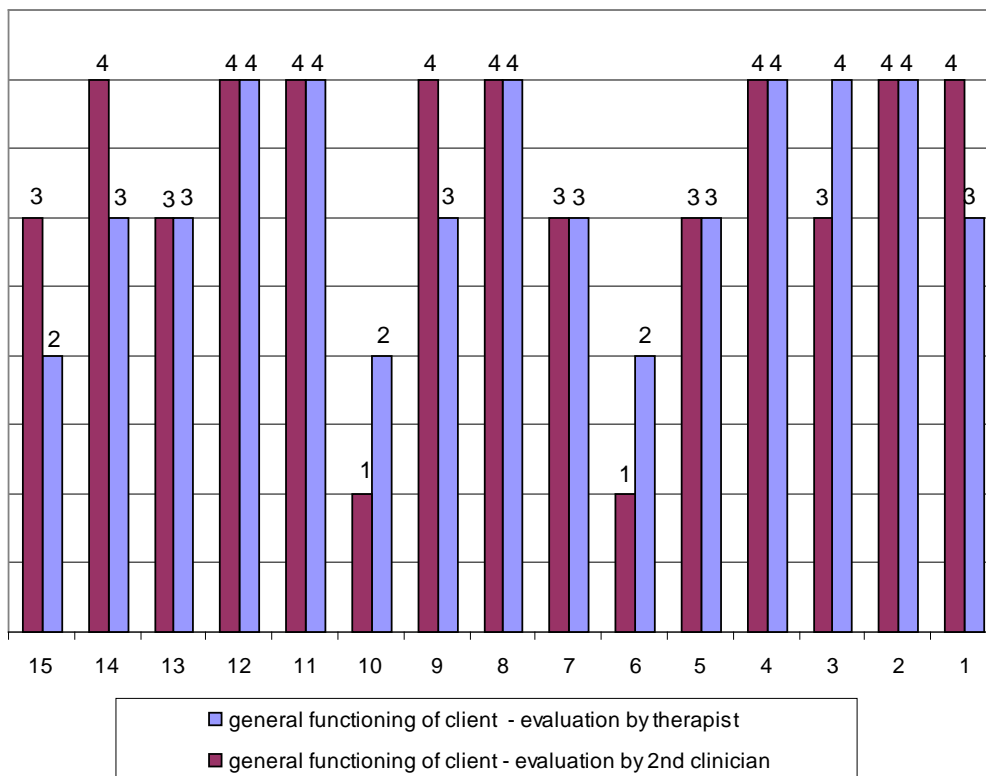


Figure 6: First Client's Emotional Intensity: Therapist and 2nd Clinician

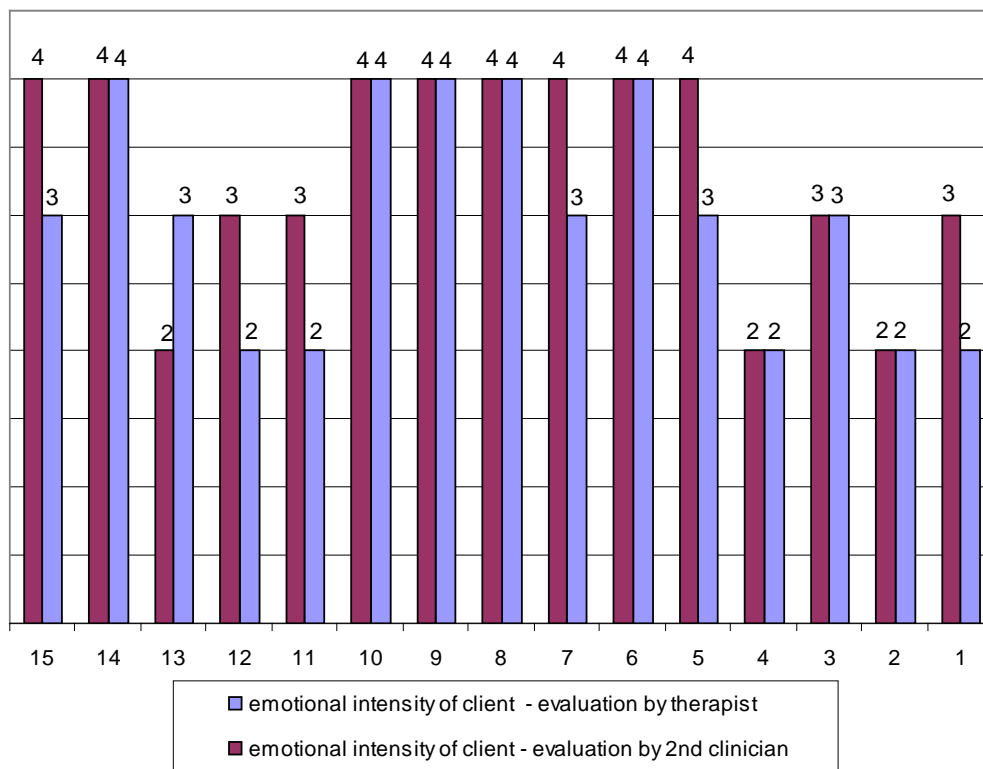


Figure 7: First Client's Intensity of Transference: Therapist and 2nd Clinician

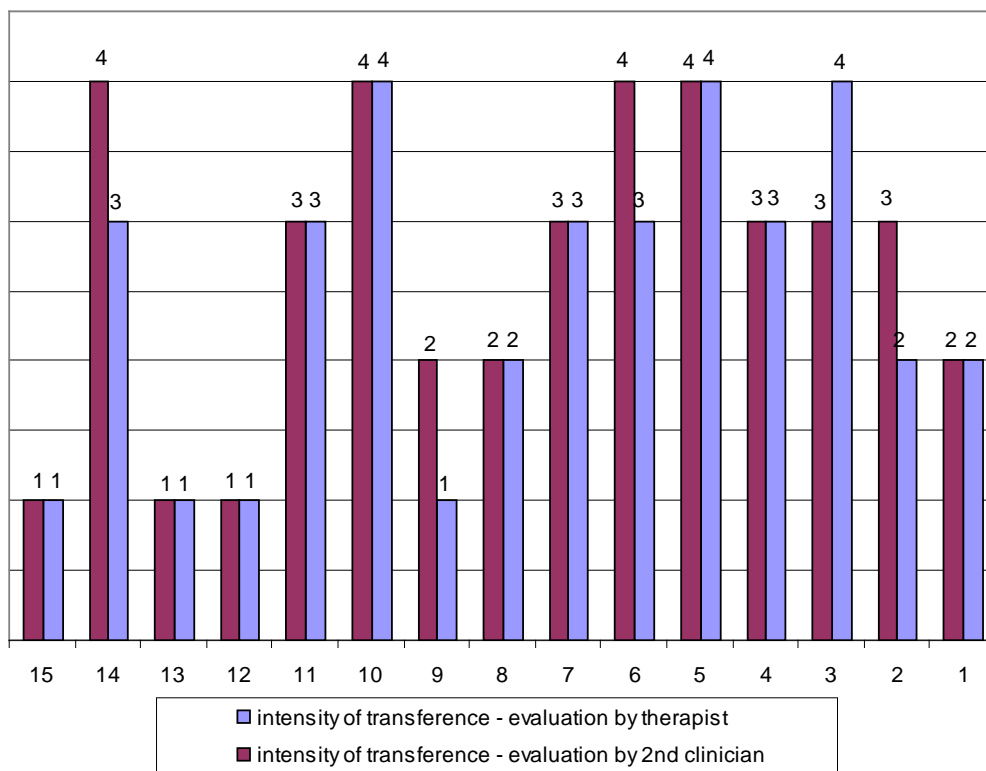
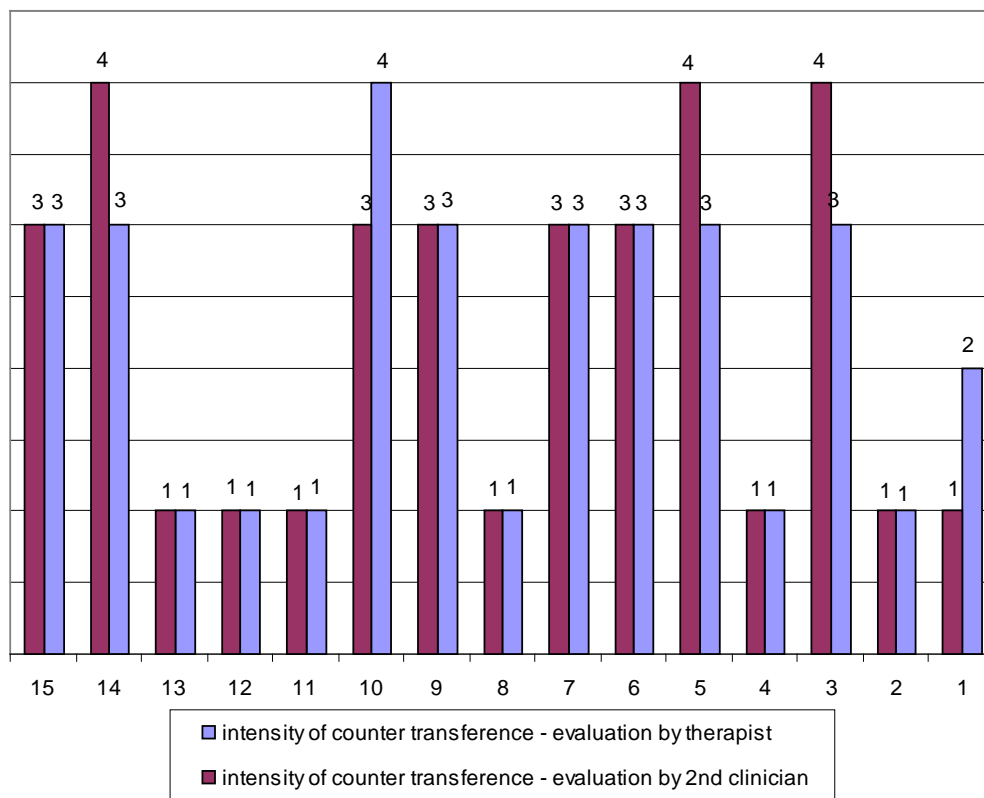


Figure 8: Intensity of Counter-transference with First Client: Therapist and 2nd Clinician

As the overall differences between therapist and 2nd clinician ratings were relatively minor (none were different by more than one degree) the following analysis has been based on the therapist's evaluations.

In exception to the research plan 10 sessions took place in the office and five in the gym. This was the result of a flu epidemic affecting both client and therapist. The following analyses have taken this fact into consideration.

As a general tendency the area of adhering to the therapy sessions showed high scores along the whole period of the research. The scores were higher at the beginning (sessions one to five) and end stage (sessions 11 – 15) of the research and lower over the mid-way sessions (sessions 6 - 10). There were no meaningful differences between scores on this area between office and gym (average 3.1 in clinic and average 3.2 in gym).

Mutual fertilization between the two media showed a large variance of scores between sessions. In six sessions no reference was made to previous sessions, in two sessions there was

a passing technical remark, in three sessions there was clear reference to the previous session yet the issue did not take a meaningful place in the session and in two sessions the client brought up an issue that had come up in the previous session and elaborated on it. The scores over the mid-way sessions (seven to ten) were lower than the beginning and end ones. Gym sessions showed higher scores of reference to previous sessions (average 2.6) than the office sessions (1.8), i.e. the client referred more often to the office sessions in the gym than he referred to gym sessions in the office.

General functioning related to functioning in the sessions as well as the client's report of his functioning over the days between sessions. General functioning showed variance between sessions but never reaches the minimum score. Overall the client's functioning during the whole period of the research was rather high; on six sessions he scored very high, on six sessions he scored high and on three sessions he scored medium. No significant differences were found between scores in the office (3.1) and scores in the gym (3.4).

Emotional intensity of client showed variance over sessions but never reached the minimum score. Overall, the client's functioning during the whole period of the research was rather high; on five sessions he scored very high, on five sessions he scored high and on five sessions he scored medium. Scores in the office were somewhat higher (3.2) than in the gym (2.6).

Intensity of transference showed variance over sessions and covered the whole range of scores. Over all there was at least some expression of transference in all sessions but one. In three sessions the score was very high, in five sessions the score was high and in six sessions the transference scores were medium. Scores in the office were similar in average (2.7) to the gym scores (3.0), but the sessions with highest intensity of transference level were in the office.

Intensity of counter-transference showed variance over sessions and covered the whole range of scores with quite a few sessions showing no expressions of counter transference. Only

one session scored very high, seven sessions scored high, one session was scored medium and six sessions were scored low. Scores of counter-transference in the office were higher (2.6) than in the gym (1.4).

Results for Client Two

Baseline evaluations. Initial baseline evaluations made by the client and her husband were collected and are depicted in Figures 9 and 10 below to assist with analysis.

The baseline questionnaire data as represented in Figure 9 shows several changes in the client's evaluation of her condition as estimated on the areas of starting the day on time, sleep, mood, peace of mind vs. rumination and connection to body. The client reported a meaningful positive change (of two grades) in her peace of mind vs. rumination; and a more minor change (of one grade) in her ability to start the day, sleep and her connection to body. She reported no significant change in her overall mood, while in her written evaluation she reported more ups and down than before.

The baseline questionnaire data as depicted in Figure 10 showed only smaller changes in the husband's evaluation of the client's condition. The husband reported only minor changes (of one grade) in the client's ability to start the day on time, peace of mind and connection to body. He reported no change in the quality of the client's sleep and mood.

Figure 9: Baseline Evaluation by Second Client Before and After Intervention:

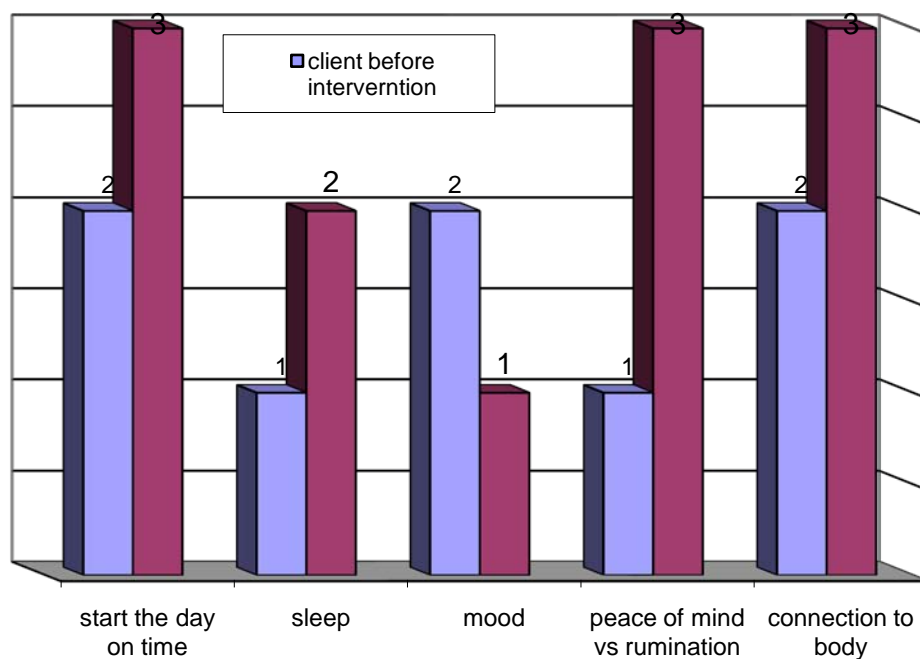
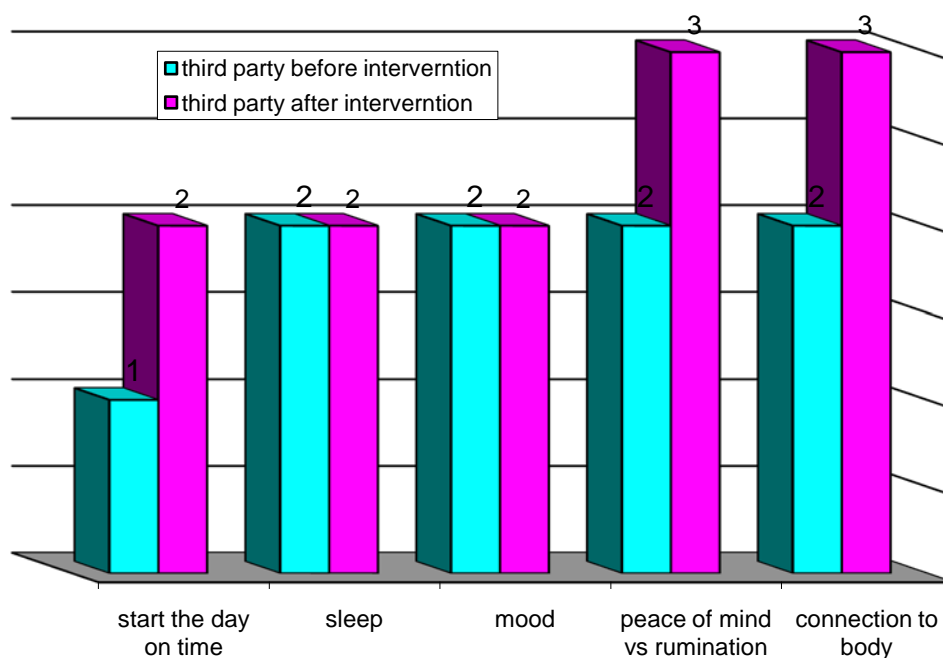


Figure 10: Baseline Evaluation by Husband of Second Client Before and After Intervention:



Comparison between client's and husband's baseline estimates before the intervention showed a small difference (of one grade) in the ability to start the day on time, in sleep and in

peace of mind, with the client giving herself a lower score on sleep and peace of mind and a higher score on ability to start the day on time. Their reports were unanimous regarding mood and connection to body. Comparison between client's and husband's baseline estimates after the intervention showed that there was only one minor difference (of one grade) in the ability to start the day on time. They were unanimous on all other aspects, sleep, mood, peace of mind vs. rumination and connection to body.

Session evaluation. Sessions were described by both client and therapist (see Appendices G and H). Sessions were evaluated by both the therapist and a 2nd clinician across six areas. Agreement of assessments was evaluated via calculating correlation coefficients as well as examining the evaluation ratings graphically. Table 2 presents the correlation coefficients between the therapist and 2nd clinician ratings across the six areas described previously.

Table 2: Correlations between Session Evaluations by Therapist and 2nd Clinician

Evaluation	Correlation coefficient
Client adhering to the therapy	0.91
Weaving together the two media	0.98
General functioning of client	0.79
Emotional intensity of client	0.80
Intensity of transference of client	0.88
Intensity of counter transference of therapist	0.95

The session evaluation data as represented in Table 2 showed rather high correspondence between the therapist's and the 2nd clinician's evaluations. Correlation coefficients ranged between 0.79 and 0.95.

Figure 11: Second Client's Adhering to the Therapy Setting: Therapist and 2nd Clinician

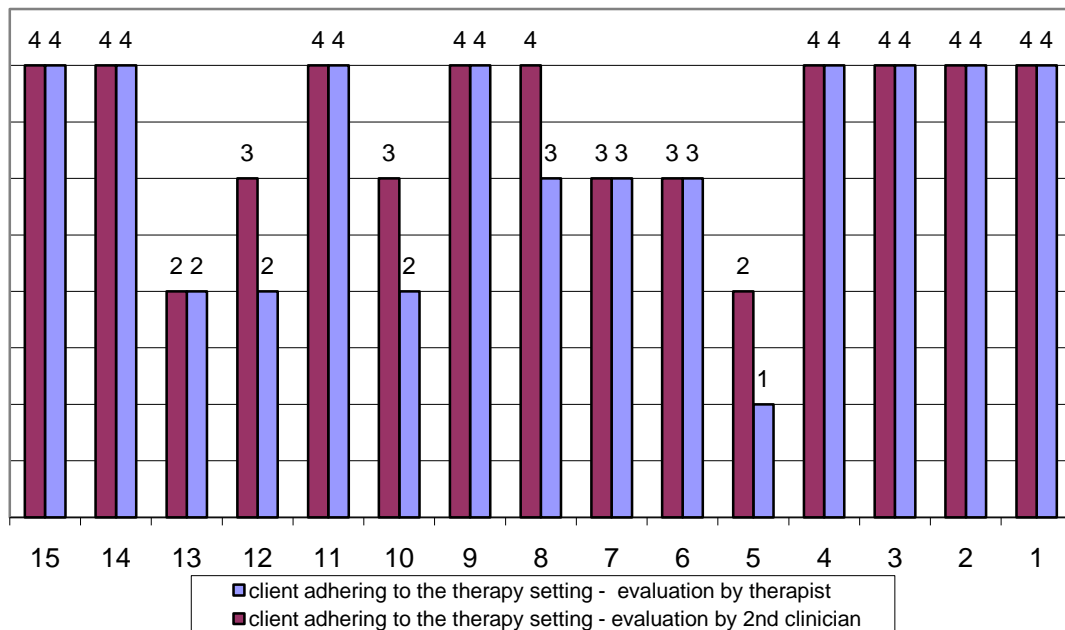


Figure 12: Second Client's Weaving Together the Two Media: Therapist and 2nd Clinician

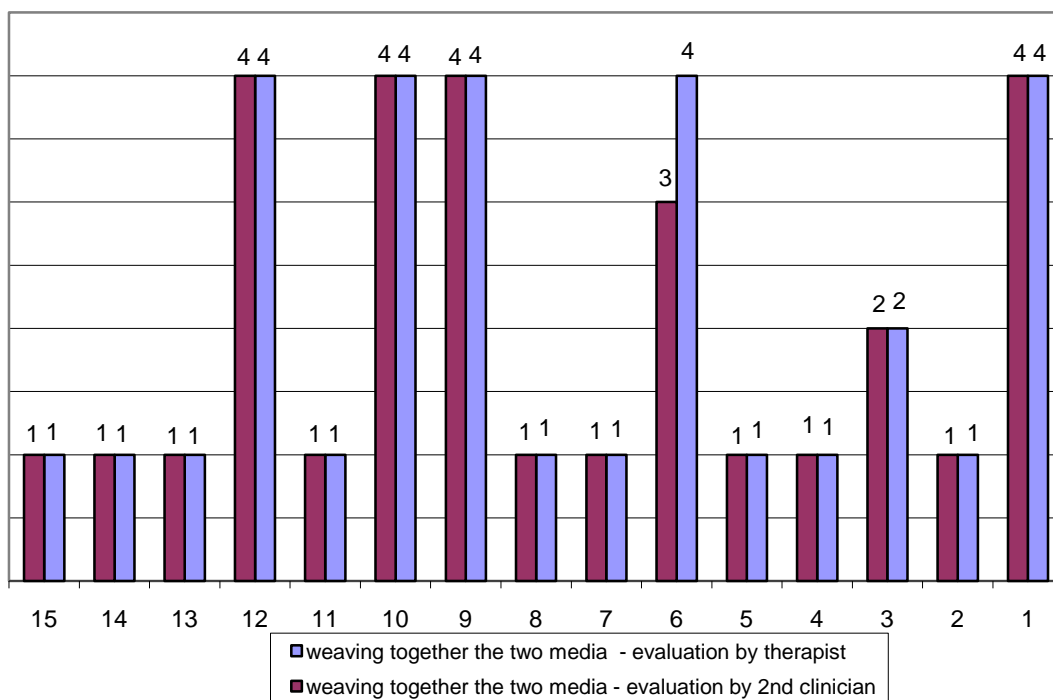


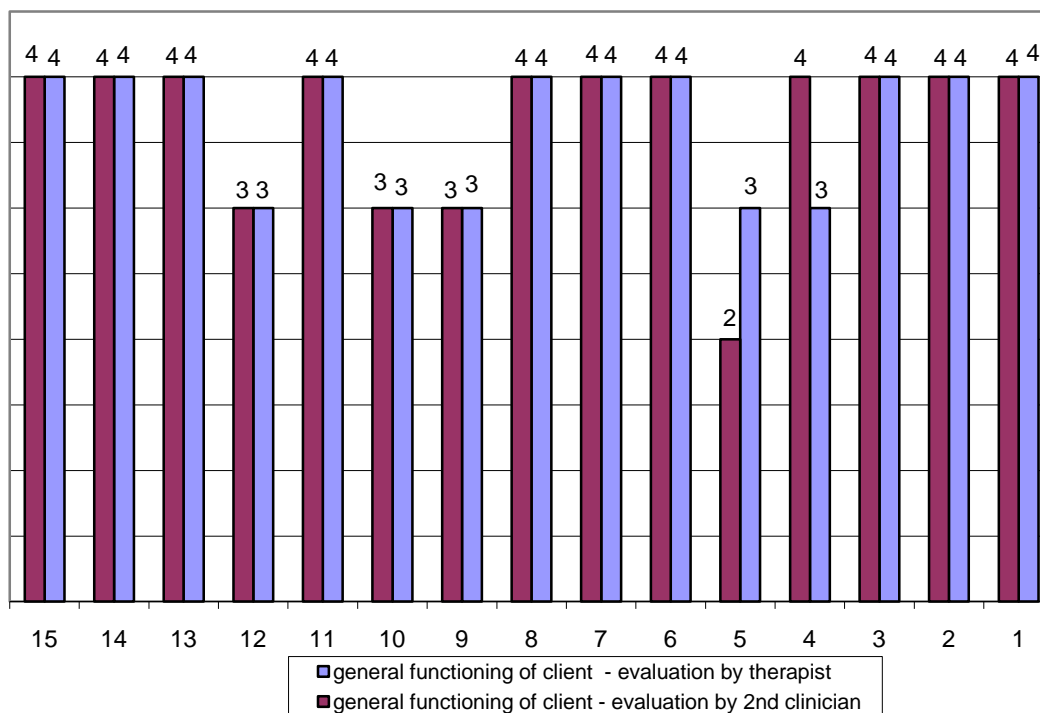
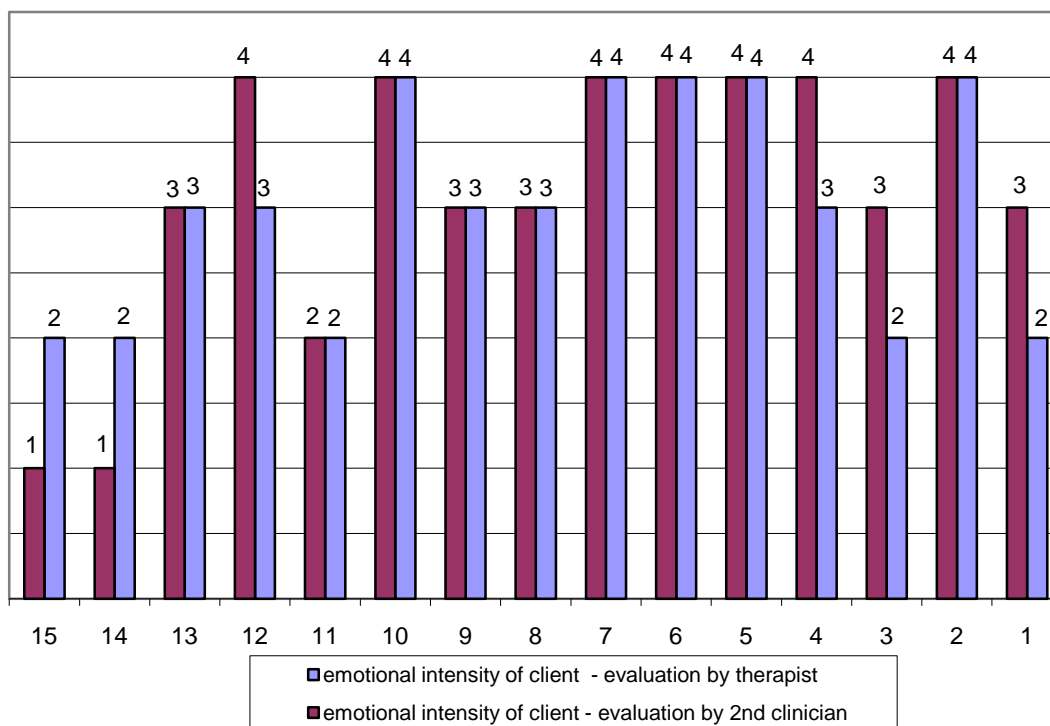
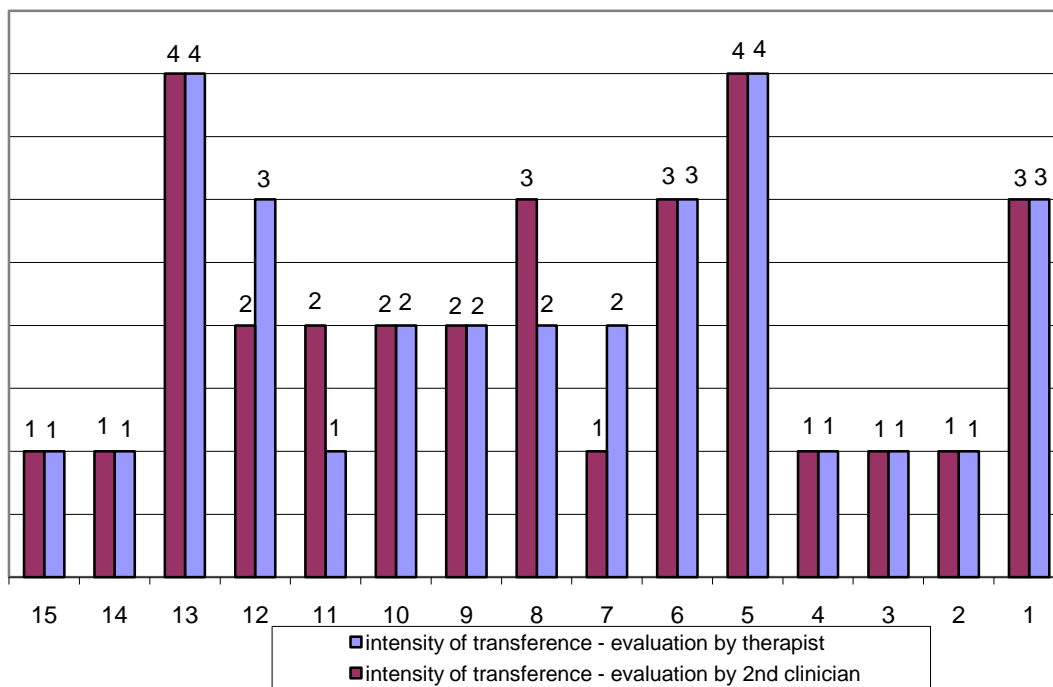
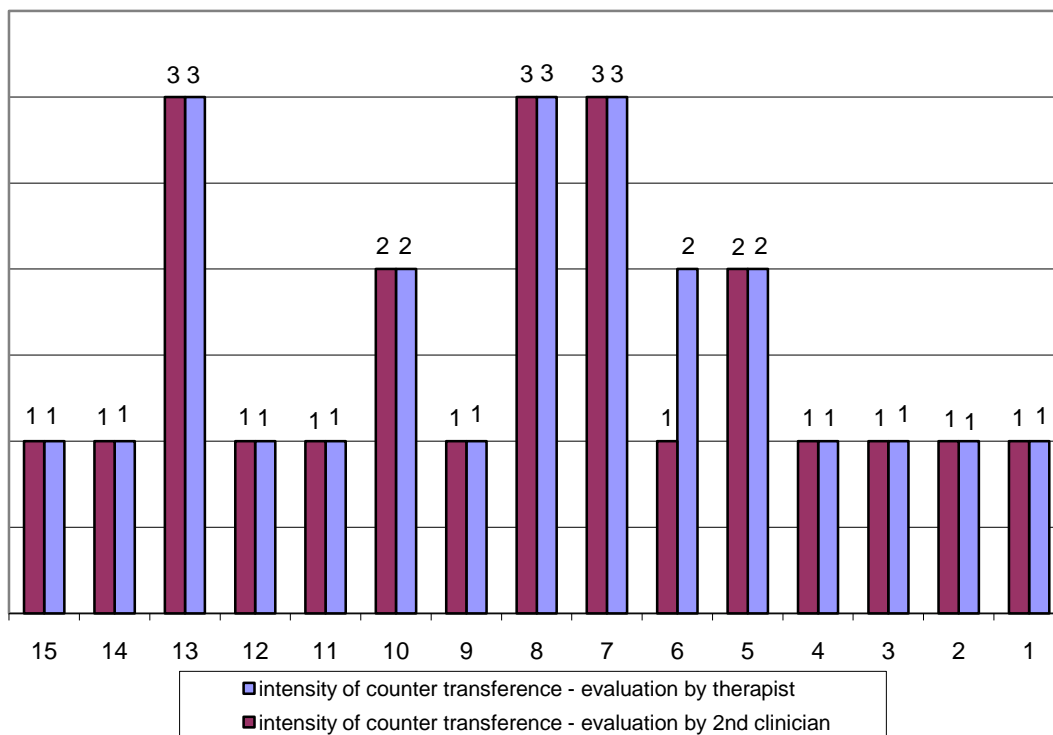
Figure 13: Second Client's General Functioning: Therapist and 2nd ClinicianFigure 14: Second Client's Emotional Intensity: Therapist and 2nd Clinician

Figure 15: Second Client's Emotional Intensity of transference: Therapist and 2nd ClinicianFigure 16: Intensity of Counter-transference with Second Client: Therapist and 2nd Clinician

As the overall differences between therapist and 2nd clinician ratings were rather small in average the following analysis had been based on the therapist's evaluations.

As a general tendency the area of adhering to the therapy sessions showed rather high scores along the whole period of the research. The client showed high to very high adherence to the setting in all but four sessions, which were equally spread between ET and the outreach activity. There were no meaningful differences in this area between ET and bicycling (average 3.3 in office and average 3.1 in bicycling). There was only one exception to the research plan in the fifth session. The client had stopped her anti-depressants two weeks earlier and phoned on the day before the session saying that she felt very depressive and low in energy and asked to do ET work instead of bicycling.

Weaving together the two media of ET and bicycling showed no clear cut variation over time but instead showed a large variation of scores between the two settings. Working in ET the client made no meaningful references to the bicycling sessions, while she continued probing into issues that had come up in ET in the outreach activity. Bicycling sessions show much higher scores of reference to ET sessions (average 3.2) than did the ET sessions to bicycling (1.0).

General functioning in the sessions showed only small variation between sessions. Overall the client's functioning during the sessions over the whole period of the research ranged between high and very high. No significant differences were found between scores in the office (3.7) and scores in biking (3.5).

Emotional intensity of the client was rather high with fluctuations between medium, high and very high. There were clusters of two and three consecutive sessions with same score of intensity. Sessions four to 10 showed high and very high intensity. There were no real differences between ET (average 3.1) and bicycling (average 2.8) scores.

Intensity of transference showed variation over sessions and covered the whole range of scores. There was a wide range of intensity, including all four levels. There was no general tendency over sessions but there were clusters of two to four consecutive sessions with same score of intensity of transference. Over all there were 10 sessions of low to medium intensity of transference and five sessions of high to very high intensity. Scores in ET were similar in average (2.0) to the bicycling scores (2.1).

Intensity of counter-transference was generally fairly low. Nine sessions scored low, three sessions scored medium and three sessions scored high. Results showed variation over sessions and never arrived at the highest score. In more than half the sessions there were no expressions of counter transference. Average scores of counter-transference in the office were similar (1.7) to scores in bicycling (1.5).

Results for Client Three

Baseline evaluations. Initial baseline evaluations made by the client and his mother were collected and are depicted in Figures 17 and 18 below to assist with analysis.

The baseline questionnaire data as represented in Figure 17 showed several changes in the client's evaluation of his coping with life's challenges and demands. The client reported a meaningful positive change (of two grades) in his creativity and a more minor change (of one grade) in his ability to carry out his daily routine, in his ability to carry out activities set by self, in the quality of his mood and in the quality of his sleep.

Similarly, the baseline questionnaire data filled out by the mother and depicted in Figure 18 also showed meaningful changes in the client's condition. She reported positive change (of two grades) in the client's creativity. Unlike the client, she reported a meaningful positive change (of two grades) in his ability to carry out his daily routine. Similarly to the client, she reported a more minor improvement (of one grade) in his ability to carry out activities set by self, in the quality of his mood and in the quality of his sleep.

Figure 17: Baseline Evaluation by Third Client Before and After Intervention:

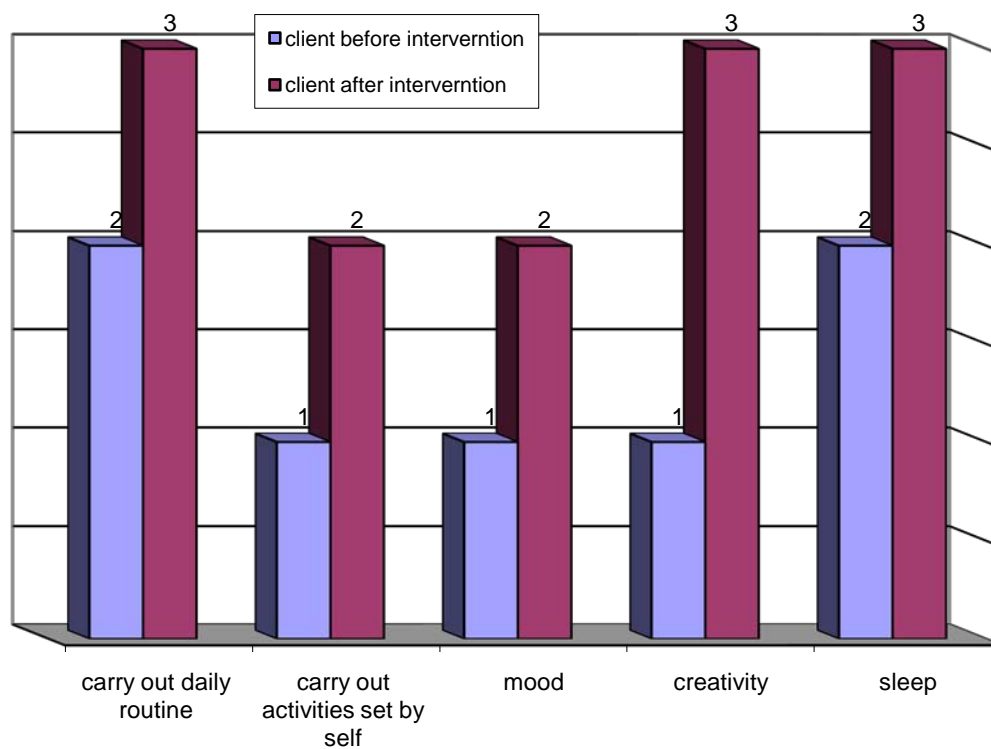
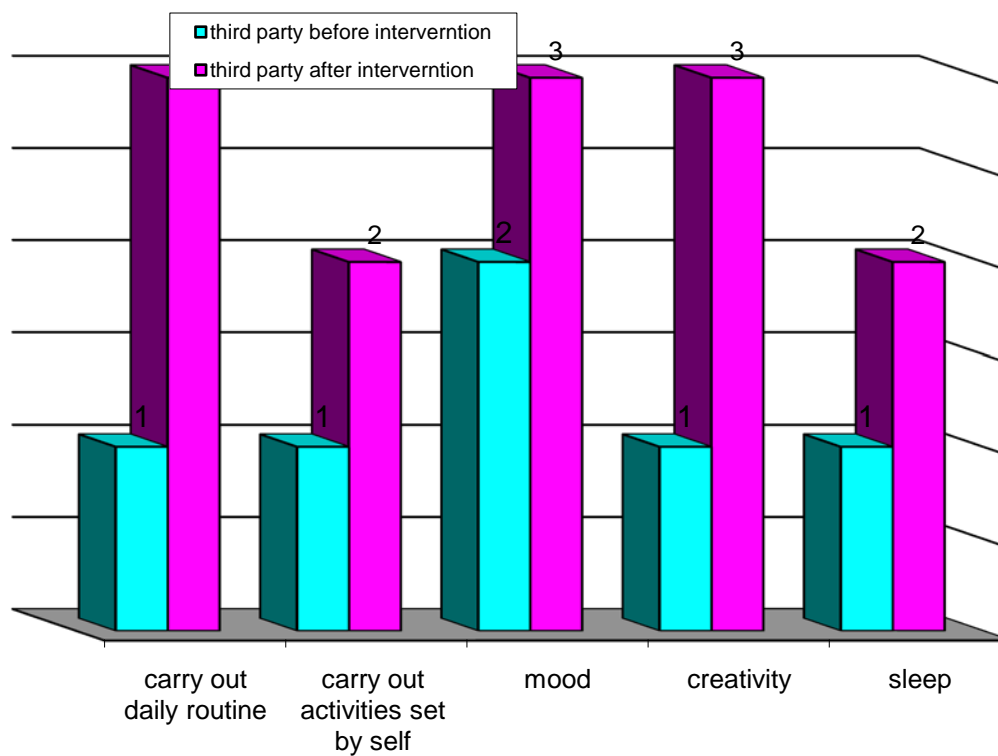


Figure 18: Baseline Evaluation by Mother of Third Client Before and After Intervention:



Comparison between client's and mother's baseline estimates before the intervention showed a small difference (of one grade) in the ability to carry out daily routine, in his mood and in sleep, with the client giving himself a lower score on one of them. Their reports were unanimous regarding the two other aspects: the ability to carry out activities set by self and creativity.

Comparison between client's and mother's baseline estimates after the intervention showed a small difference (of one grade) in their evaluation of mood and sleep; and they are unanimous on three aspects - the ability to carry out the daily routine, the ability to carry out activities set by self and in creativity. The differences in evaluation do not show a consistent skew of either evaluator.

Session evaluation. Sessions were described by both client and therapist (see Appendices I and J). Sessions were evaluated by both the therapist and a 2nd clinician across six areas. Agreement of assessments was evaluated via calculating correlation coefficients as well as examining the evaluation ratings graphically. Table 2 presents the correlation coefficients between the therapist and 2nd clinician ratings across the six areas described previously. The session evaluation data as represented in Table 6 showed rather high correspondence between the therapist's and the 2nd clinician's evaluations. Correlation coefficients ranged between 0.70 and 0.92.

Table 3: Correlations between Session Evaluations by Therapist and 2nd Clinician

Evaluation	Correlation Coefficient
Client adhering to the therapy	0.78
Weaving together the two media	0.92
General functioning of client	0.73
Emotional intensity of client	0.70
Intensity of transference of client	0.75
Intensity of counter transference of therapist	0.83

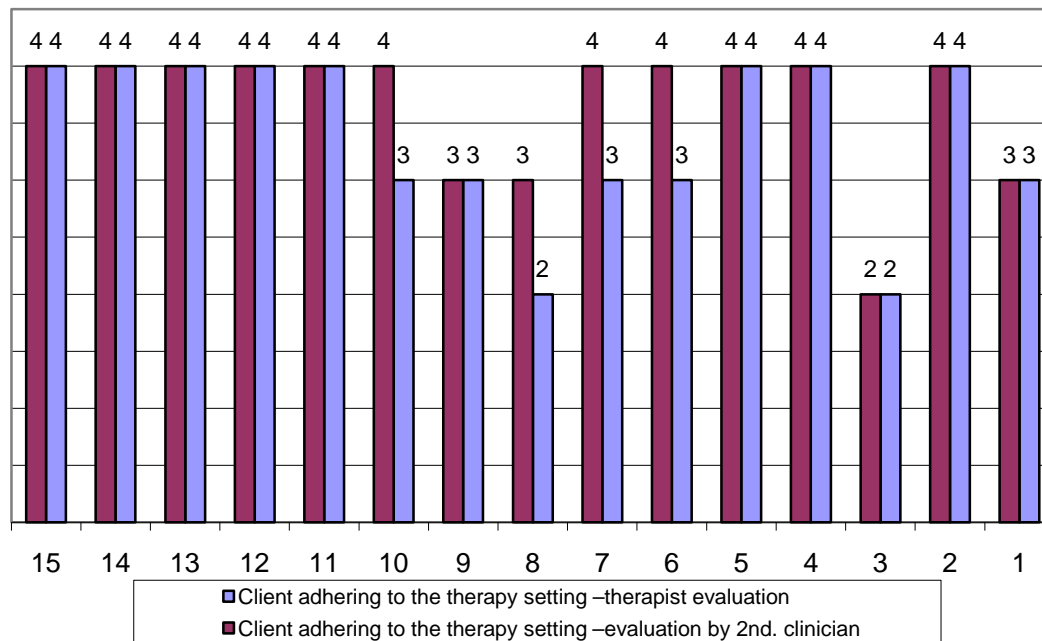
Figure 19: Third Client's Adhering to the Therapy Setting: Therapist and 2nd Clinician

Figure 20: Third Client's Weaving Together the Two Media: Therapist and 2nd Clinician

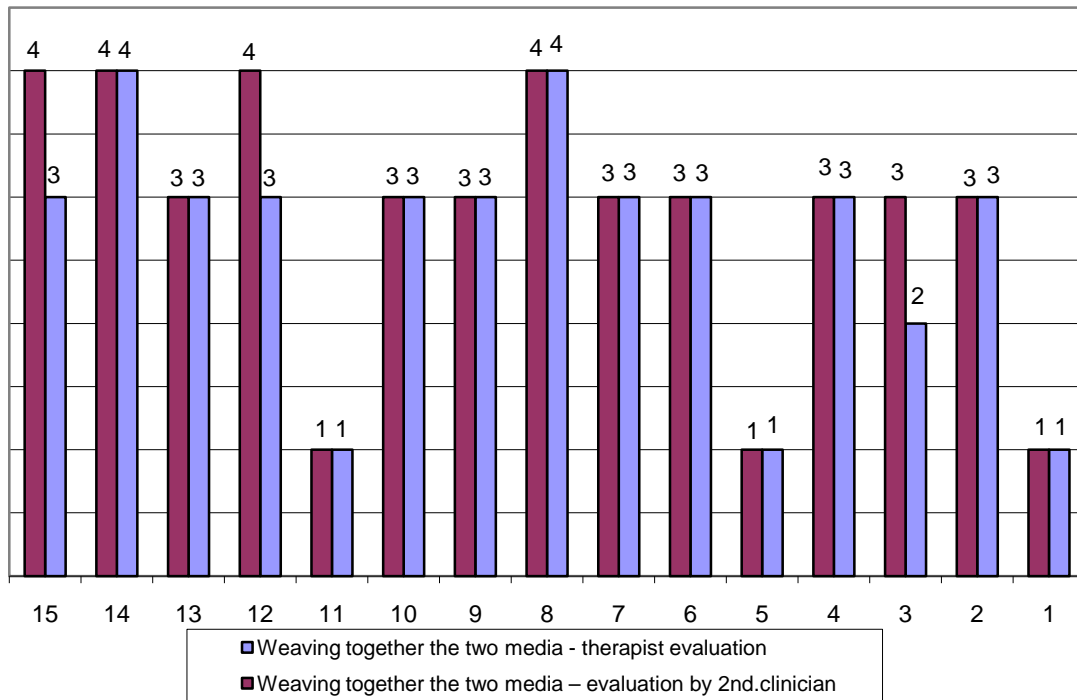


Figure 21: Third Client's General Functioning: Therapist and 2nd Clinician

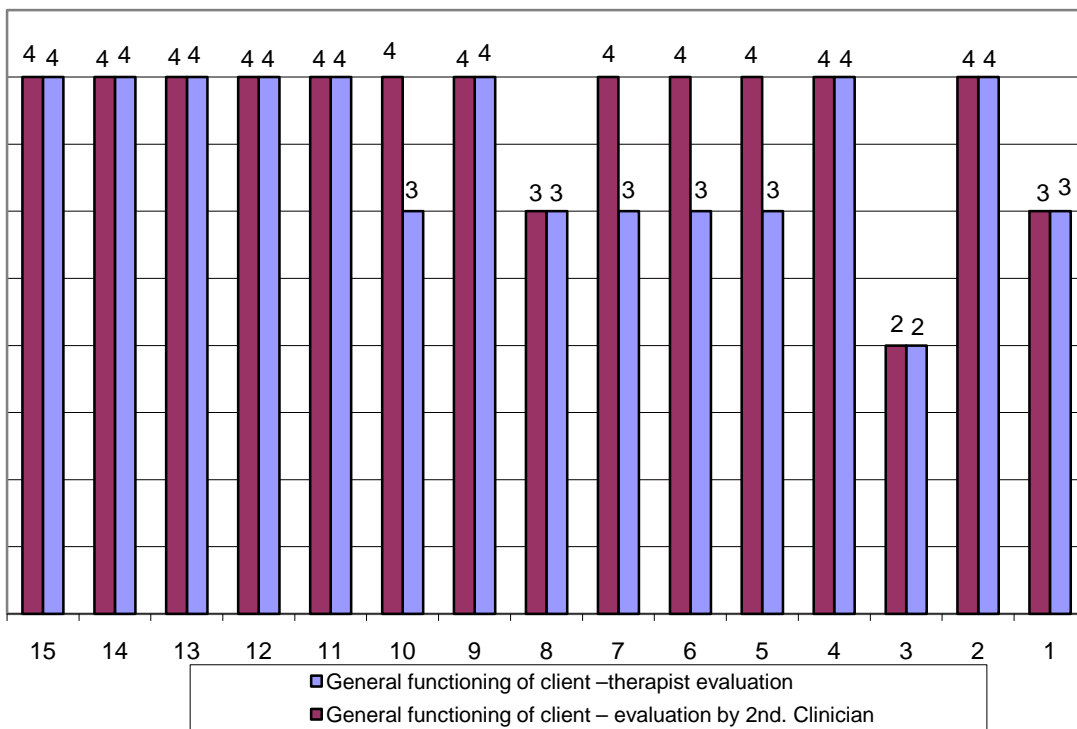


Figure 22: Third Client's Emotional Intensity: Therapist and 2nd Clinician

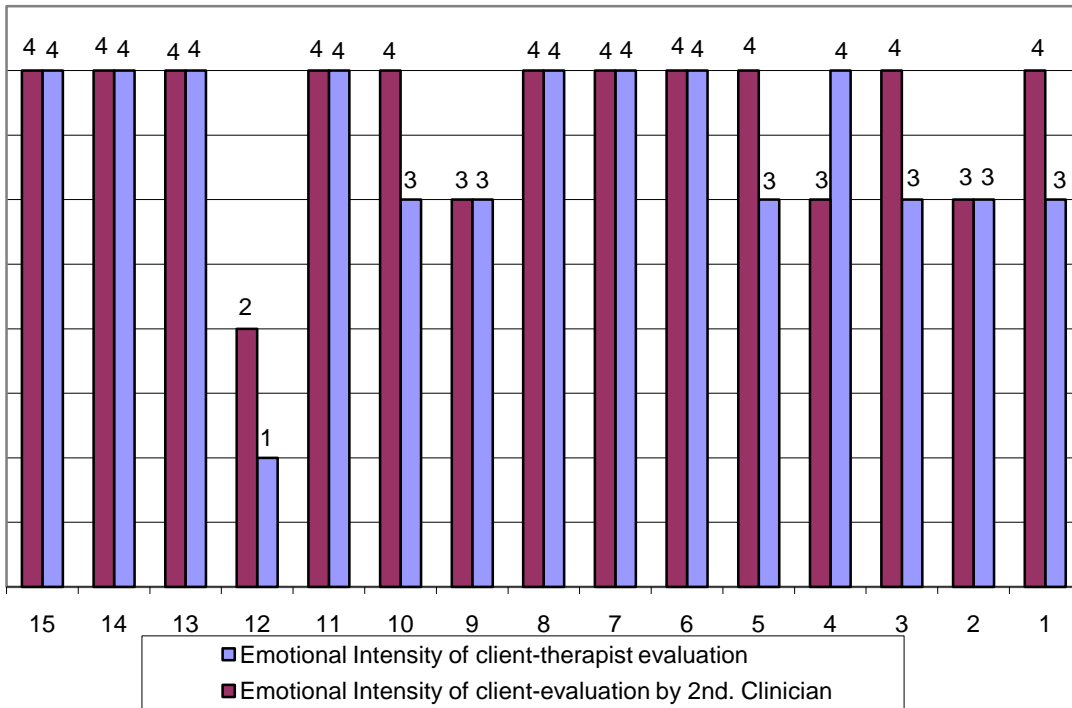


Figure 23: Third Client's Intensity of Transference: Therapist and 2nd Clinician

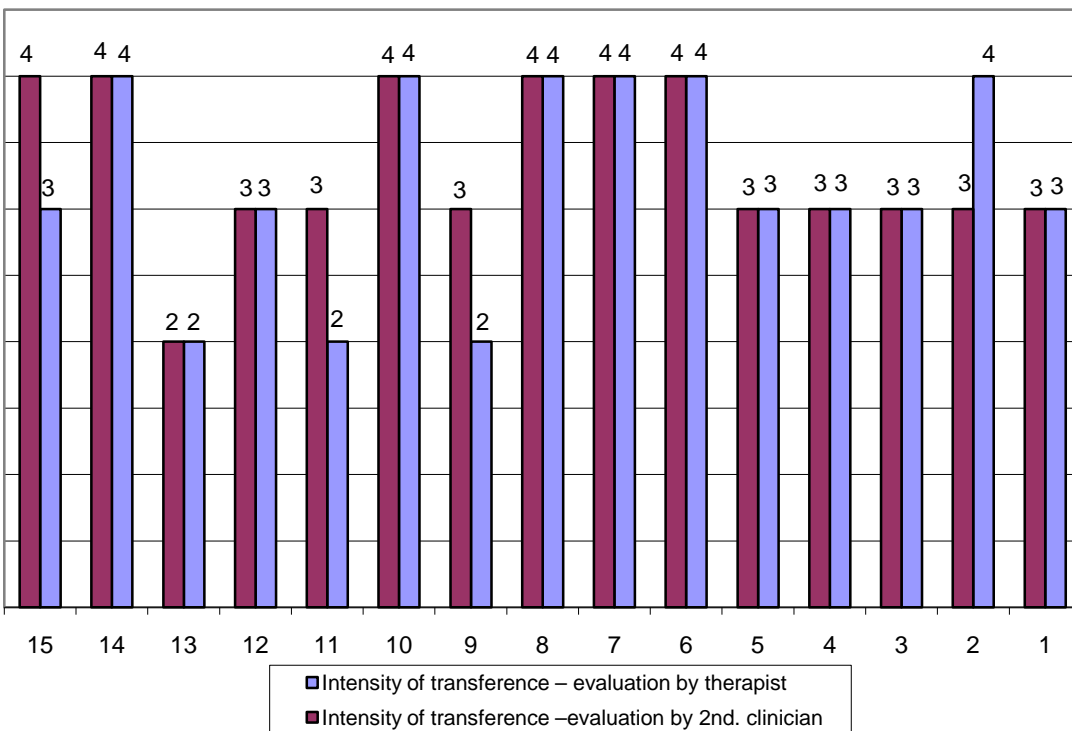
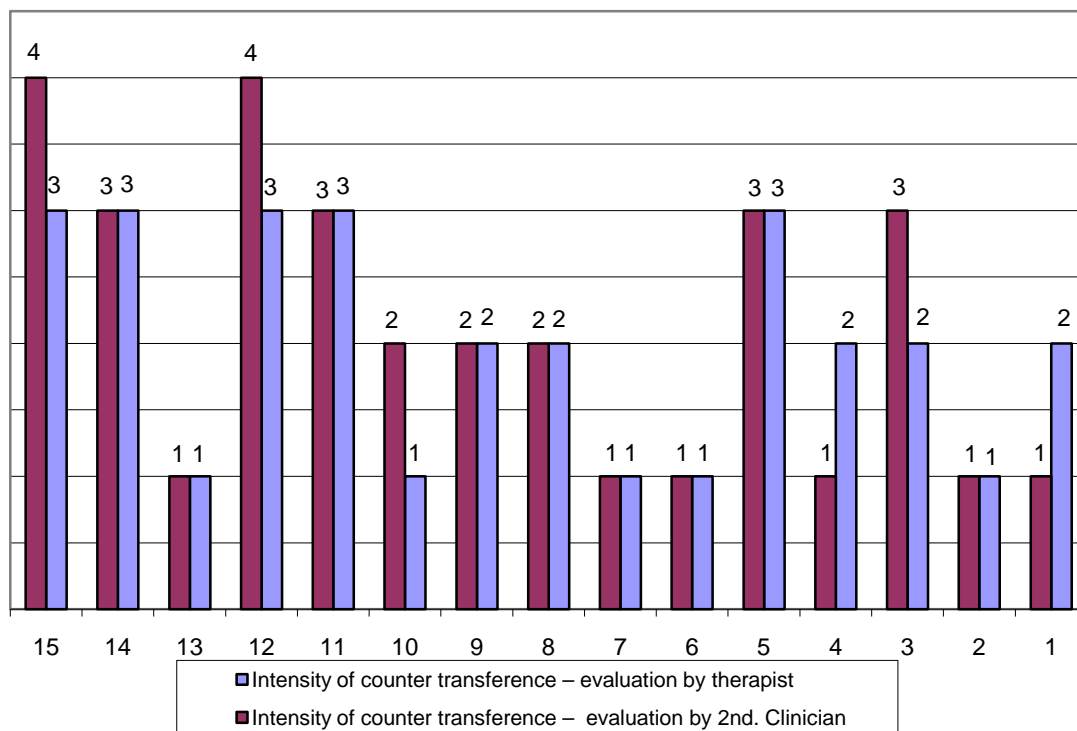


Figure 24: Intensity of Counter-transference with Third Client: Therapist and 2nd Clinician

As the overall differences between therapist and 2nd clinician ratings were rather minor the following analysis has been based on the therapist's evaluations.

Adhering to the therapy sessions showed very high scores along eight sessions, high scores along five sessions and medium scores along two sessions. The scores were very high in sessions two, four, five and at the end stage (sessions 11 – 15) of the research; high in session six, seven, nine and 10 and medium in sessions three and eight. There were no meaningful differences between scores on this area between ET (3.4) and fishing (3.4).

Mutual fertilization between the two media of ET and in fishing showed variation of scores between sessions. In three sessions no reference was made to previous sessions, in one session a passing technical remark was made, in nine sessions there was clear reference to the previous session and in two sessions there was intensive reference to previous sessions. The changes in scores did not have any clear pattern. Fishing sessions showed higher scores of reference to previous sessions (average 3.3) than the ET sessions (2.1), i.e. the client referred more often to the studio sessions while fishing than he referred to fishing sessions in the studio.

General functioning related to functioning in the sessions as well as the client's report of his functioning over the days between sessions. General functioning shows variation between sessions but never reached the minimum score. Overall the client's functioning during the whole period of the research was rather high; on eight sessions he scored very high, on six sessions he scored high and only in one session he scored medium. No meaningful differences were found between scores in the studio (3.9) and scores in fishing (3.6).

Emotional intensity of client during the whole period of the research was rather high; on eight sessions he scored very high, on six sessions he scored high and on one session he scored low. Scores in the studio were somewhat higher (3.5) than in fishing (3.28).

Intensity of transference showed variation over sessions and ranged from very high to medium scores. Overall there was at least some expression of transference in all sessions. In five sessions the score was very high, in seven sessions the score was high and in only two sessions the transference scores were medium. Scores in the studio were lower in average (2.6) than the scores in fishing (3.7), with the fishing sessions showing somewhat higher intensity of transference level.

Intensity of counter-transference was showed variation over sessions and covered the whole range of scores from high to low with lower scores in nine of the first sessions and higher scores in four of the last five sessions. No session scored very high, five sessions scored high, five sessions scored medium and five sessions scored low. Scores of counter-transference in the studio (2.1) were similar to scores in the fishing setting (1.8).

CHAPTER 5

Discussion

The first part of the discussion will describe the process each client went through over the period of the research based on the research findings. The second part of the discussion will touch on the results and clinical observations of the research in the context of the professional literature and the third part of the discussion will be an epilogue briefly describing the development in the therapies of the three clients since the end of the research intervention.

Research Findings on the Therapeutic Process

The first client. The baseline data showed meaningful changes in the client's condition regarding daily coping with life's challenges and demands before and after the therapeutic intervention. Thus it seemed that the intervention was helpful in addressing the areas measured. Both client and father reported very meaningful positive change in his ability to start the day and a somewhat smaller but still meaningful change in his ability to carry out activities set by self. It may well be that the clear structure and time limitation, the sports activities as well as taking part in a research project all stimulated his motivation.

As opposed to the very meaningful positive change in his ability to start the day and his ability to carry out activities set by himself there was only a minor change in his ability to carry out his daily routine. The goals that the client had been most interested to attain were reshaping day and night patterns. Carrying out the daily routine was a goal that was less meaningful to him. It seemed that the therapy, focusing on trying to help the client reveal his will, empowered him in carrying out the goals he had a stronger drive to achieve. As described above, the client had been depressed for years with strong passive – aggressive tendencies. These seemed to have blocked both his ability to find his inner voice and his ability to yield to the rhythm of day and night and to routines. It was during the period of the study, after a year of therapy, that the passive – aggressive defense became so clear that it could be discussed openly. This discussion

opened the first signs of aggression being turned outwards with the client telling his parents what he did not want and even behaving overtly "badly". As example, he asked his father for a desk that was in the father's study at home. When the father refused, he transferred the desk to his own room when the parents were not at home.

The client reported only minor changes in his ability to sleep on time and in his mood. In one of the first sessions at the very beginning of therapy the client had brought up the issue of day and night saying that he was fearful of having to cope with life and "preferred" to be asleep when the rest of the world was awake and active. It could be assumed that he was not yet able to cope with life's demands due to his low self esteem. His report about a good mood all along seemed to have to do with the defense of denial which helps him avoid his feelings.

Analysis of the evaluation of the therapeutic sessions along the area of adhering to the therapy setting and the area of weaving together the two media showed higher scores at the beginning and end stages of the research with lower scores over the middle part. This may well have had to do with the issue raised above that the clear structure and time limitation, the weaving together of the ET work with the sports activities as well as taking part in a research project all stimulated the client's motivation. Even so, he did not seem able to keep up his motivation in a stable manner for this relatively short term, but lost some stamina on the way, with motivation becoming clearer again towards the end of the structured phase.

Another finding on weaving together of the two media was that there were more references to previous ET sessions in the gym sessions in comparison to references to previous gym sessions in ET sessions. It could well be that since ET sessions in the office dealt with emotionally difficult issues they were usually loaded with emotions and left little space for the observing ego, while the more neutral gym sessions allowed more space for observation.

Analysis of the therapeutic sessions along the three areas of general functioning, emotional intensity in sessions and intensity of transference – showed rather high scores over

the whole period of the research. There was variance between sessions but only one area reached the minimal score and only on one occasion, thus strengthening the above formulated assumption that the clear structure and time limitation, combination of ET with the sports activity as well as taking part in a research project all stimulated the client's motivation and involvement.

Scores in the transference area reached a similar average in ET and in the gym, yet the sessions with the highest intensity of transference were the ET ones. This phenomenon seemed plausible since the highly structured gym environment seemed to offer less opportunity for the development of transference than the ET sessions. It may well be that the client's inability to attend some of the gym sessions was an indirect way of expressing transference.

In the counter-transference area quite a few sessions scored no expressions of counter-transference at all, yet in average the counter-transference scores in ET were markedly higher than in the gym. This finding pointed to a correspondence between the therapist's and the client's process and supported the idea that the highly structured gym environment offered less opportunity for the expression of both transference and counter transference than did the ET sessions. Though work in the gym seemed to stimulate less direct expression of transference and counter-transference, work in the gym could enhance the therapeutic relationship and facilitate experiences of cooperation, which in their turn could enhance the transference and counter-transference in the office.

Weaving the two media together did not yield clear results. This does not seem surprising taking the following thoughts into consideration. It was the client's choice to add the gym setting to the ET therapy. He had already chosen it fairly early in our work together. As described above, at the time the client had not persevered and the gym sessions had petered out. Shortly prior to the onset of the study he suggested trying again.

Workout in the gym is highly structured by sets, repetitions, time and weight. The activities themselves have to be carried out in a very exact way requiring focus and concentration. Workouts open the door to interest in nutrition as well as health, as they did with the client who cut down his consumption of sweets and showed intensive interest in bettering his physical abilities. Workout also tends to awaken interest in improvement of body image with a carry over to general self confidence. Over the period of the intervention the client struggled with the effort of living up to his expectations, trying to do his best even when he was weak after an illness, while at the same time giving the therapist hints that it was often too much for him.

It seemed that the relative success in persevering and standing up to the goal he had set himself had carry-over effects. Choosing a medium and trying to cope with it opened up the possibility of starting to accumulate experiences of success, of coping and of being able to persevere. One could describe it as an indirect dialogue between the media. Whereas ET work brought aspects of difficulty and non coping into the center of attention, the gym provided coping experiences. There was only some overt carryover between the two media, yet covertly the overall coping of the client received a boost.

Informal analysis of the data showed that over the period of the intervention ET sessions were relatively more focused and touched on more essential issues than the sessions before the intervention. The most probable explanation for this change – after a year of ET – was that there had been a carryover from the focused and responsible attitude in the gym to the ET sessions.

It seemed that for a long time the client had lived in a flat, pseudo-good mood, detached from his depressed feelings and needs, blocked by his passive-aggressive defenses. It had been his parents, rather than him, wanting change. He had not developed his own sense of self. The rise in adrenalin through workout conflicted with this pseudo pleasant passive-aggressive

defense pattern and helped aggression start to find some active outlet channels. Interestingly enough it facilitated more passive-aggressive behaviors in the ET sessions and in his life, which could then be brought into the therapeutic dialogue for the first time.

The second client. Unlike the first and third clients the second client had no previous therapeutic history with the present therapist. She had been in meaningful therapy with another therapist for about a year and had transferred, feeling difficulties with the previous therapist.

The client had arrived for treatment in great distress, reporting feelings of depression, helplessness, fears and frustration about her condition. She described difficulties and low motivation to start the day on time, disquiet at night while trying to fall asleep, a constant depressive mood, incessant rumination (as opposed to peace of mind) and some kind of estrangement from her body with some flavor of dissociation.

At termination of the research, at the end of 15 sessions, the client reported a meaningful positive change in her peace of mind. As described before, the client had been in therapy for about a year with nearly no change in her feeling. It therefore seemed remarkable that this meaningful change occurred after a relatively short period of therapy.

In ET the client chose creative writing, an area she loved and felt competent in. She had the competence which gave her the assurance to start widening her expression beyond her previous experiences. She had also bicycled as a child and had loved it, which made it a safe choice as a starting point.

The client had chosen bicycling which she then changed to walking as her preferred outreach activity and creative writing as her main media in expressive therapy. It was an active choice which seemed to have helped create an obligation towards the process. Active choices seem to create alliances between clients and the activities they commit to on the one hand and to the therapy setting and the therapist on the other hand. This obligation seems to create solid ground and strong alliance for clients who tend to feel helpless and desperate. When desperate

and helpless a person may find the confidence to commit to some concrete activity, whereas commitment to some vague idea of therapy may feel very unclear and untenable. The choice of concrete clear activities with their simple and clear structure and order creates goals that are clearly attainable.

The client had chosen bicycling as her outreach activity with its special meaning for her. She had chosen bicycling since she understood that it would be important for her to do some sportive activity. The client did not feel connected to any sports yet had nostalgic memories of bicycling from her childhood. She hoped to regain the joy she had felt as a child. Bicycling in her present condition proved harder to accomplish than she had expected. Bicycling was hard for her time and again confronting her with her illness. All the same she felt much better after every session.

ET and writing in particular allowed the client to start developing some faculty of inner observation. It seemed that turning her attention from total immersion in her difficult reality and the fears it ensued to creative inner observation and expression contributed to lessen anxiety. The outreach activity added the possibility of a physical outlet to tension and the release of endorphins, thereby contributing to a rather immediate betterment of mood. Bicycling and walking also seem to have created an environment stimulating an active fight against the muscular dystrophy, thereby lessening her intensive feelings of hopelessness and helplessness. From about the middle of the research the client would complain about feeling weak and in low motivation at the beginning of the bicycling and walking activity and would express a good feeling at the end about feeling physically better as well as conquering her weakness. It seemed that the commitment of the therapist served as an auxiliary ego in helping her persevere in the activity despite difficulty, thereby contributing to her feeling of competence, raising her hope and lessening ruminative thinking.

As to the other criteria of the client's wellbeing, the client reported a more minor change in her ability to start the day, in her sleep patterns and in her feelings of connectedness to her body and no significant change in her overall mood. In her written evaluation she reported more ups and downs of mood than before. As to the frequent changes of mood, beginnings of therapy are often characterized by surges of hope interspersed with falls into hopelessness and depression. It also seems that clients with complex and heavy issues like the present one need longer periods of time to really settle down into therapy and gain meaningfully from it. In this context it is important to remember that the research was conducted over 15 sessions which are a rather short period of time for meaningful changes, especially with any new client.

The comparison between the client's and the husband's baseline estimates before the intervention show a small difference in the ability to start the day on time, in sleep and in peace of mind, with the client giving herself a lower score on sleep and peace of mind and a higher score on ability to start the day on time. Their reports were unanimous regarding the remaining aspects. After the intervention there was only one minor difference in their assessments. It could be that the client's deeply depressive mood which became somewhat better over time colored her assessment of her state before the therapeutic intervention. From another vantage point, the client complained that her husband was not sensitive enough to know what she was going through in her life. From the beginning of treatment the client described her marriage as disappointing with her husband insensitive to her feelings and needs. It could therefore very well be that the husband was not aware of the depth of her misery. Regarding the differences concerning the ability to start the day on time, the client described her husband as a person who especially easily gets up in the morning. It could well be that he evaluated her ability to start the day by comparison with his own abilities and performance.

Viewing the therapy process from the perspective of adhering to the therapy setting, the client showed rather high adherence along the whole period of the research. There were high

scores at the first four sessions. It seemed that these were influenced by the enthusiasm of new beginnings. Then, before the fifth session, the client phoned and asked to do work in the office instead of bicycling, explaining that she had stopped her anti-depressants two weeks earlier and felt very depressive and low in energy. The client seemed to have stopped medication at the very beginning of the therapeutic intervention and had not shared her decision with the therapist. Instead, she had acted independently, probably unconsciously testing the therapist in more than one way. In retrospect this seems to have been her first test of boundaries of the setting. It may well be that she was testing the therapist's ability to contain her needs. The therapist stayed calm and showed no judgment, at the same time strongly recommending that she go back to medication until the right time. The therapist seemed to have coped rather well with the challenge so that over the next four sessions adhering was rather high. Then, over the last period of the intervention adhering had its ups and downs. This happened together with strong fluctuations of mood over this period. It seems that only after testing the boundaries though the medication issue could the client bring herself as she was with her surging and changing feelings of hope and despair.

There were no meaningful differences between ET and bicycling scores in adherence to the setting. It seemed that though the client enjoyed ET sessions while finding bicycling and walking very difficult, she did her best to participate in the physical activity. This may have had to do with the extrinsic motivation to do the right thing and to please the therapist as well as her intrinsic motivation to hold on to hope and lessen her helplessness towards her illness.

Regarding the issue of weaving together the two areas of ET and the outreach bicycling activity, results showed a large variance of scores between the two settings. Working in ET the client made no meaningful reference to the bicycling sessions, while she continued probing into issues that had come up in ET in the outreach activity. The ET sessions felt meaningful and opened up a place for the client's feelings from the very beginning, gratifying her need of

expression. The bicycling sessions were the client's first bicycling experiences since childhood and brought up some fears of losing balance and control. The client referred to these difficulties directly and they did not seem to need any further processing. Since it was the very beginning of therapy she could not express the undercurrents of the feelings it brought up. Bicycling felt like a difficult chore that needed coping more than expression; it left time for thoughts and feelings about her life to come up and verbally continue the ET sessions while bicycling.

The area of general functioning in the sessions showed only small variance between sessions; overall the client's functioning during the sessions over the whole period of the research was rather high with no significant differences between the ET sessions and the outreach work. It seemed that the high overall motivation in the sessions could be ascribed to these sessions being the beginning of the therapy, with the hopes of new beginnings. Therapy had not yet ripened to bring up strong ambivalence and other powerful emotions which could have lowered her functioning. From another vantage point, the client was very vulnerable to rejection and may have been motivated overall by her need to please the therapist and go along with his research plan.

Emotional intensity of the client was rather high with fluctuations, with the mid-term period of the sessions ranging between high and very high. There were no significant differences between bicycling and ET sessions. There were clusters of two and of three consecutive sessions with the same score of intensity pointing maybe to the general intensity of the client over same period of time. The client started treatment heavily loaded with strong feelings. She was terribly scared of her illness, swaying between depression and anger, carrying the feeling that she was alone in her ordeal and that her husband did neither understand nor support her. Another possibility is that the higher emotional intensity of the client over the mid-period of the research could have been the result of the fact that the client had stopped taking her medication.

The range of the intensity of transference was wide with no general tendency over sessions. Scores in ET were similar in average to the bicycling scores. It seemed that the client was under the influence of the changes of medication. In addition, it may well be that most of the time she was more preoccupied with her suffering than with her feelings towards the therapist; therapy had only begun and transference was in its beginnings. There were clusters of two to four consecutive sessions with same score of intensity of transference probably reflecting the client's emotional state over those same periods. The client was preoccupied with herself and her moods fluctuated between better and worse ones, between new hope and the old despair engulfing her time and again.

The intensity of counter-transference was not high, showing variance over sessions and never arriving at the highest score. In the majority of sessions there were only minor expressions of counter transference with average scores of counter-transference in ET similar to scores in bicycling. It seemed that since transference was not high it was not exceptionally difficult for the therapist to contain the client and counter transference did not build up in most sessions. Both the scores and the written session descriptions seem to show that the therapist contained the client and the treatment rather well, providing the client with an experience of safety.

The third client. The baseline data showed a very meaningful change in the client's creativity over the period of the therapeutic intervention. Both client and mother reported this very meaningful positive change. As described above, the client was a very talented musician who was blocked in his creativity. When talking about his difficulties to create, he often related to his depressive feelings, lack of drive to live and low level of creative energy. The presence of the therapist in the studio, the commitment of both participants to the setting and to the goal of producing music, the encouragement as well as the consistent persistence of the therapist to the process all stimulated his creativity.

Even in the hardest periods in his life had the client found some interest and comfort in music; both in listening to it and in creating. Music had always been a strong power in him; he had felt it to be his calling and wished to develop it into a career. However, he neither wholly believed in his ability nor in his right to succeed, feeling deep rooted guilt having to do with childhood sexual games, later interpreted by him as abuse; feelings hindering him from moving forward with his life, creativity and his career. It seemed that the committed accompaniment of the therapist and his belief in the client and in the healing power of creativity helped work against those fears and conflicts.

As described before, ET took place in the client's studio situated in his home. This special constellation allowed the client to create in his safe domain in which he had had difficulty to create. The therapist's arrival and the hours of work together opened up the client's creativity so that he could go on with the music on his own between sessions and after the research period.

Client and mother reported positive changes in his ability to carry out activities set by self, his mood and his sleep. As to his ability to carry out his daily routine the client reported only a small positive change while his mother reported a more meaningful one.

It should be remembered that the client had had a psychotic episode and that psychotic episodes nearly always disrupt overall ability to cope, taking a long period of time to rehabilitate and return to some reasonable level of coping with life. The client had been depressed and post traumatic for years, caught up in a psychotic negative belief system. He believed that the world was heading towards ruin, that criminals were endangering him and his family. He also carried those heavy guilt feelings mentioned above. He felt his childhood deeds could not be repented and that he could therefore never feel well. Over a very long period of time prior to the research, both client and therapist had felt that therapy was not making any

change for the better. On this background it seemed all the more remarkable that the client made progress over the research period and felt meaningful changes.

The research had made a shift in the setting. ET had previously been carried out in the therapist's office and was now taking place in the client's studio. This change had occurred when the client lost his driver's license. Though it had happened for technical reasons it proved a positive move as the results show. The setting had also been doubled in hours from one session a week to two, with the second session every week dedicated to the outreach activity the client had chosen, fishing.

It seemed that the new setting which added the outreach activity of fishing to the expressive music therapy was very meaningful to the process. Music was an area of activity the client had always been interested in and challenged by, while at the same time being threatened by fears to succeed and by fears to fail. The outreach activity of fishing provided the client with a situation in which he carried the responsibility to arrange all equipment and teach the therapist the knowhow of fishing from the very beginning. It challenged his independent thinking and acting. Being able to reverse roles and be the leader, teaching the therapist an area he enjoyed and had confidence in, seemed to have stimulated his organizing faculties and coping skills. Fishing also seemed to have been comforting and nonthreatening since he felt an expert in it. All these elements seem to have helped him move a little and change his inner stance towards life to a certain degree, indirectly contributing to the longed-for opening up of creativity. Thus the goal that the client was most interested to attain was supported by the meaningful outreach activity. It may well be that taking some pressure away from music by widening the scope of activities and challenges, was another factor helping open up creativity. From another angle, it seemed that fishing, which was not an activity he was ambivalent towards succeeding in, empowered him in carrying out the goals he was ambivalent towards.

The client had chosen fishing as his outreach activity with its special impact. He had chosen fishing as his respite from daily routine, his own expectations and tensions. He felt that fishing with all its aspects helped him feel better. Observation of the third client gathering the equipment, settling for a site, positioning himself and the therapist at some right distance from other anglers and going through the preparatory stages seemed a welcome relief from his negative thoughts. Competition with the therapist and others also seemed enlivening. However, the quiet periods of waiting for the fish to get caught seemed to raise the inner disquiet with all its emotional upheaval. Thus it seemed that fishing, like any outreach activity chosen by a client, helped the client experience his assets, while at the same time also bringing him in contact with his complex unfinished issues.

The client enjoyed the active elements of fishing, the preparations at home as well as on the site; he was very thorough about them, taking every detail seriously. It seemed that he enjoyed the aspects arousing the hunting instinct. The client did not enjoy the quietude which for some people facilitates relaxation. Whenever he was not actively engaged, he would ruminate over his negative thoughts and sink back into his dark mood. It can be assumed that it was his lack of inner permission to feel well that made him withdraw into desolation whenever relaxation and wellbeing "threatened" his belief system. However, it may also be that the therapist's presence and attention with his interest in the client's feelings did not really support him in connecting to the peaceful meditative stance.

An overall comparison between the ratings of mother and client showed that the client's mother rated changes over the period of the research more positively than he rated himself. It could be that the client's wish to feel better was in conflict with his strong beliefs about not deserving to feel well so that he could not allow himself to feel too well or could not admit towards himself that he was feeling meaningfully better. From another vantage point it may be that the mother, by her nature, tended to color life more positively than the client. In any case

the researcher got the impression that she was also actively engaged in giving her son feedback that she believed in him.

Analysis of the evaluation of the therapeutic sessions along the area of adhering to the therapy setting and the area of general functioning showed high scores in almost all sessions. The client had already been in therapy for a relatively long time and had become better at adhering to the therapy setting over time. It seemed that participation in the research with its extra hours of fishing and the fact that the therapist came to his house eased pressure off the client and made it easier for him to adhere for the setting and to life's demands. The high functioning may also reflect the client's high motivation to bring change to his life after the long plateau he had been frustrated with and his hope to create change in his life. A different way of understanding the data could be that it might reflect the client's need to cooperate and satisfy meaningful others, in this case - the therapist.

Analysis of the area of weaving together the two media showed rather high scores in average with meaningfully higher scores in the fishing activity. The client used the time in the studio mainly to create music and to process the creative work through talking about it. In fishing the calm environment had the potential of either helping him relax or bringing up all his inner disquiet. There was much unstructured free time in which all his feelings could come up. He felt safe and in control of the situation which did not require too much effort from him and could therefore observe his feelings and give expression to issues that came up during fishing as well as in the studio. Thus, ventilating his feelings during fishing may have helped open the creative flow in the studio.

Analysis of the therapeutic sessions along the area of emotional intensity showed high levels of emotional expression in most sessions. Emotional intensity seemed to have developed, becoming fixated and crystallized in the client over the years. The deep rooted wish to move forward coupled with the fears of both success and failure fed the emotions with never ending

loads of anger, frustration, blaming and helplessness which needed recurring expression through words as well as through body tension. The research sessions differed from previous periods of time characterized by apathy. The client seemed actively involved and expressive over the time of the research; the hope of change seems to have triggered this emotional reactivity with all its expressions.

Intensity of transference showed high scores all along, with transference being stronger in the fishing sessions. It seemed that the exposure of the client to the outreach environment stimulated stronger transference than the sheltered studio setting. Fishing activities required longer hours of being together, thereby giving opportunities for more unpredictable situations, exposing the client to new and intense sensations and feelings. Becoming the leader and teacher, roles he was not familiar with and secure in, seemed to trigger emotional excitation as well. Towards the last part of the research the client seemed to lose some of his motivation and hope and transference became bitter. Whereas in the first ten sessions the emotional expression towards the therapist tended to be positive, his feelings in the last five sessions started to become more depressive, holding less hope. One could hypothesize that the client had higher expectations of change at the beginning of the research setting and that experiencing only relatively small betterment brought up disappointment. It could also be that coming close to the end of the research setting brought up fears and concerns that he would not be able to sustain the change without the combined intensive schedule of fishing and music therapy. From another perspective it could also be that his guilt feelings worked against sustaining his betterment.

Counter transference was mild during nine of the first ten sessions and was somewhat higher in four out of the last five sessions with no significant differences between environments. It seems that as long as the client felt renewed hope and allowed change to occur the therapist was more at ease and had less difficulty in containing the complex negative

feelings. When the client started to lose hope and transference turned more intensive and bitter it became harder for the therapist to contain him.

Results and Clinical Observations of the Research

The present research was a qualitative case study. It described the therapeutic process with three clients, aimed at investigating the issue of treatment effectiveness. The study investigated the model of a therapeutic process combining ET with an outreach activity personally chosen by each client.

The present model had developed on the background of the literature on the expressive therapies and on outreach psychotherapy. McNiff (1998) seemed to have created the bridge between these two therapeutic domains when he observed that creativity can open up through any simple concrete daily activity. He referred to daily activities as stimulants to creativity, expressing his conviction that any daily activity can be creative in itself while at the same time stimulating creativity. McNiff's examples of daily activities were working in a bank, teaching school, painting houses, or toiling in a factory. He shared his experience that activities of these kinds had furthered his own creative expression.

The model of combining ET work with a personally chosen outreach activity developed out of the experiences of the researcher in his clinical practice. Seeking the therapeutic routes to accommodate to the needs of dysfunctional clients who cannot adjust to the conventional setting and those whom ET work by itself did not bring the hoped-for movement forward, he tried combining ET work with some concrete outreach activity the client chose. He, then, experimented with this model in his work with quite a number of clients over the years.

According to this model it was assumed that combining ET work in the office with an activity in an outreach setting chosen by the client could contribute to initial experiences of coping, perseverance and success in areas of life that were meaningful to the client. In other words, the research in this study focused on whether therapeutic work in two different media

would have either direct or indirect influence on the therapeutic process. The research study also looked at whether experiences to persevere in goals clients set for themselves would have carry-over effects into an opening up of creativity in their ET work and into daily life functioning. Finally, the research set out to determine whether out-of-clinic activities experienced together by client and therapist would strengthen the therapeutic bond and have a positive effect on functioning in life.

The three clients participating in the research had come to the therapist for ET work. For the period of the research they were offered therapy combining ET work and an outreach activity chosen by each of them. Therapy, according to the model, took place twice a week, once in each media.

The assumption was that trying to cope with an outreach activity that was personally chosen would bring about experiences of success, of coping and of perseverance. It was further assumed that experiences of coping and standing up to goals clients set for themselves would have carry-over effects which would manifest in daily life as well as in an opening up of creativity in their ET work.

Although the research intervention was rather short, all three clients reported improvement in some area of their life. With the first client ET work tended to bring up aspects of difficulty and non coping into the center of the dialogue; while the gym, as quite possibly any fairly structured outreach activity, provided coping experiences. With the second client the experience of tackling her worst fears and working against them through the outreach work of bicycling and walking seemed to have a calming effect which opened up the space for the beginning of meaningful ET work. With the third client the role of becoming the therapist's instructor in the outreach fishing activity seemed to support the client's self esteem, brought him back to meaningful ET music therapy and opened up his creativity.

The research pointed towards improvement in the condition of all three clients. It seemed that there was an overt carry-over between the two media with a positive effect on the overall coping of the clients. The literature has described this carry-over in other therapeutic settings. Thus Gillis & Gass (2004) described the setting of adventure group therapy as one that can give clients an opportunity to observe their own social issues and move from the comfortable indoor setting to a setting that is more unpredictable. They explained that this move can facilitate bridging the gap between therapy and the 'real' world. Crone & Guy (2008) as well as other researchers in the area of sports, well-being and mental health highlighted the potential role of exercise as an adjunct to the more standard forms of treatment in the mental area. They suggested that their study may assist in helping exercise become a more integral and thus effective part of client-centered, contemporary, evidence-based mental health service.

In the case of all three clients there was only some overt carryover between the two media, while covertly the overall coping of the clients received a boost. Thus coping with any chosen medium seemed to indirectly affect the therapeutic dialogue, the self image and the ability to cope. This stood out especially clearly with the first and third clients who had previously been in ET therapy with the therapist, but had not been in a combined ET and outreach therapy. Similar improvement occurred with the second client who had been in psychotherapy with another therapist prior to participating in the combined therapeutic research project. Analysis of the data showed that adding an outreach activity in all three cases made a change in their general feeling and functioning. All of them showed more vitality and took more responsibility over their lives over the intervention period. ET work reflected this general heightening of vitality.

The first client who had been depressive could express more of his sadness and anger in the ET sessions. The activity in the gym helped him feel more energetic. It seems that for a long time he had lived in a pseudo-good mood, detached from his depressed feelings and needs,

blocked by his passive-aggressive defenses. It had been his parents, rather than him, wanting change. He had not developed his own sense of self. The rise in adrenalin brought up by the gym conflicted with this pseudo pleasant passive-aggressive defense pattern and helped aggression start to find some active outlet channels. Interestingly enough it facilitated more passive-aggressive behaviors in the office and in his life, which could then be brought into the therapeutic dialogue for the first time.

These observations support previous findings in the area of sports and outdoor activities for clients in depression or with low self esteem concerning the contribution of sportive structured activities to the development of self esteem and coping behavior. In these studies activities were carried out by gym instructors and not by therapists working personally with one client at a time. As example, Kirdcaldy, Shepherd & Siefen (2002) summarized literature pointing out a long list of psychological benefits arising from physical activity. They reported positive shifts of mood state and perceived health, an increased sense of self-sufficiency, greater personal adjustment and enhanced body image. In addition, they highlighted facilitation of cognitive and perceptual processing, improvement of stress management skills and a bolstering of overall psychological performance. They pointed out that exercise had been recommended in several studies as a tool in the therapy of psychiatric ailment, including chronic depression and anxiety states. Kirdcaldy, Shepherd & Siefen (2002) reported that there were strong relationships between endurance activity and reported scores for physical and psychological well-being. Fox (2000) as well as Sonstroem (1995) pointed out that the following variables operate in the enhancement of the physical self-concept: perceived improvement in fitness, enhanced body image, sense of control over the body, feeling somatic well-being, social experiences and reinforcement, goal achievement, success experiences, self-evaluation, process internalization and self-determination.

Studies on adventure therapy and other outreach projects describe manifold modes of therapy that can enhance psychological wellbeing. Among others, Ewert, McCormick & Voight (2001) pointed to the fact that outreach programs have continued to grow in popularity and have moved into the realm of normative therapeutic practices. They stated their belief that the range of their applications suggests that these types of treatment modalities can be useful in a variety of settings and with a broad spectrum of clients. Mohr et al. (2005) related to the benefits of some of these diverse settings, which seem to allow clients to internalize healthy changes more readily. The present study strengthens these pioneering studies and previous clinical observations that structured activities can have a most meaningful effect on well being.

Bicycling as her structured outreach activity helped the second client begin some active coping with her worst fears. It helped her move from an attitude of utter hopelessness and helplessness to a more active stance. The client had chosen bicycling for its special meaning for her, hoping to regain the joy she had felt as a child. She had also chosen bicycling to further her flailing health. Though bicycling proved harder to accomplish than she had expected it had its positive effect of making her feel better after every session.

It seems that even though it was disappointing to find bicycling so hard it had the effects described in the literature and websites. These describe bicycling as greatly contributing to physical health as well as to wellbeing. Both Clark (n.d.) and the popular website of the London Cycling Campaign (n.d.) summarize that there is much evidence linking exercise with endorphins and calming effects. From the psychological perspective, they mentioned a betterment of the sense of achievement, positive feelings of self control, a heightened feeling of freedom and independence, a sense of achievement and a better feeling resulting from social interactions while taking the exercise.

The third client who had been preoccupied with fears and depression became more relaxed and confident over the period of fishing, which opened up his old dream of becoming a

musician and his obligation to the creative process in the ET sessions. The most probable explanation for this change – after a previous lengthy period of ET – is that there was a carryover from the focused and responsible attitude in the outreach activity to the ET sessions. Fishing is often comforting and nonthreatening. It provided the third client with concrete responsibilities and gave him the role of the instructor. Reversing roles seemed to have stimulated his organizing faculties and coping skills. All these elements seem to have contributed to some change in his attitude towards life, indirectly contributing to the longed-for opening up of creativity. It may also be that widening the scope of activities and challenges took some pressure away from music, thereby opening creativity up.

The client had chosen fishing primarily as a respite from tension. The active parts of fishing gave him a welcome relief from his negative thoughts. Competition with the therapist and others as well as the hunting aspect seemed enlivening. Moser (2001) described fishing as an activity that opens up space for the hunting drive, with its aspects of choice of the right instruments, of the suitable place and of the necessary steps of preparation for the process. Once the preparations are set, Moser described, a leisurely period of quite ensues, interrupted by the sudden pull on the rod with its resultant excitement. Fishing seems to ideally set the stage for the quiet expectation of the hunter without the dangers of any other type of hunting. An article in the website of Pisces Fishing (n.d.) also stressed the element of hunting and the contribution of adrenalin during fishing to a lowering of stress and to a raise of mood, self esteem, sense of purpose and meaning. The article also related to the added benefit of increased social connections occurring during the fishing activity (Pisces Fishing, n.d.).

However, the quiet periods of waiting for the fish to get caught seemed to raise the client's tension rather than lower it. It seems common knowledge that fishing has a relaxing and curative effect on people; the electronic media relates to some of these effects. Both Levy (n.d.) and Moser (2001) highlighted the meditative aspect of fishing, contributing to inner peace.

They described fishing as a way to reach beyond daily experiences to the realms beyond, thereby becoming a cure for the soul. This aspect of fishing did not seem compatible with the third client who seemed unable to relax and open up to the meditative stance; instead, when he was not actively engaged, he would sink back into his negative thoughts. It seems that fishing, like any outreach activity chosen by a client, may on the one hand help a client experience his assets, while at the same time confront him with his difficulties, as had happened with the third client.

Intensive search through the literature did not bring up research on the issue of the carryover from structured outreach activities to the psychotherapeutic process. It also seems that there are as yet no studies in which the same therapist worked with clients in the outreach setting and in the office. This study is, therefore, a pioneer research endeavor and further clinical studies are called for to investigate and deepen these meaningful findings.

Summarizing Conclusions

The results of the therapeutic research project support the researcher's clinical experience that when dysfunctional clients experience some outreach activity of their choice together with the therapist in addition to ET work it can support the development of healthy coping. All three clients made some meaningful progress within the research period. Meaningful changes continued after termination of the project and became much clearer over time with considerable improvement in the condition of all three. The epilogue sketches the development of each of the clients since completion of the research.

Impressions gathered over the research period support the researcher's previous understanding that there were several elements contributing to these results.

The combined ET and outreach therapy in which the same therapist accompanied and supported the clients in two different settings seemed to meaningfully strengthen the therapeutic alliance. The long hours together helped the clients experience the therapist as a real

person with his assets and weaknesses. The close contact and incessant support during the research period lent the clients some of the therapist's energy and tenacity as an auxiliary ego. The therapist became a very meaningful figure accompanying the clients into their inner world as well as into outer reality. He accompanied the clients very intensively with a very high commitment, taking a parental role in their lives.

It seems that dysfunctional clients can often gain confidence in a therapist and create a meaningful bond only when acquaintance becomes relatively informal. The literature on dysfunctional clients stressed the necessity of this kind of a rather informal relationship when treating these clients. Kernberg (1975) suggested a move away from the traditional 'one person psychology' to a 'two person psychology' when treating psychotic or borderline patients. Kernberg explained that the possibility of the patient seeing the therapist as personally involved - can help him or her feel safer to expose his or her thoughts and feelings. Kernberg also described the therapist as a role model whom the patient can imitate and through this process discover his or her thoughts and feelings. Similarly, Greenson (1978) recommended 'true' or non-transference relationships in the treatment of psychotic patients. Deutch and Mirsky (1988) described informal meetings between patient and therapist in the therapeutic community as enriching the experience of patient and therapist. They stressed that feelings arising from these informal meetings needed to be contained within the psychotherapeutic process so as to stimulate growth and development. According to their experience, a long and stable process which allows a "good enough holding environment" (p.229) combined with an exploratory psychotherapy, can facilitate the strengthening of the ego..." Rogers (1993) stressed the paramount importance of creative containment in ET work with mentally ill and with other dysfunctional clients. She recommended a profoundly open and creative attitude, since these kinds of clients are in need of great flexibility on the side of

the therapist to give them the feeling of being contained and safe long before they can dare open up their creativity.

Treatment of dysfunctional clients according to the literature and the researcher's experience is nearly always emotionally very demanding and might not suit the personality of therapists who need to remain more distanced. Léger (1967) pointed out that strictly set rules depend not only on theory, but also on the therapist's personal need to guard his or her personal boundaries so as to sustain his or her individuality, privacy and autonomy. That is why different therapists will insist on different rules.

When clients are in inner chaos they tend to hold on to concrete thinking. Both ET and outreach media felt good choices for the three clients since in a way they seemed to have some common denominator - the concreteness of activities. In the expressive therapies the concrete was the work with two or three dimensional images or figures made of different materials, a script with all its characters and emotions, musical notes and accords becoming melodies. The concrete activity carried out by each client created a safe and solid base facilitating the movement inward, enabling every one of them to start touching psychic materials that related to them. In the outreach media there was the concrete level of clear goals and procedures with clear cut attainments and there was challenge and commitment which provided the power to move forward and gain psychic experiences of tenacity, fulfillment of goals and success. Active choice of some concrete activity seemed to create special commitment to the therapy setting and to the therapist. It stands to reason that for some clients the commitment to some vague idea of therapy may feel very unclear and untenable while the choice of concrete clear activities with their simple and clear structure and order creates goals that are more clearly attainable.

The element of choice of an outreach activity and commitment to it seemed an important aspect of the model. When clients choose an area of activity which is meaningful to them it often facilitates experiences of success. The choice of the outreach activity seemed to

bring the clients and therapist into some area of activity that reflected the strength of the client, thereby increasing the chance of a successful outcome.

Positive outcomes gave clients the courage to push their limits, confronting them with their weaknesses and difficulties in a way that was not too threatening. The rather immediate experiences of success in the outreach work seemed to carry over into daily life as well as into the ET sessions with all three clients. Outreach work facilitated bridging the gap between therapy and the 'real' outer world.

The element of combining two media promoted some kind of dialogue between them; be it overt or covert. Sometimes clients chose to integrate their experiences by sharing issues arising in one medium while in the other. At other times they chose to separate the two and sustain two different types of interaction, sharing their difficulties and pain in one media while letting themselves experience ability and competence in the other media. In some situations the outreach setting provided an opportunity for the development of self observation, especially when it was experienced as emotionally relatively neutral; at other times outreach work brought up strong emotions which needed holding and expression.

The goals of the therapeutic endeavor with the three clients were the development of self awareness and self expression on the one hand; and raising self esteem through strengthening coping skills on the other hand. The overall impression from the research project was that the model of complementing ET work with experiences in an outreach setting is a powerful and beneficial route to attaining these goals with dysfunctional clients.

The model has developed out of the need to provide effective therapy for dysfunctional clients who do not respond to regular therapeutic settings and require strong personal engagement and deep commitment by the therapist. The engagement and commitment are exceedingly more intensive in the model than in any regular psychotherapy and expose the therapist to a variety of practical difficulties and counter-transference challenges. In the model

therapist and client share many hours together, with the therapist putting in a lot of time, effort and dedication, adjusting herself or himself to the needs of the client.

The therapist is therefore much more susceptible to the client than in the office. He or she may have to come to the client's house, his room, be exposed to the client as well as to his family. This exposure often arouses complex family dynamics. The therapist needs to be able to accommodate to these stretched and nontraditional borders of the therapist's privacy while at the same time keeping the interaction within therapeutic borders. The complex setting is often emotionally challenging and requires intensive work on counter-transference by the therapist in order to regain his or her personal comfort zone.

Dysfunctional clients who as a rule feel deeply helplessness can find it difficult to choose an area for outreach activity. They may suggest areas incompatible with the therapist's abilities or sense of responsibility and it may require a process of mutual discussion to find the suitable activity for the outreach therapy. Even when an outreach activity has been agreed upon clients often sway in their decision and in their self confidence to persevere an outreach activity they had chosen. The therapist may have to negotiate, sometimes giving in and changing activities, sometimes encouraging perseverance. Clients may easily lose faith in the therapeutic process and pass their hopelessness onto the therapist, requiring close introspection and incessant inner work to contain the helplessness and remain supportive. The intensive contact with the client over many hours a week can therefore cause emotional as well as physical fatigue to the therapist. Last but not least, the model also requires more hours per week than regular psychotherapy thereby raising problems of financing. Since therapy according to the model puts great demands of time and emotional input on the therapist it is a very consuming treatment model not necessarily applicable in all situations or by all therapists.

Looking backwards at the research project it seems that 15 sessions of combined ET and outreach work with dysfunctional clients are a very short period of time for the ripening of

inner processes of change. It is therefore recommended that future research should consider longitudinal single case studies to learn more about the process and impact of combined ET and outreach therapy.

Epilogue

Therapeutic work with the three clients participating in the research project is still in process. Since termination of the research each of them has made meaningful moves forwards. Two of the three clients have continued combined ET and outreach therapy on the same schedule as in the research period. The third client chose to change settings radically and go on with ET only, on a once every two weeks schedule.

The first client had begun therapy about a year prior to the research. Ever since participating in the research he has persevered with workouts and has started going to the gym twice a week on his own. He has started working on a regular basis and is successfully holding a job for about half a year. In addition, some three to four months ago he found the courage to begin giving private music lessons. Lately he has been considering leaving his parents' house, has discussed the possibility with his parents and has received a supportive feedback encouraging him. The artistic and verbal therapeutic dialogues are deepening over time. The origins of his long time depression and low motivation became clearer and the client is going through a process of reconciliation with issues of his past.

The second client had started treatment with the therapist – researcher joining the research project immediately after intake sessions. Ever since participating in the research she has continued ET through writing, music composing and singing. She is also coming for a weekly outreach session of walking. In addition, she has begun walking twice a week on her own. Her relationship with her husband has become a central theme in the therapy and the couple has recently started couple counseling. Fear of the illness and of the ensuing

depression come up more and more clearly and finds expression and working through in ET and the therapeutic dialogue.

The third client had been in therapy over a year prior to the research. The therapeutic dialogue with him was the most complex over the time of the research, bringing up intensive transference and counter-transference. Ever since participating in the research the client has gone on creating music, both in ET with the therapist and on his own. Soon after termination of the research he decided to change the setting. He felt that he wanted to become more independent and expressed his wish to decrease the frequency of therapy sessions to one ET session every two weeks. He also insisted on stopping his medication. The psychiatrist and his parents supported the move and to everybody's relief there was no relapse. The wish to become independent and be able to navigate his life is central in the therapeutic dialogue now currently bringing up both his strong fears and deep belief about becoming an independent person again and is currently finding expression in ET and the therapeutic dialogue.

APPENDIX A

The Baseline Questionnaire – First Client

Appendix A**The Baseline Questionnaire - First Client**

Date _____ Name _____

Kinship _____ Assess yourself _____ regarding:

1. Ability to start the day on time _____

Low – medium – high – very high

2. Ability to carry out daily routine _____

Low – medium – high – very high

3. Ability to carry out activities set by self

Low – medium – high – very high

4. Ability to sleep _____

Low – medium – high – very high

5. Mood _____

Low – medium – high – very high

6. Further remarks _____

Appendix B

The Baseline Questionnaire Second Client

Appendix B

The Baseline Questionnaire Second Client

Date _____ Name _____

Kinship _____ Assess yourself _____ regarding:

1. Ability to start the day on time _____

Low – medium – high – very high

2. Ability to sleep _____

Low – medium – high – very high

3. Mood _____

Low – medium – high – very high

4. Peace of mind vs. rumination _____

Low – medium – high – very high

5. Connection to body _____

Low – medium – high – very high

6. Further remarks _____

Appendix C

The Baseline Questionnaire Third Client

Appendix C**The Baseline Questionnaire Third Client**

Date _____ Name _____

Kinship _____ Assess yourself _____ regarding:

1. Ability to carry out daily routine _____

Low – medium – high – very high

2. Ability to carry out activities set by self _____

Low – medium – high – very high

3. Mood _____

Low – medium – high – very high

4. Creativity _____

Low – medium – high – very high

5. Ability to sleep _____

Low – medium – high – very high

6. Further remarks _____

Appendix D
Description of Sessions Questionnaire

Appendix D

Description of Sessions Questionnaire

Session Nr. _____ Date _____ Setting _____

1. My feeling and mood prior to the session:

2. My feelings and moods during the session:

3. In how far was I connected and committed to the setting today?

4. What did I learn/feel about myself in this session?

5. What did I learn/feel about my partner

6. Feel free to write down any thoughts, feelings, comments that come to your mind:

Appendix E

Data – Description of Sessions by First client

Appendix E

Data – Description of Sessions by First client

Session No. 1

Setting: Office

My feeling and mood prior to the session: I felt tired. I slept for about three and a half hours before the meeting. Usually, when I feel so tired, my mood is tired as well. Other than that, I felt alright.

My feeling and mood during the session: The fact that I managed to get to the meeting in spite of my being so tired made me feel relieved. My mood also improved as the session progressed.

How much was I committed to the session today? In spite of my sleepiness –which made me be unfocused at first–, there were quite a few interesting topics that were brought up and made me feel more and more involved and helped me wake up.

What did I learn/feel about myself in this session? I understood a few things that helped me to 'fill up gaps.' I came out of the session feeling satisfied.

What did I learn/feel about my partner in this session? I learned a little bit more about Tal's personality after he briefly told me about his last few months. I also got involved in this project, which makes me know a little about his private life.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 2

Setting: Gym

My feeling and mood prior to the session: All in all; alright. I felt good about waking up in the morning, and it didn't take me such a long time, giving me also the opportunity to get properly organized.

How much was I committed to the session today? At the beginning I wasn't focused and I even lost balance during the first set.

What did I learn/feel about myself in this session? I learned that I can demand a lot from myself even when my body is tired and I feel dizzy. I learned a little about focusing and the ability to concentrate for the training sets.

What did I learn/feel about my partner in this session? I felt how important it was for Tal to help me focus and do my training effectively.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 3

Setting: Office

My feeling and mood prior to the session: I was wide awake. I got up at nine in the morning and made it in time to drum a little. I got to the session feeling quite energetic.

My feeling and mood during the session: We talked about the reports. We brought up such issues as responsibility and order, issues that are hard and important. Very soon my energy turned heavy.

How much was I committed to the session today? In spite of the hard things mentioned, I was very much into them. Difficult issues usually want to find a way out and make me want to find a solution to them.

What did I learn/feel about myself in this session? In spite of my change of mood, we managed to discuss issues that are important. When we approached them, I felt I understood much better how to deal with them, which made me feel better.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 4**Setting:** Gym

My feeling and mood prior to the session: I felt good. I woke up on time. I ate properly and arrived on time as well. I had registered to “Ramón” music school the previous day, so I felt in high spirits.

My feeling and mood during the session: Unlike the sessions at the clinic, I feel mostly fine during the course of training at the gym.

How much was I committed to the session today? I managed to lift relatively heavy weights. I was wide awake and wanted to make the most of it.

What did I learn/feel about myself in this session? General mood can greatly influence training and vice versa.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 5**Setting:** Office

My feeling and mood prior to the session: I felt crystallizes and focused. I was exited expecting the studies at the music school. I had spent a long weekend full of musical activities, which improved my mood.

My feeling and mood during the session: We talked about motivation for the school year and the way I can cope or want to cope. The conversation got deeper and more profound. I got out of there feeling exhausted but also reinforced.

How much was I committed to the session today? I get mixed up with issue of school between my feelings and my mind. I would have to make more of an effort in order to connect and feel committed.

What did I learn/feel about myself in this session? I finally 'got' it. I understood that there is hard work in front of me but that I can get help and be able to cope with it all.

What did I learn/feel about my partner in this session?

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 6

Setting: Gym

My feeling and mood prior to the session: I felt good. I had a fairly good week. The first lessons at the music school passed well, which improved my mood.

My feeling and mood during the session: I think my mood has improved. I've had a busy week and didn't manage to go to the gym. The work-out was liberating.

How much was I committed to the session today? I was very tired. The lack of sleep hit me hard already in the first sets and I realized I was complaining all the time.

What did I learn/feel about myself in this session? In spite of being tired, I did a good work out which was effective for a few good days. When I recall the work out - I remember how hard it was. I learned that, if you want, you can go far beyond your boundaries.

What did I learn/feel about my partner in this session? Something I did not grasp happened with Yoni (a trainer at the gym), and then Tal went up to him and asked him to apologize to me, which somewhat embarrassed me. After all, I am able to cope by myself in such situations.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 7

No Report

Setting:

Session No. 8**Setting:** Office

My feeling and mood prior to the session: Not bad. What happened to my mother upset me a little but I am going through a good period altogether. I got to the session a bit tired but after many wakeful hours.

My feeling and mood during the session: When we started talking about what happened I was quite annoyed. I took it very hard and was very angry with my mother. We talked about things that I found difficult to connect to, which led me to more confusion and lack of understanding.

How much was I committed to the session today? Issues that have to do with my parents carry a heavy load. I realize how during our conversations about them I tend to connect more, even though these issues are confusing and sometimes I 'run away' from them.

What did I learn/feel about myself in this session? I understood that the subject of my parents is very significant and that it is important to talk about it.

What did I learn/feel about my partner in this session? When I told Tal about what had happened with my mother, he understood it in an extreme way. Through him, I understood that I was exaggerating and that I was making it radical.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 9

No Report

Setting:

Session No. 10

Setting: Office

My feeling and mood prior to the session: Physically, I was still suffering from the remains of the illness. I missed many school days last week, which stresses me a little.

My feeling and mood during the session: I felt an increasing fatigue. I realized that I hadn't slept enough and that the cough makes it hard for me. We opened today's session talking about my parents, my father in particular. It actually encouraged me.

How much was I committed to the session today? I felt less connected than usually today. I have had lots of thoughts over the last week and I don't know what to focus on.

What did I learn/feel about myself in this session? My parents mean a lot to me and I need to deal with it. Every session I learn another way for better communication with them.

What did I learn/feel about my partner in this session? I learned that Tal really loves me and my family, and that he wants to help. It is very encouraging.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 11

Setting: Gym

My feeling and mood prior to the session: Not bad. I had slept enough. I woke up quite tired at nine in the morning, but I had enough time to recover.

My feeling and mood during the session: Tal told me I looked pale when he saw me. Still, I felt not bad.

How much was I committed to the session today? We did a fairly easy work-out. I lifted light weights so I wouldn't have to make too much of an effort. One could say that it was less committing, but I felt very connected nonetheless.

What did I learn/feel about my partner in this session? Even though I was still a bit ill, didn't eat enough and my body was in a not so well state - I managed to do an easy work-out that positively affected me.

What did I learn/feel about myself in this session? Nir, my drum teacher, came to the gym with some specific energy and opened up an argument with Tal. It was quite interesting to see two people who have such an influence on me not able to influence each other.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 12

No Report

Session No. 13

Setting: Gym

My feeling and mood prior to the session: Not great. I was quite weak and tired. My mood wasn't bad. I had missed one lesson, which made me feel somewhat less good.

My feeling and mood during the session: The mood got better. I received more energy. It was good to do some easy work-out after a relatively long time without the gym.

How much was I committed to the session today? I felt committed even though the work out was easy. The work out was effective and important for me.

What did I learn/feel about myself in this session? I learned that it is important to persevere even when one is weak. It is worth going against the current.

What did I learn/feel about my partner in this session? Tal talked to me about motivation and gym motivation. No matter what, Tal cares about me and he wants me to persevere.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 14

Setting: Office

My feeling and mood prior to the session: Good altogether. I had a nice week.

My feeling and mood during the session: We talked about issues that weigh heavily on me as of late. Towards the end of the session I felt a kind of heavy feeling that is similar to guilt.

How much was I committed to the session today? During today's session there arose a number of questions whose answers I was convinced would come from one direction but, eventually, understood that they would come from the other direction. I felt very confused towards end, looked for answers and felt that time was pressing me.

What did I learn/feel about myself in this session? Issues came up that I had considered 'as though' closed and suddenly they received a 180 degree turn. This made me feel very confused. I felt as if I had lied to myself.

What did I learn/feel about my partner in this session? I give myself credit that all these issues were discussed between Tal and me and, for some reason, we came together to the conclusion which today looked wrong.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 15

Setting: Office

My feeling and mood prior to the session: I got up only 30 minutes before our session. I was tired, hungry and not really focused.

My feeling and mood during the session: All in all, alright. I wasn't focused during the session, which gave me the feeling that I was wasting time.

How much was I committed to the session today? I wasn't concentrated. The conversation didn't really flow into deep places (which is not necessarily bad). The dialog didn't really penetrate me as it has done in the past when I was more focused.

What did I learn/feel about myself in this session? I learned to take things easily. There are things that look big and complicated but that are in fact much simpler.

What did I learn/feel about my partner in this session?

Feel free to write down any thoughts, feelings, comments that come to your mind:

Appendix F**Data - Description of Sessions with First Client by Therapist**

Appendix F

Data - Description of Sessions with First Client by Therapist

Session No. 1

Setting: Office

My feeling and mood prior to the session: The research has started today. It is my impression that Uri is also waiting for it. I have showed him the forms and explained to him what this is all about. It was important to me that he listens attentively to my explanations, as he sometimes finds it hard to concentrate and tends to forget things.

I got ready for the session, printed the forms from the computer and went through the details. I was somewhat excited in anticipation to the process to come.

My feeling and mood during the session: Uri began the session saying that he couldn't remember exactly, but he did remember that he had something to say about the previous session. I reminded him that two sessions before we had talked about his mother phoning to say that she felt there was a regression in this condition. In that session, I had asked him how he felt about his parents' being so worried about him and phoning me. I added that another issue had been his abandoning the music school he had attended and not sharing this with me.

How much was I committed to the session today? I felt very committed and alive. I love Uri very much and, as a consequence, I usually feel connected to him and to what he has to say during our sessions. We talked about his leaving the music school and the reasons for it.

What did I learn/feel about myself in this session? When Uri brought up the issue of quitting school, I felt I was putting a little pressure on him. I felt he wasn't emotionally connected to the topic. He often makes choices without paying attention to them, then doesn't

“wake up” on time and eventually pays the price. I tried to lead him to the point at which he would be able to realize his doings.

What did I learn/feel about my partner in this session? Towards the end of the session Uri told me there was another small topic he wanted to talk about. I felt it was important to him, so we extended the session a bit over the allotted time. He told me about the girl with whom he's been in touch for about a year (we talked a lot about her during our sessions) - that he felt he wanted to kiss her, which would be the first kiss of its kind in his life. I looked at him and saw a child-like excited expression in him. I greatly appreciated his honesty and bravery to share his thoughts with me, and I felt touched.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's session was special to me. It was very dynamic and important, and I felt that both Uri and I very much want to experience this research project and see what it will contribute to our therapeutic alliance. When Uri asked me about kissing that girl, I felt like an older brother or like a parent whose son expects advice. I responded suggesting that I trusted him and that whichever way he would choose would be the right one. I completely meant what I said to him.

Session No. 2

Setting: Gym

My feeling and mood prior to the session: I got to the gym before time since I came from a previous meeting. I was wide awake. Uri also got there before time in order to warm up on the walking machine. I was happy to see that he's making the effort and gets in early to do the warm up for which he does not need my help. While warming up he told me that he had talked to his mother about her getting involved in his therapy more than he would like her to. About four sessions before, Uri and I had talked about the subject and decided together (following a phone call his mother gave me in order to tell me that Uri is in

regression condition) that he would talk to his parents and ask them not to get involved in the course and process of our therapy.

My feeling and mood during the session: My mood was good and I felt that Uri was giving a lot of himself today, which gave me a good feeling.

How much was I committed to the session today? I arrived greatly motivated to the meeting and was curious to know whether Uri would bring his report about the previous session. After I asked him how he was, I went on to ask whether he had brought the report, to which he expressed surprise saying that he hadn't understood he should bring his report on a regular basis (in spite of the fact that we had talked about it). I wasn't surprised. It is quite often that Uri cannot remember procedure-related things.

What did I learn/feel about myself in this session? Even though Uri didn't bring the report, I wasn't angry or disappointed. I felt I was containing the situation well. It wasn't the first time that Uri did pay attention to technical issues. It is something that has often come up during the course of our work together on various opportunities. One of the things I got to learn and accept over the last few years is that I don't have control over everything and that that's what it is; that the only thing I can do is to look at situations and try to understand them together with the patient, hoping for a positive change.

What did I learn/feel about my partner in this session? Uri told me that he slept many hours last night and he felt good. In the first exercise, Uri wasn't focused enough and wasted a lot of energy trying to position himself comfortably on the pressure couch, while exercising.

I explained to him that before beginning a weight lifting exercise it was recommended that he imagine the exercise first in his head. I, then, advised him to settle himself well on the couch before beginning with the lifting.

It all worked very well and it seemed that Uri himself was quite surprised. When he finished, I talked to him and made the analogy between the preparation for anything in life and the preparation for a work-out exercise.

Feel free to write down any thoughts, feelings, comments that come to your mind: Towards the middle of our work-out session, Uri's drum teacher appeared at the gym and told him that their study workshop is getting back to its regular schedule after the break for the Jewish Holidays. Uri told me that he feels excited about getting back to his studies because without them many other things get lost as well. When we finished our sessions I told Uri I was very happy with our work-out session today.

Session No. 3

Setting: Office

My feeling and mood prior to the session: I had a busy morning before our meeting and hadn't rested enough. I was writing something in my notebook when Uri arrived and, since he was early, I asked him to wait a little. Usually, when I ask him to wait, he goes into the therapy room; today, however, he sat down in front of the television, which was on. The situation annoyed me a little, but I didn't say anything.

My feeling and mood during the session: I asked Uri whether he had brought his report on the previous meeting. He just smiled and said "Oops." I smiled back at him but this time I was a little angry. I took into consideration that I was angry not only because he had forgotten his assignment, but also because he had watched television while waiting for me not letting me finish my writing. I was also angry with myself for not having told him more clearly to wait in the regular place. His not bringing the report we had agreed upon twice before - added to my frustration/anger and made me feel somewhat aggressive.

How much was I committed to the session today? I felt I was "too motivated" to find out why he wasn't bringing his reports.

We checked the word “oops” and what lies behind it. The conversation led to the topic of 'taking responsibility'. Uri suggested he should buy himself a diary in order to write down such things but then changed his mind saying that, in actual fact, he didn't have much to write there. Then he told me about the boarding school where he had been for a number of years in the past, saying that everything was very organized over there, with a clear daily schedule, but although this arrangement made him do many things, it prevented from him from learning how to organize himself. Eventually, he left that boarding school before the end of his studies.

The issue of his leaving schools before their program comes to an end has come up several times during our meetings. When I pointed this out to him, he smiled and said that he had never been motivated to be in any of those structured frameworks, and that it had always been the result of his parents' pushing him.

We ended our sessions with me asking him what it was that he was taking along from our session. He told me he leaving with a lot of “energy.” He said “When I came here I was full of adrenaline from the drumming lesson, and now I am leaving full of energy.”

What did I learn/feel about myself in this session? I felt somewhat aggressive today. I was aware of my feeling all along the session. I very much wanted to bring Uri to where I believe he should be in order for him to be able to perform some change, but I also know it is impossible to hasten a process and that we need to adapt our rhythm to his actual possibilities.

What did I learn/feel about my partner in this session? I felt today that I had a meeting with Uri the child, Uri who hasn't acquired willpower; a child that did not have the ego strength and life experience to get organized in life.

Feel free to write down any thoughts, feelings, comments that come to your mind:

As I'm writing this I am contemplating how Uri will react when I read this to him, whether it will be too direct and might harm the therapy and our relationship, or whether he could take it.

Session No. 4

Setting: Gym

My feeling and mood prior to the session: I got to our meeting a little before time coming straight from the dentist, who had told me that I would need a crown. Although I was expecting these news, it was a bit discouraging.

My feeling and mood during the session: I felt a little detached during the session, not quite connected. I was in some neutral mood, without any particular flavor.

How much was I committed to the session today? As I didn't feel quite connected to the session, I was relieved we had made it at the gym. Active gym sessions are less challenging than ones at the clinic, where I need to be at my best about whatever comes up.

What did I learn/feel about myself in this session? I learned I can relax a little without anything problematic occurring. On the contrary, maybe, I felt that when I relax, Uri seems to take charge and stick to the target.

What did I learn/feel about my partner in this session? It seemed as if Uri arrived in excellent mood and full of energy. He didn't complain today; on the contrary. At the beginning of the session I asked him what sort of exercise we would do today, namely, what parts of our bodies we'd exercise today. He asked me to exercise on parts of his body that are already trained, so that he could cope with heavier weights with my help. On his weaker aspects he chose to work out alone and postpone their training to another time. I was surprised by his decision to pick out the harder rather than the easier work out.

Feel free to write down any thoughts, feelings, comments that come to your mind: When Uri arrived at the session he told me he had decided to enroll for a full schedule

in the music school. I was very surprised. He told me that the conversation we had had plus another one with his drum teacher had convinced him. Besides, he said, he had nothing to do at home all day so he preferred to push himself and go study. Considering our previous sessions and the themes we had discussed there, I thought his decision hasty and unclear. I decided to discuss it with him in the next session and talk things over more deeply then.

Session No. 5

Setting: Office

My feeling and mood prior to the session: I got to the session in a good mood. I had already made it on time to visit another client's school and talk with its staff. I had left there with a good feeling which accompanied me when I arrived in the clinic to my meeting with Uri.

My feeling and mood during the session: Today's session wasn't an easy one. I felt that Uri wasn't completely holding on to his decision to join the music school again. I tried to figure out together with him what change had occurred in him from previous week, when he had expressed such an eagerness to get back to it. This time, he said that it was conversations with me and with his teacher helped him decide to get back to school. He also said the school principal's suggestion to give Uri private lessons, helped him decide.

How much was I committed to the session today? I felt very clear and focused. It may be that my clarity brought tension into the session.

What did I learn/feel about myself in this session? I felt it was very important for me to understand together with Uri where his decision came from and that his answers frustrated me.

What did I learn/feel about my partner in this session? I felt that Uri didn't make the decision to get back to school in a balanced way. I worried that he wasn't really motivated nor had the energies to face things in spite of the determination he showed. And maybe it

wasn't determination at all but a thoughtless decision and an unnecessary risk? I came out of the meeting with a feeling of uncertainty and thought that maybe also Uri felt the same about his own decision.

Feel free to write down any thoughts, feelings, comments that come to your mind: At the end of the session I was left with the feeling that I don't really know what to think, worried whether Uri is capable of living up to the studies' demands, which expose him to 'monsters' such as motivation, orderliness, organization and ability to ask for help. I felt he might be entering a maze again without planning the necessary steps ahead.

Session No. 6

Setting: Gym

My feeling and mood prior to the session: I arrived at the setting exactly on time; Uri wasn't there yet. I was in a good mood and waited for him. After waiting for ten minutes, I picked up my phone and saw there was an unanswered call from him. Uri arrived 15 minutes late. I wasn't sure whether I should extend the session or not.

My feeling and mood during the session: My mood changed in the course of the session. I was calm in the beginning, while waiting for him. Then Uri arrived with an air of unwillingness and without energy. I reacted to him, becoming more motivated, trying to pass my motivation on to him. The session went by in a good atmosphere, even though I demanded from Uri to do a hard work out.

How much was I committed to the session today? I felt I had a strong presence at today's meeting. I was trying to give Uri a little more confidence in his strength and abilities.

What did I learn/feel about myself in this session?

What did I learn/feel about my partner in this session? Uri was much more passive than usual today. He complained and whined that he couldn't take it anymore. I think he started to complain right after the second exercise set. When he arrived and started the warm up he

shared that he has a wart on his finger bothering him; it was a wart that had already let liquid out and had refilled.

Feel free to write down any thoughts, feelings, comments that come to your mind: One of the important events in today's session was when Uri put the weights back into their place (which we usually do together). He put them down, but not in the right place. One of the trainers, who know me and Uri very well, asked "Who put these weights here?" Uri said that it had been him apparently, and got up to place them where they belong. The trainer who was holding a stick in his hand threw it gently at Uri while the latter was stooping to pick up the weights. When he got back to me I asked him whether the stick had hit him and he said with a smile that apparently it had. When Uri finished his exercise I approached that trainer and told him I thought he had been out of line. The trainer went up to Uri and apologized.

I felt I had to take care of Uri, that he did not stand up for himself and did not set boundaries to the trainer. I felt it's hard for him to look after himself and confront the other.

Session No. 7

Setting: Office

My feeling and mood prior to the session: My mood was good; I had come back from a weekend at my mother's and felt full of good energy. Uri phoned me a few minutes before the beginning of the session to tell me that he would be a little late because he didn't have a car at his disposal and he would take a cab. I was curious to see how he'd relate to his late delay today.

My feeling and mood during the session: I felt that after last meeting that I should be a bit more tuned to Uri. He came into my house full of apologies and with an embarrassed look and went straight into the clinic.

How much was I committed to the session today? I felt extremely committed to everything that was said today. I tried to understand together with Uri what happens to him when he is late. I felt that all along the session essential issues came up.

What did I learn/feel about myself in this session? As I said, I felt the need to be more tuned to Uri after the last session. In the course of our conversation I understood that the fact that I didn't give in to him last time at the gym gave him the feeling that he was capable of coping with heavier weights even when tired and when it is very hard for him.

What did I learn/feel about my partner in this session? Today I learned a few important things about Uri. I understood that when he is late to the session he is usually upset and full of feelings of guilt, and that when this is the case he is stressed, has difficulty to warm up into the process. Another phenomenon I observed was that every time we talk about things that are hard for Uri to digest, he begins to yawn and gets detached.

Feel free to write down any thoughts, feelings, comments that come to your mind: A number of very important points came up during today's session:

Uri talked a lot about feelings of guilt.

I couldn't help the feeling that Uri is afraid of success, that he doesn't believe that he has the strength to stand up to life's challenges.

I was weighing whether I should be more considerate to Uri in the gym and not insist when it's hard for him, or whether I should pressure him the way I did, thus strengthening the boundaries and leaving empathic 'understanding' for the sessions at the clinic.

Session No. 8

Setting: Office

My feeling and mood prior to the session: At nine o'clock, Uri phoned me and asked to meet at the clinic because he was too tired for the gym and, besides, he would like to talk to me. So he arrived at one o'clock. My mood was good.

My feeling and mood during the session: Uri arrived on time and I made tea for the two of us. I offered him fennel tea; he hesitated first but then accepted my offer. When I sat down, Uri said: “Something terrible has happened to my mother.” I froze and felt how a great fear surrounding me, awaiting terrible news about to come up. When he smiled and said I wouldn't believe what had happened, I relaxed a little. He then told me that salesmen had pressed his mother and that she has bought a vacuum cleaner for three thousand dollars. He said that he can't look into his mother's eyes since and that she's “just an old rag” (meaning a submissive person).

How much was I committed to the session today? Today's session was very important and quite a number of essential issues came up. I explained to Uri that when something external affects and annoys us to such a degree it can actually lead us to look inside ourselves to find out where the issue resonates inside us. Or, in the Jungian jargon, what we meet outside becomes the stimulus which awakens an inner pattern, an inner complex.

What did I learn/feel about myself in this session? I told Uri a little about my own relationship with my mother and about how long it had taken me to come to terms with my inner aspects that her behavior reflected to me. Only then was I ready to make up with her. As I was telling this to him, Uri looked intently into my eyes as if sharing in parts of my life history made him curious.

What did I learn/feel about my partner in this session? It was hard for Uri to listen to what I had to say over the session. Only towards the end, when I explained things to him through a painting and my personal story, could he move from mental understanding to an emotional comprehension.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's session was unique, unlike any other so far and I came out of it wondering whether Uri could be able to take in all we had said.

Session No. 9

Setting: Office

My feeling and mood prior to the session: The session was scheduled for one o'clock, and I had a previous session at twelve. Uri was five minutes late. My mood was good. He sat on a chair and told me that his father had managed to return the vacuum cleaner and get a full refund on the product. Then he told me that the last meeting hadn't been an easy one for him, although he couldn't find the right words to describe his feelings. He also added that he had talked to his mother about our last conversation, and that he had comforted her about not being able to bear the salesman's pressure and buying the vacuum cleaner.

My feeling and mood during the session: When Uri told me this, I felt touched and told him that I was very happy that he was capable to comfort his mother in spite of all the hard feelings he had expressed during our previous session.

How much was I committed to the session today? Today's session wasn't less complex than last one. I felt very committed to what was said in it. Uri and I talked about the saying "It takes one to know one." He felt connected to the saying yet had trouble agreeing with some parts of it. I realized that he was very angry with his mother and that by suggesting that he could look at himself through his mother as a mirror, I had taken the capacity to be angry with her from him. I let him know my thoughts and he smiled in agreement.

What did I learn/feel about myself in this session? I felt I loved Uri very much, as I do his family. I felt I very much want to help them make up with each other.

What did I learn/feel about my partner in this session? I felt it was hard for Uri; that he needs more time to be angry and mourn before he makes up; that he needs more time for his own process.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Towards the end of our session, Uri said that he didn't think there are many conversations as deep as ours between people, and that his conversations with me are very important to him.

Session No. 10

Setting: Office

My feeling and mood prior to the session: My mood was good. Before Uri's session I had had a very meaningful one with another client. Uri had phoned me the previous day to fix an appointment for today, after having been ill the week before and having had to cancel. He called me yesterday to make sure our meeting was still 'on.' He arrived with a cold, even though it was possible to see he was already feeling better. He told me he had had a strong sore throat and that his parents hadn't taken care of him as he would have expected.

My feeling and mood during the session: My feeling during most of today's session was good, although I was disappointed to hear that, once again, Uri hadn't written his report. Towards the end of the session, and in spite of the fact that I told him our time was over, he continued to talk. He stayed on for about twenty minutes and I felt the need to close the interaction, without containing according to his need at the moment. I was running out of time and patience.

How much was I committed to the session today? Today's session brought up very important issues, even though right now, as I'm writing these lines, I feel flooded and can't state exactly which of the issues was the most important.

What did I learn/feel about myself in this session? This is the first time I felt I that I was losing my patience with Uri. I still feel overwhelmed and need time to look more clearly into myself.

What did I learn/feel about my partner in this session? There was something passive-aggressive in Uri's behavior today that I had not met before.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's main topic was Uri's disappointment at his parents' not living up to his expectations while he was so ill last week. I think that maybe today's behavior was due to his not getting his parents attention. Towards the end of the session he brought up the subject of his band, and told me that in spite of all his efforts for them during the year they continue to blame him for all sorts of things.

Session No. 11

Setting: Gym

My feeling and mood prior to the session: I got to the gym about an hour before Uri and worked out a little. He arrived exactly at one o'clock. He was pale and apparently still feeling weak.

My feeling and mood during the session: I felt good during most of today's session except towards the end. I will expound on it below.

How much was I committed to the session today? When I saw that Uri wasn't feeling well, I suggested he should go for a light training today, and he was happy to hear that. He started his light exercises while I supported him. Towards the end of the session, Uri's drum teacher arrived, a good man I already knew from the gym. The three of us engaged in conversation and, I don't know how, I was drawn into a kind of argument about crime and punishments, even though I didn't want to get involved in such as argument.

What did I learn/feel about myself in this session? I found it hard to hold back. I felt like I had to explain what I thought. I got drawn into the argument in spite of my wishes not to. I was aware all the way that Uri was there standing in front of us listening to what we were saying.

What did I learn/feel about my partner in this session? Uri heard what was being said and, every now and then, put a word in, in a timid manner.

Feel free to write down any thoughts, feelings, comments that come to your mind:

All along I couldn't help thinking about how Uri felt in the midst of this argument between him "parents," whether he took it comfortably, took it hard, or felt uncomfortable to take sides with one of us. At the end of our training we went downstairs and Uri told me that he thought I hadn't explained myself well in part of my arguments and that this was why his drum teacher hadn't understood my position. We said goodbye.

Session No. 12

Setting: Office

My feeling and mood prior to the session: My mood before the session was good. I decided to bring up our last session at the gym and ask Uri about how he had felt about it. I also planned to bring up the feelings that came up in me after our previous meeting at the clinic, in which I had felt that he hadn't given us the chance to end that session properly.

My feeling and mood during the session: Uri arrived on time and I offered him something to drink. He was still looking a little pale. Today's issues turned around to be his band. We talked and clarified the issues he came with.

I, then, brought up the issues I had in mind. I told him that our last session at the clinic had left me uncomfortable, since I had wanted to hear him out but didn't have the time to. I told him that I had felt he was pressing me to listen to him even though our time was over. I conveyed to him that during that session he had told me about his parents' not being there

when he was sick, and that I also felt that I had not been able to be empathic to him on something that was as important as his band. Uri smiled and said: “Don't be frustrated. Now we have time to talk about that.”

How much was I committed to the session today? Today's session was good and I felt committed to what went on. The main topic was Uri's band and his difficulties to make up his mind whether to leave it or not.

What did I learn/feel about myself in this session?

I felt tender and attentive to Uri. Toward the end of the session I asked him how he had felt at the gym last time, when I had the argument with his drum teacher. Uri said that, in his opinion, there had been ego there. He was right and I felt a little embarrassed about my ego that had popped up.

What did I learn/feel about my partner in this session? Uri looked at the whole band issue with depth and understanding and I really hoped he was taking the right decision without being influenced by anything or anyone.

Feel free to write down any thoughts, feelings, comments that come to your mind: Toward the end of the session I asked Uri how he had felt about the argument, and he said that he had felt somewhat embarrassed about it. “It was like an unsuccessful date between two people I love and whose judgment I trust,” he said. I was happy that he could voice what he had to say. We said goodbye.

Session No. 13

Setting: Gym

My feeling and mood prior to the session: I arrived some two hours before Uri did, in order to do my own work out. I finished my training and was full of energy. When Uri arrived, I was reading a book in the lobby. He got there about ten minutes early. I joined him about five minutes later.

My feeling and mood during the session: My mood was good. Uri felt weak as a consequence of his illness and of not having slept well the previous night.

How much was I committed to the session today? I felt connected to today's session. The session evolved in a relaxed manner. Uri's work out was easy, so as not strain his recovery.

What did I learn/feel about myself in this session? Following our last conversation, Uri told me that he had talked to his drum teacher about his intentions to leave the band. His teacher tried to convince him to stay. I felt that Uri had become indecisive again after having made up his mind in the previous session. I was surprised at his indecisiveness after he had seemingly gotten to know what he wanted.

What did I learn/feel about my partner in this session? Uri told me that he was worried about his weakness, claiming he was not eating enough, which was bothering him. Besides, he was not managing to get back into life's routine. When I asked him whether he had worked out during the week, he answered negatively. I suggested to him that he should try to get back into his life routine taking it more easy, with less effort. For example, if he had a drum practice session, he should shorten it.

Feel free to write down any thoughts, feelings, comments that come to your mind: The session led us to talk about the boundaries in all of us, about how one can be ready to accept the other's view and how one implements a change. We decided that we will talk about it in our next session. Uri told me that sometimes he feels that he has no boundaries.

Session No. 14

Setting: Office

My feeling and mood prior to the session: Both my feeling and mood were good.

My feeling and mood during the session: Uri arrived ten minutes late because he could not start his car and had to take a cab instead. When I opened the door I was surprised to see him dressed impressively, reminding me a little of musicians from the seventies. I greatly enjoyed seeing him like this.

How much was I committed to the session today? I felt Uri was somewhat detached at the beginning of the session. I was focused and connected.

What did I learn/feel about myself in this session? The session was not easy for me. Still, I felt I was containing Uri with his lack of clarity.

What did I learn/feel about my partner in this session? The subject of Uri's girlfriend came up in the session. It was very hard for him to formulate his needs and expectations from the relationship. Another subject that came up was the band and Uri's difficulty to leave the band despite his wishes to do so. Uri had great difficulty to voice his own feelings and wishes.

Feel free to write down any thoughts, feelings, comments that come to your mind: I felt Uri had great difficulty in looking at his dilemmas and feelings and clarifying them to himself. He seems to need a lot of support from me to give his needs shape and validity.

Session No. 15

Setting: Office

My feeling and mood prior to the session: I had to cancel the previous session because I was ill. As we had to skip that session, the present one took place at the clinic. My mood was a little sad toward today's session. My previous session on same day had been sad and I was still sad.

My feeling and mood during the session: Uri arrived about half an hour after waking up. Still, he was in an excellent mood which influenced the session and me positively.

How much was I committed to the session today? Today's topic had to do with Uri's willpower and the extent it affected his life: How much he is willing to wake up in the morning, how much he's willing to play an instrument, function and so on.

What did I learn/feel about my partner in this session? I felt that it is very important that Uri see his own progress –and maybe also mine– in wake of his therapy sessions.

What did I learn/feel about myself in this session? Uri was focused and cooperative in today's session. He said he was happy to be able to wake and get up over the last few weeks in spite finding it hard, and that he was also quite active during the days. I was happy to hear it. Immediately afterwards he said that he does not succeed to go to sleep on time, which messes up his whole day. I had the impression that he does not give himself enough credit for waking up in the morning in spite of sleeping relatively little. I told him I was very proud of him that he managed to wake up in the morning despite of his difficulty in the night. I highlighted that I thought it is strange that he does not give himself credit for his achievements and instead immediately finds something else to think about.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's session is the last to be reported this way. I did not yet have the opportunity to read what Uri has written and feel very curious to do so. We will surely discuss what we have written during these research sessions over the course of our next sessions.

Appendix G

Data - Description of Sessions by Second Client

Appendix G

Data - Description of Sessions by Second Client

Session No. 1

Setting: Bicycling

My feeling and mood prior to the session: So- so. A bit hard to wake up early. A bit more of motivation, which is new to me.

My feeling and mood during the session: Excellent, excellent!

How much was I committed to the session today? Very much so.

What did I learn/feel about myself in this session? That I still have physical strength.

What did I learn/feel about my partner in this session? Who? Tal? That he's more wonderful than I thought before. It was fun to ride and talk.

Feel free to write down any thoughts, feelings, comments that come to your mind:

I thought, during our meeting, that I would love to be able to trust my own body and that my body would agree to exercise every day!

Session No: 2

Setting: Office

My feeling and mood prior to the session: All right. A bit confused and restless.

My feeling and mood during the session: All right, not so focused.

How much was I committed to the session today? Very.

What did I learn/feel about myself in this session? I am not connected enough. I still need to work a lot on myself.

What did I learn/feel about my partner in this session? Tal is extremely thorough; he manages to get to the important issues during our conversation (my depression, and so on).

Feel free to write down any thoughts, feelings, comments that come to your mind: I hope and very much want to be connected to myself, without fear and apprehension.

Session No. 3

Setting: Bicycling

My feeling and mood prior to the session: I was tired; it's hard to wake up.

My feeling and mood during the session: At first I was tired and unmotivated. With time my mood changed slowly.

How much was I committed to the session today? Almost; to the highest degree.

What did I learn/feel about myself in this session? I love riding the bicycle.

What did I learn/feel about my partner in this session? He is very patient.

Feel free to write down any thoughts, feelings, comments that come to your mind: That I very much want to improve my physical fitness.

Session No. 4

Setting: Office

My feeling and mood prior to the session: So so, a bit confused. Still melancholic.

My feeling and mood during the session: Good, alright. I loved talking about the anxieties.

How much was I committed to the session today? Very committed.

What did I learn/feel about myself today? That I have to learn how to cope with fear, that it is possible, with Tal's helped, to cope with it.

What did I learn/feel about my partner in this session? I believe he can help me to cope.

Feel free to write down any thoughts, feelings, comments that come to your mind: I would like to learn meditation and other techniques such as guided imagination in order to calm down.

Session No. 5

Setting: Office

My feeling and mood prior to the session: Not so good. We were supposed to ride the bike, but I felt very tired emotionally since yesterday. I felt that I didn't feel at all like riding, and that I don't have the energy.

My feeling and mood during the session: So so, I cried a little. Maybe because I dropped the dosage (of medication) to zero. Later on, though, I felt actually much better.

How much was I committed to the session today? Sort of. A bit tired but focused! I learned meaningful things generally speaking.

What did I learn/feel about myself in this session? a. General things about the world and about myself. b. Tal is right with what he says about medicines, that they are like a temporary bridge. I loved it! It encouraged me.

What did I learn/feel about my partner in this session? I felt that the therapy is helping me; I unload a lot of pain and sadness.

Feel free to write down any thoughts, feelings, comments that come to your mind: I think that I'll be very happy to continue our therapy, even beyond the research framework. I'm full of expectations and happiness about its continuation.

Session No. 6

Setting: Bicycling

My feeling and mood prior to the session: I almost canceled because it was cold. It was hard to wake up in the morning.

My feeling and mood during the session: It improved as we rode. I slowly woke up and enjoyed the ride.

How much was I committed to the session today? Sort of. At the beginning less, but more so later. We talked about death, a topic I am afraid of. Who is going to help me to die..?

What did I learn/feel about myself in this session? I like to talk to Tal; we talk as we ride, which is fun. I learned that it's hard for me to persevere.

What did I learn/feel about my partner in this session? Optimistic without remedy. Persistent and very thorough. A lot of courage. Strong! He is not afraid of death, like I am.

Feel free to write down any thoughts, feelings, comments that come to your mind: I wish Tal really manages to teach me to cope with my fears, fear of death, with all my fears in general.

Session No. 7

Setting: Office

My feeling and mood prior to the session: Regular minus. I dropped the medicine altogether. I think I might be able to cope without it.

My feeling and mood during the session: Very good. We started to talk a little about my poems. It completely got me motivated me, and I am interested to hear an opinion about the poems I write.

How much was I committed to the session today? Very much. I like to talk to Tal.

What did I learn/feel about myself in this session? I learned that another person (Tal) can show me aspects about myself through something I wrote (the text of the poems).

What did I learn/feel about my partner in this session? He gives me security. He knows what he is talking about.

Feel free to write down any thoughts, feelings, comments that come to your mind: I am using too much of Tal's Kleenex. I thought about suggesting to him we share expenses.

Session No. 8

Setting: Bicycling

My feeling/mood before the meeting: Perfectly alright.

My feeling and mood during the session: The weather was excellent, and I enjoyed riding very much; also to talk during bicycling.

How much was I committed to the session today? I was motivated even though it's hard for me to persevere.

What did I learn/feel about myself in this session? That I am still fit, but that I also get fed up with something soon and that I don't persevere.

What did I learn/feel about my partner in this session? Wise!!! That he understands me!!! Everything he says is exactly what I feel.

Feel free to write down any thoughts, feelings, comments that come to your mind: I would very much like to learn to set my own goals and achieve them.

Session No. 9

Setting: Office

My feeling and mood prior to the session: Good. I got to the meeting in a good mood.

My feeling and mood during the session: Also good. I loved writing and the conversation.

How committed was I to the meeting today? Very.

How much was I committed to the session today?

What did I learn/feel about myself in this session?

I like to write. It soothes me.

What did I learn/feel about my partner in this session? He is a serious and thorough therapist and makes me curious about this journey we are on.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 10

Setting: Bicycling

My feeling and mood prior to the session: Bad! I didn't want to ride. A terrible lack of energy. I didn't feel like it at all. I felt loneliness, fearful, restlessness. My thoughts didn't leave me alone even for a moment. What will happen to me?

My feeling and mood during the session: It improved! We talked for a while and Tal suggested we should go biking anyway. I felt a bit more reassured later on, although a confusing discomfort still got hold of me, a sort of depression.

How much was I committed to the session today? So so. It was important for me to talk a lot. I have a lot of discomfort.

What did I learn/feel about myself in this session? I need to learn how to calm myself down; I don't trust my own body at all. I want to trust it. I want quiet!

What did I learn/feel about my partner in this session? He doesn't give up! He's sensitive. I trust him a lot! I hope he'll be able to help me get out of this.

Feel free to write down any thoughts, feelings, comments that come to your mind: I hope for the best!

Session No. 11**Setting:** Office

My feeling and mood prior to the session: Quite good, to my surprise. I was just coming back from the pedicure. Compared to last meeting, today I felt excellent.

My feeling and mood during the session: I was awake and happy. Less tired and even in too good a mood. Tal and I talked about all sorts of things. After, I made an image of depression using clay.

How much was I committed to the session today? Committed! I love our meetings and my conversations with Tal. And I'm curious to know what will happen with the image I made.

What did I learn/feel about myself in this session? That I'm capable of thinking logically even though I'm depressed.

What did I learn/feel about my partner in this session? That he is willing to continue to be my therapist even after the research. I'm happy about it!

Feel free to write down any thoughts, feelings, comments that come to your mind: I am interested in continuing our therapy after the research.

Session No. 12**Setting:** Bicycling

My feeling and mood prior to the session: So so. I didn't have the energy for the bicycle.

My feeling and mood during the session: All right. It improved as we walked.

How much was I committed to the session today? A bit unfocused, but alright.

What did I learn/feel about myself in this session? In order to do physical activity, it's worth to try and walk. It helps my emotional situation.

What did I learn/feel about my partner in this session? I am tired of his determination!! Ha, ha... He never gives up.

Feel free to write down any thoughts, feelings, comments that come to your mind: I want to be a very healthy woman. I really want it very much.

Session No. 13

Setting: Office

My feeling and mood prior to the session: All right, I just returned from Shiatsu, I felt well.

My feeling and mood during the session: All right, innocently and by mistake, I crossed boundaries a little.

How much was I committed to the session today? 85%. I joked too much, maybe too much.

What did I learn/feel about myself in this session? I need to keep the boundaries of therapy.

1. I am optimistic, hoping for the good.
2. Tal is younger than me and I feel like his mother but for God's sake he is my therapist.

What did I learn/feel about my partner in this session? The truth? That he is very sensitive. I felt that he thinks I am not serious enough about the treatment and his role as therapist.

Feel free to write down any thoughts, feelings, comments that come to your mind: I want to be healthy in body and soul. I want to be at peace with all I am doing. I want to understand the essence of life.

Session No. 14**Setting:** Bicycling

My feeling and mood prior to the session: Medium, still hard to get up in the morning.

My feeling and mood during the session: Better, the riding was a bit harder but this time I enjoyed.

How much was I committed to the session today? Very minus.

What did I learn/feel about myself in this session? Maybe I still have some physical stamina. Maybe one can still do something with the body I live in.

What did I learn/feel about my partner in this session? As usual, unrelenting optimist, not giving up, he has very strong will. Hope to get infected from him a bit

Feel free to write down any thoughts, feelings, comments that come to your mind: Want to be a healthy woman in body and soul.

Session No. 15**Setting:** Office

My feeling and mood prior to the session: Very good. This morning I had some anxiety that dissolved over the day. When I arrive I told Tal that sometimes I have moment in which I feel strong and am willing to fight for physical fitness.

My feeling and mood during the session: All right. We talked a little about the anxieties. Then we worked on the depression which I created from clay. I also wrote about it. I felt o.k. Hope not to go back to depression again.

How much was I committed to the session today? Very much connected and committed.

What did I learn/feel about myself in this session? I felt happy and optimistic moment but sometimes it leaves me and I get down.

What did I learn/feel about my partner in this session? Tal is a sensitive, caring and thorough therapist, giving his heart and soul. He always updates me about treatment methods and reading materials.

Feel free to write down any thoughts, feelings, comments that come to your mind: Don't want six packages in my stomach but want to be healthy!!! Maybe iron woman...

Appendix H

Data - Description of Sessions by Therapist – Second client

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Session No. 1

Setting: Bicycling

My feeling and mood prior to the session: I had a good feeling before the meeting. Today, we are beginning our research. I was full of expectations to see how everything develops.

My feeling and mood during the session: My mood was good during the course of our meeting. Mary turned out to be a good rider even though she's not physically fit. Our ride was enjoyable. We stopped every now and then to rest a little. During those interruptions, a few issues came up. She told me that her husband finds it very difficult to give himself credit in many aspects of life. "He's stuck", she said. She also told me about her daughter who, during a meeting with a therapist, asked to have her mother back.

How much was I committed to the session today? I felt very connected to Mary and to the need to tune in with her, like a parent trying to listen in to a child. At the beginning of our meeting, I emphasized the technical side of riding, explaining to her how the gear system works and how to utilize it according to terrain. I also taught her several basic techniques. Then we went riding into the fields, an open terrain, not particularly hard but definitely challenging.

What did I learn/feel about myself in this session? I felt that it was very important that I accompany Mary in a precise manner, like a child who needs his parents' guidance.

What did I learn/feel about my partner in this session? I learned a few things. Mary was quite scared at the beginning but later got more and more self-confidence. When we just started, we came across two Arab workers in the field and I greeted them; Mary remained silent. When we later ran into other workers, now it was Mary greeting them. On

one of our stops, Mary talked about herself and how she tends to see the empty half of the glass, the empty part of life. In spite of being a fine day, a green landscape, cultivated fields around us, birds – Mary was open to enjoy it all.

Feel free to write down any thoughts, feelings, comments that come to your mind: Mary's great frustration finds expression in relation to husband. She finds his “being stuck” hard to deal with. At one point of our conversation, I explained to her that we usually notice the difficulties of others, though they tend to point to our own ones. In other words, her husband's feeling stuck mirrors Mary's difficulty to move forward with her own life toward places she would like to reach. She said that I was absolutely right.

I feel that Mary is scared to come in touch with herself, and she prefers to be in a somewhat more protected place. I wondered how far she will be willing to go with herself on this road called life.

Session No. 2

Setting: Office

My feeling and mood prior to the session: Today's meeting was towards the end of the day, but I was focused and concentrated despite being tired.

My feeling and mood during the session: I was in a good mood. Today's meeting was sad and brought up issues that keep Mary preoccupied. She talked about how over loaded she felt with life.

How much was I committed to the session today? I felt very committed to what Mary is going through. I felt several times as if she was in a hurry, and doesn't allow herself to commit herself to the process; that she is afraid.

What did I learn/feel about myself in this session? All of our conversation dealt with on the fact that Mary came to see me today after trying another treatment. She was under the impression that she's flooding herself in therapies. I felt that she is in a real plight. Mary

talked and talked, and I felt that something has to be done. I suggested work through creative writing to her. I told her to write the word “rhythm” and for about five minutes, write in an associative way whatever came to mind.

What did I learn/feel about my partner in this session? When Mary finished writing I asked her to read out loud what she had written. She started reading too fast, so I asked her to slow down. She then started to cry. I realized that as soon as Mary really gets into what she's doing, she is filled with sadness.

Feel free to write down any thoughts, feelings, comments that come to your mind:

We talked about Mary's rhythm. I told her that she's always in a hurry; that she never stops. Mary said that ever since her illness she doesn't want to miss anything.

Session No. 3

Setting: Bicycling

My feeling and mood prior to the session: I woke up tired; I had hardly slept four hours. The weather was cold and gray. It rained on and off since yesterday. I wondered whether Mary would call to postpone our meeting or to change the location to the clinic. She never called.

My feeling and mood during the session: At nine thirty sharp, Mary showed up at my door. She brought a camera and asked me to take her picture with the bicycle so she could show her friends. She was in a good mood, which immediately got to me as well.

How much was I committed to the session today? The weather was a mixture of wind and rain. There was something challenging about it. The mud and wet ground demanded effort and perseverance. I felt I had to morally support Mary. It seemed that she found it difficult emotionally rather than physically. Every now and then, we stopped and talked. We had a laugh about the fact that one has to get into the mud in order to get out of the mud in life; as we were doing today in our ride.

What did I learn/feel about myself in this session? Mary found the dirt particularly difficult, as she said. Nevertheless, she rode beautifully. She was a bit self absorbed, but was also committed to what she had taken upon herself. During one of our stops, Mary talked about her husband, saying that he doesn't move anywhere, and that he's not ready to make any changes. She gets back to this issued quite often in our meetings. Sometimes I get the feeling that Mary does not really want to get out of her situation, maybe she's afraid to bring her family apart if she moves.

What did I learn/feel about my partner in this session? It was very important to me to support her today. I encouraged her all the way. I asked myself whether I am too protective and supportive with her.

Feel free to write down any thoughts, feelings, comments that come to your mind: Mary and I ride our bicycles, which is an activity that is supposed to take her from place to place. She's always talking about her husband and how stuck their situation is. There seems to be some kind of contradiction here, between movement and being stuck.

Session No. 4

Setting: Office

My feeling and mood prior to the session: Mary arrived on time and my mood was good. She had been to a workshop with her husband over the weekend. It was about couple relationships. When I asked her how it had gone, Mary didn't seem to know what I was talking about. Then she answered me, “Ah, yes, I've already forgotten about it, so you surely understand how it was.”

My feeling and mood during the session: Even though I was somewhat tired, my mood was good.

How much was I committed to the session today? I am very empathetic to Mary, which brings up awareness and expectation toward our meetings. She spoke for twenty

minutes about her relationship with her husband. She mentioned his stinginess, his not budging from where he is stuck. She added that it is him, and that it's impossible to change him. I felt she was very critical of and disappointed in him, but mainly that she also feels the same about herself and about the decisions she has made; she not at ease either with herself or with her husband. I asked her whether her husband feels well with the way he is, and she said that he is 'very' comfortable with himself

What did I learn/feel about myself in this session? Mary told me later that she had had an anxiety attack at the beginning of the week, and not for the first time. I shared with her that, in the past, I had also had such attacks and told her a bit about the theory behind anxiety attacks. This information raised her curiosity and I think it also helped her calm down.

What did I learn/feel about my partner in this session? I asked Mary if she would draw an image of the anxiety attack. She agreed. On a large sheet of paper, she drew a character in pencil, and, with the help of acrylic colors, she painted a big, black and red lump which started from the upper chest to the lower stomach. The eyes and mouth of her character were wide open, like Munch's "The Scream". "That's what it looks like, that's how it feels," she said. "I felt I was going to die, to go crazy. I want to get rid of my fear of death once and for all."

Feel free to write down any thoughts, feelings, comments that come to your mind: I told Mary that an anxiety attack is also a sign of life, even though it raises death feelings. I also said that, apparently, all sorts of things are moving inside of her, subconscious material struggling to come up. I understood that I'll have to work with her slowly, step by step, in spite of her eagerness to sort everything out very quickly once and for all. It is necessary to build up gradual work which will prevent emotional flooding. I learned that Mary has a lot of frustration and anger that need to find an outlet.

Session No. 5**Setting:** Office

My feeling and mood prior to the session: I phoned Mary yesterday night to ask her to be an hour late for the meeting, to which she agreed. She asked whether it would be possible to meet at the clinic instead of riding, saying she was tired. When she said she was tired her son, who was with her in their car, asked her how can she know today that she'll be tired tomorrow. She told him that he was right. I suggested she should bring along her riding clothes anyway and that we would decide at the time.

My feeling and mood during the session: Mary phoned me a while before she got to the meeting to tell me that she had forgotten her riding clothes at home, and I felt a bit angry. When she got to my place, I offered her something to drink. When I came back and asked her how she was, she began to cry. All the anger I had felt disappeared in no time.

How much was I committed to the session today? Mary told me she was feeling bad, in a low mood, and that everything was bad. She said that, two weeks ago, she had stopped taking her anti-depression pills that she had been taking until then. Our conversation turned to the issue of her relationship with her previous therapist. There had been a parental relationship with her female therapist, very warm and loving. This had confused Mary and made her get into a big crisis.

What did I learn/feel about myself in this session? Today's conversation brought up my age and Mary's difficulty to receive help, usually, from a younger person. She said that, with me, she felt that that wasn't the case. She feels that I am very mature. I wondered whether Mary really felt that way, or that my age was going to become an issue.

What did I learn/feel about my partner in this session? Mary had stopped taking pills because she is on our therapy as well as in another treatment. I thought about the fact

that she didn't consult me with her decision, and also about the speed with which she does things, without thinking about them beforehand.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Today's meeting brought up more than a few parental issues. Although Mary didn't tell me much about her relationship with her parents, I feel that there are things that haven't even been mentioned yet.

Session No. 6

Setting: Bicycling

My feeling and mood prior to the session: My mood was good before the meeting.

My feeling and mood during the session: Today's meeting was good. Mary got to the meeting a bit tired and without much motivation. Little by little her mood improved. I did my best to transmit a message of "business as usual".

How much was I committed to the session today? I was committed and focused during the whole meeting.

What did I learn/feel about myself in this session? I felt that I was doing my best to help Mary persevere in what she had chosen as her outreach activity. I wonder whether I'm helping her just a bit too much, maybe I need to let her take a bigger part in the creation of motivation.

What did I learn/feel about my partner in this session? Mary came tired, depressed and in low motivation to the meeting. At the same time there is a lot of life energy and sense of humor within her, which pop up along the meetings.

Feel free to write down any thoughts, feelings, comments that come to your mind: I am curious to know whether Mary will be willing to continue riding in our meetings or not.

Session No. 7**Setting:** Office

My feeling and mood prior to the session: Good mood. Mary was a few minutes late, looked good. I told her so and she thanked me. I asked her what she had thought of our previous meeting, and she said that it had been good and that she enjoyed riding the bike.

My feeling and mood during the session: My mood during the meeting was very good.

How much was I committed to the session today? Today's conversation thrilled me. Today we didn't work on art. Mary and I talked about the anxiety attack and its meaning. She told me about her childhood. She said that her childhood had been made of experiences of rejection from her environment. There wasn't a feeling of warmth at home either. I was very touched when Mary told me that she was jealous when she saw pictures in school books showing parents walking hand in hand or a girl wrapped in a coat during winter.

What did I learn/feel about myself in this session? Today's meeting touched me very much.

What did I learn/feel about my partner in this session? Towards the end of our meeting, Mary read me a wonderful poem about herself and her former therapist. First, she read it fast and without intonation, as if to read it fast without really relating to the contents, and she quickly put it back in her bag. I asked her to read it again, she was a bit shy but she did it.

Feel free to write down any thoughts, feelings, comments that come to your mind: I felt that today's meeting brought Mary and me closer together.

Session No. 8**Setting:** Bicycling

My feeling and mood prior to the session: Good mood. Before Mary arrived I managed to do a few chores. She was a bit down and asked if we could talk instead of bicycling. Since it had already happened before, I suggested that we ride and talk. And that's how it was.

My feeling and mood during the session: My mood during the meeting was good. Mary brought up the issue of her love for her former female therapist, a topic that has emerged lately.

How much was I committed to the session today? As usual, Mary has the ability to hold ones attention with the topics she brings up.

What did I learn/feel about myself today? At the beginning of our meeting it passed my mind that Mary had been excited by the idea of bicycling and that very quickly she had enough of it. I thought about how fast she does things and moves on, without giving them the chance to sink into her, to touch her. I asked myself what she is so afraid of. Why does she not give herself real chance to persist and make a change, growth, development?

What did I learn/feel about my partner in this session? After Mary brought up the issue of her being in love with her former therapist, I tried to find out how she was feeling towards me. I felt it important bring the subject up into our open discussion before strong obsessive transference sets in.

Feel free to write down any thoughts, feelings, comments that come to your mind: This is the first time I try this kind of setting - which easily can bring up issues of boundaries - with a woman. I have the impression that she might transfer her love here. In the meantime, I don't get the impression that it is happening.

Session No. 9**Setting:** Office

My feeling and mood prior to the session: I was a bit tired. Mary showed up smiling and in high spirits. She asked to drink her favorite tea.

My feeling and mood during the session: Mary infected me with her good mood.

How much was I committed to the session today? As usual with Mary, whether she's in a good mood or not, she has the charm of get me totally committed and connected to the meetings.

What did I learn/feel about myself in this session? Mary brought up the topic of her being in love with her former female therapist. Slowly, it seems as if she started to understand that she is actually idealizing her former therapist. In the dialogue Mary ascribes her previous therapist characteristics that are not necessarily correct.

What did I learn/feel about my partner in this session? We then talked about the parallelism between her former therapist and her mother. I asked Mary to choose any tools she wanted, and she chose writing. The topic was her mother. She wrote a beautiful text about Mother, a mother she would like to have, the mother she had had. The text was very complex, a text about closeness and distance. I had the feeling she didn't really connect to what she was writing. I asked Mary to write another text. She found it difficult but she agreed. I felt I needed to encourage her to get closer to things, and not to escape from them. I wondered whether I did the right thing or not.

Feel free to write down any thoughts, feelings, comments that come to your mind: After the second text, Mary was quieter, and it seemed that she was more connected to herself. I told her that one of the central goals of therapy was reconciliation, and that reconciliation cannot be achieved unless you connect to things instead of running away from

them. I learned that Mary needs someone to tell her, “Wait. Let's look deeply into things and not run forward too fast.”

Session No. 10

Setting: Bicycling

My feeling and mood prior to the session: Expecting the meeting my mood was good even though I was a bit tired. Mary was a bit depressed when she arrived and suggested we drop bicycling for today. The weather today was gray and I had expected her to negotiate.

My feeling and mood during the session: I suggested we bicycle up to a certain spot from which we could get back if she wanted. She agreed somewhat reluctantly. We went out riding.

How much was I committed to the session today? We talked on our way, the main topic being death; fear of death and how each of us perceives it. It was a very interesting conversation. Talking about death got me much connected to Mary and our meeting.

What did I learn/feel about myself in this session? Later in our conversation, Mary told me about criticism she had received on her writing in a workshop she's taking part in. The criticism pointed to the fact that Mary wrote in a connected/ disconnected way, very much the way I have perceived her as wanting to connect yet being scared to; that she wants to expose herself while at the same time being very defensive, covering and protecting herself.

What did I learn/feel about my partner in this session? Riding outside did well to me as well as to Mary.

Feel free to write down any thoughts, feelings, comments that come to your mind: I understood today that Mary criticizes herself in a negative way, that her self esteem is low in spite of the fact that she's intelligent and talented. All this made me think about the relationship with her parents and her place at home when she was a child.

Session No. 11**Setting:** Office

My feeling and mood prior to the session: I felt tired before our meeting; it was the last session of the day.

My feeling and mood during the session: I was in a good mood. Mary talked about her need to write a will and asked me for my advice.

How much was I committed to the session today? I felt very committed to our meeting today. One of the topics we touched upon today was the setting we'd continue to meet in after the research. Conversation dealt with other issues as well. I asked Mary whether she would be ready to work on the subject of depression through art, as we did last time, and she agreed. I suggested we work with clay and she tries to give shape to her depression. After twenty minutes, Mary had made a mask, an image of a face.

What did I learn/feel about myself in this session? I learned that it takes Mary time to trust the other. The second thing I learned is that, little by little, Mary is coming out of the fantasy of sudden change and is more ready to walk the real path.

What did I learn/feel about my partner in this session? I felt appreciative of the road Mary has taken.

Feel free to write down any thoughts, feelings, comments that come to your mind:

By the time Mary finished her mask, it was the end of our meeting. She faced the mask she had made and said, "Good bye, depression. I'm leaving you here." And she left.

Session No. 12**Setting:** Bicycling

My feeling and mood prior to the session: My mood before the meeting was good. Mary was a bit depressed when she arrived and asked for a coffee before we started. As I prepared it for her, she asked whether it would be possible to walk instead of riding today. I

agreed. We continued to talk. In the meantime she managed to change her mind back for bicycling. Finally, she decided to walk.

My feeling and mood during the session: We talked as we walked; my mood was good. There is something in physical activity that makes me aware, energetic and fresh all through the meeting, even though sometimes we touch upon painful subjects.

How much was I committed to the session today? Mary talked about her depression. She had thought about the mask she made and asked me to help her to get rid of it, of the depression. She presented things as if it were a sort of magic that can happen suddenly. I explained to Mary that it was a process that demanded patience, willingness, willingness to discover ourselves. Together, we would try to find out what the depression is trying to tell her, what benefits it tries to offer her, what needs feed it.

What did I learn/feel about myself in this session? It was important for me not to give up on riding the bike, but I soon understood that any physical activity will be better than switching, since it would adhere to the therapy plan according to which Mary took upon her to make a challenging physical effort, an effort which includes schedules, objectives and targets.

What did I learn/feel about my partner in this session? Mary very much wants to make a change but finds it very hard to make an ongoing inner and an outer effort.

Feel free to write down any thoughts, feelings, comments that come to your mind: As during our last meeting, Mary and I talked about the continuation of therapy for her. I felt that we are only at the beginning and that there is much more to do together.

Session No. 13

Setting: Office

My feeling and mood prior to the session: My mood before the meeting was good. Mary was late. I phoned her after ten minutes and she said she was on her way. She

apologized when she came in. She also added that “she deserved” that I'd be angry with her. She asked for a tea when I offered her something to drink. She walked into the kitchen after me, and once inside asked whether it was alright that she is in the kitchen.

My feeling and mood during the session: Today's meeting was very dynamic and made me be more committed than ever. Her mood was unclear, and it was important for me to find out what happened with her. We also talked about what she had said, that “she deserved that I should be angry with her,” she deserved to be punished for being late and coming into the kitchen.

How much was I committed to the session today? As we talked, I was able to look at myself from aside and to consider my anger at her being late (without letting me know) and her need for support and understanding; at what is happening in the patient-therapist relationship.

What did I learn/feel about myself in this session? During the session I observed myself trying to differentiate between my anger at her being late and her need for support and understanding relating to what was happening to her in regard to the therapist and treatment.

What did I learn/feel about my partner in this session? I felt that Mary is exploring the boundaries of therapy and how much I will be able to contain her or not.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's meeting was very complex and quite a few important issues came up. I think that, towards the end of our research, many meaningful emotional issues are coming up.

Session No. 14

Setting: Bicycling

My feeling and mood prior to the session: My mood was good.

My feeling and mood during the session: Mary arrived at the session tired. I asked her whether she will bicycle and she said she would. Even though it was rather hot we rode,

making stops from time to time. Over the session Mary talked about her wish to leave her workplace. She asked my opinion. Already at the beginning of the meeting I felt that Mary should not physically exert herself too much and that she rather needs to be listened to and share. It was a pleasant session.

How much was I committed to the session today? I was attuned to Mary's needs, though in some way I felt less connected to her than in the other sessions.

What did I learn/feel about my partner in this session? I felt, maybe for the first time, Mary's fatigue of life. It is the first time she openly expresses tiredness and melancholy.

What did I learn/feel about myself in this session? Mary's mood affected me and despite energetic physical activity I soon felt less energetic myself.

Feel free to write down any thoughts, feelings, comments that come to your mind: The central theme of today's session was the change Mary would like to make in her life. By the end of the session we came to the understanding that Mary needs to make gradual change, taking it step by step.

Session No. 15

Setting: Office

My feeling and mood prior to the session: My mood was fine. Today was the last research session. This fact made me both happy and sad.

My feeling and mood during the session: My mood over the session was good. Mary came in good spirits.

How much was I committed to the session today? Mary and I talked today about her depression. I suggested her to do a writing exercise having to do with the image she had created out of clay previously. The aim was to probe more deeply into the image. Later on we discussed the way we would continue therapy - what Mary believes she needs and the way I see it.

What did I learn/feel about myself in this session? I felt curious about what Mary would write about the image. I felt a strong belief in art as a way to get closer to ourselves.

What did I learn/feel about my partner in this session? I strongly felt how Mary's mood was changing frequently in the session and between sessions.

Feel free to write down any thoughts, feelings, comments that come to your mind: I feel that the way with Mary has only begun. A lot of work still expects us. The research with its intensity has made a rather good team of us, teaching us how to work together.

Appendix I**Data - Description of Sessions by Third client**

Appendix I

Data - Description of Sessions by Third client

Session No. 1

Setting: Studio

My feeling and mood prior to the session: I was in a bad mood about the lawyer and everything.

My feeling and mood during the session: In the beginning I was upset, and then in the studio I felt a little bit better.

How much was I committed to the session today? I was curious about the process. It made me feel a little more interested.

What did I learn about myself today? That when I create I feel a little better.

What did I learn/feel about my partner today? That he is stubborn and does not let me get away.

Feel free to write down any thoughts, feelings, comments that come to your mind: Even though my condition is bad, I have a little hope.

Session No. 2

Setting: Fishing

My feeling and mood prior to the session: I came back from work by train. I was tired, depressed and exhausted from being in a “normal and functioning” environment. But there was also happiness or emotion about going to fish. I have loved fishing ever since I was young. The “alone and free” in front of the sea, the expectation of the unknown, the sensitivity and skill required, the emotion of the 'catch', the expectation of what kind and size of fish will come up, the dealing with the equipment, the knots, the lines, the weights, the hooks, the fishing rods.

I was interested in seeing how Tal would connect to the experience. Whether it will “do” to him what it does me.

My feeling and mood during the session: Usually (and especially during hard times), I try and succeed in not to be in a ruminative state. This time, I was concerned about Tal's fishing skills, I explained a bit about fishing and its methods. It was important to me that he will enjoy it and be active. I hardly caught anything, but I enjoyed taking care of things, explaining, giving examples and changing baits, almost as a grandmother enjoys feeding her grandchild.

How much was I committed to the session today? I wasn't connected. Maybe here and there I did connect, and this thanks to Tal.

What did I learn about myself today? I hope that the connection between Tal and me will help me get in touch with things and will help me want to share and receive psychological help from him without worrying about judgment or shallow, “parent-like” answers.

What did I learn/feel about my partner today? He showed interest in the activity and enjoyed it.

Feel free to write down any thoughts, feelings, comments that come to your mind: I hope to get rid of my scornful thoughts and attitude towards everybody (in my condition, I find it hard to believe that somebody really cares about me without hidden agendas) and that Tal really cares and tries to help. But that will also depend on how much I open up and participate (maybe I will manage to get out of the psychological situation I got stuck in). I am not clinically dead, but...

Session No. 3**Setting:** Studio**My feeling and mood prior to the session:**

I felt tired and weak (the day before I had been to the beach all day). I think I was sun struck.

My feeling and mood during the session: My mood didn't change during the meeting but there was a change in my level of tiredness. I was extremely tired.

How much was I committed to the session today? I was connected to a considerable degree, but my tiredness was present all along.

What did I learn about myself today? I learned that in spite of being so tired, I managed to be there in the session, be active and communicative.

What did I learn/feel about my partner today? I felt Tal was sensitive about my condition and behaved accordingly.

Feel free to write down any thoughts, feelings, comments that come to your mind: I hope and pray that my condition will improve.

Session No. 4**Setting:** Fishing

My feeling and mood prior to the session: I was full of energy (not necessarily positive) and a bit restless. I had enough time to organize the fishing equipment after coming back from work.

My feeling and mood during the session: I am still a bit tense, but I was active and flowed with the meeting. I hope I will be able to bring up the essence of my behavior (or, to be more precise, my rudeness, insensitivity and spontaneity) to our conversation and work.

How much was I committed to the session today? I didn't focus on the therapy aspect but on enjoying myself. It was also important for me to teach Tal my hobby. Apparently, I'm going to talk more and go into it more deeply in the future.

What did I learn about myself today? Apparently, and in spite of all my detachment and negative thoughts, I am still social and I manage to explain to Tal what to do, and I feel active. This soothes me somewhat.

What did I learn/feel about my partner today? He was nice. Actually, towards the middle of our meeting, he seemed to be friendlier, regarding me not as a patient, but as a friend.

Feel free to write down any thoughts, feelings, comments that come to your mind: I have a dream that I'll manage to live and develop my skills, my unique and diverse thoughts, thus setting myself goals, experiencing love and discovering the world, and helping people.

Session No. 5

Setting: Studio

My feeling and mood prior to the session: I was upset and glad to see Tal.

My feeling and mood during the session: I felt worried about the situation with Benny. He is trying to take the music we made together as his own. Later on I felt a little better with the music.

How much was I committed to the session today? Very much.

What did I learn about myself today? That I am very disappointed and afraid from people.

What did I learn/feel about my partner today? That he tries to be there for me.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 6**Setting:** Fishing

My feeling and mood prior to the session: As usual, I came back tired and exhausted from work. I was in quite a bit of a down

My feeling and mood during the session: I was energetic today, but without much patience, not towards me neither towards Tal. Apparently due to what happened yesterday and to my losing faith.

How much was I committed to the session today? I wasn't completely connected.

What did I learn about myself today? I learned what Tal told me. He told me that I am not managing to take the experience and enjoyment and to internalize it and absorb it for the rest of the day.

What did I learn/feel about my partner today? Tal was active and arrived at the meeting in a good mood. I could see that he knew he was going to have a good time (to go out).

I also learned that he doesn't understand me and my situation, how to treat me, where he is heading with me, what his objectives are, what the doctor in him thinks I need.

Feel free to write down any thoughts, feelings, comments that come to your mind: Should I continue the treatment?

Session No. 7**Setting:** Studio

My feeling and mood prior to the session: I was in a bad mood. The meeting started half an hour after I woke up.

My feeling and mood during the session: I felt upset, closed and without patience.

How much was I committed to the session today? I felt to a certain extent hopeless that my situation will improve. I didn't feel that I am doing something that may lead to a

solution and way out of the situation I'm in. Exactly like stretching the time without ever getting to the last minute of the game.

What did I learn about myself today? I felt that I can still be creative but not to the extent of my capabilities, which means really enjoying my creativity and develop.

What did I learn/feel about my partner today? I felt we are dealing with secondary, marginal stuff that Tal considers (apparently) very important for our therapy. In my opinion, to cure a flue you don't need to give your patient a fungus cream for your toes.

Feel free to write down any thoughts, feelings, comments that come to your mind: What's going to happen? I don't want to continue along this path. That's not the problem. Another thought that comes up to my mind is whether dialog can help, and with whom.

Session No. 8

Setting: Fishing

My feeling and mood prior to the session: I came back from work and I felt very tired, exhausted (it had been a long day with a lot of work). Normal mood (normal for me, that is, which is low, depressed, sad and frustrated).

My feeling and mood during the session: I felt light and energetic in spite of being so tired before, but every time Tal asked me how I was feeling along the meeting, I felt annoyed and fell into a regression that put me off for a few minutes from my enjoyment and excitement. "Let me enjoy it, let me breath! I'm dying during the rest of the day".

How much was I committed to the session today? If I have to be blunt and come to a conclusion, the meeting itself is not therapy, but it gives me a good feeling while in it. One aspect of the meeting: Its effect on my development and on my willingness to open up to Tal and trust him is very positive.

I'll repeat: The meeting is liberating, it doesn't connect me to my plight and I don't focus on myself and my problems. It's a sort of long term safe investment (I hope) for development and the acquisition of trust in the “normal” therapy.

What did I learn about myself today? I felt light, friendly and social (except for the times I was asked how I felt during the meeting and about therapy).

What did I learn/feel about my partner today? He was nice and entertaining (I enjoyed his company mostly)

Feel free to write down any thoughts, feelings, comments that come to your mind: What are my conclusions?

To Tal: if you do therapy this way, fix a few meetings like this and only after arrange pure therapy meetings. (To take advantage of the closeness and trust for the more serious, meaningful and effective therapy.

Session No. 9

No report

Setting: Studio

Session No. 10

Setting: Fishing

My feeling and mood prior to the session: Regular mood; less tired.

My feeling and mood during the session: Like in previous meetings, maybe more impatient.

How much was I committed to the session today? I was more connected, maybe because we talked more in depth during our last meeting.

What did I learn/feel about myself in this session? My faith in getting out of my situation is diminishing. I get farther away from my denial of faith as I begin to accept Tal's point of view. I feel that it's not worth my while continuing to go in the direction I'm going –

the conviction that the end of the world is coming. But I am not strong enough to stop the process either.

What did I learn about myself today? I don't trust him enough. He's very emotional and professional, but I don't think we're going in the right direction (even if I'll go that way, I'll still stay where I am).

Feel free to write down any thoughts, feelings, comments that come to your mind: Fear, great confusion and worry about losing my direction. Who can really (!) help me but myself?

Session No. 11

Setting: Family conversation at home

My feeling and mood prior to the session: I was tired and stressed.

My feeling and mood during the session: Quite a bit stressed and scared, but also pretty indifferent. At the beginning of the conversation, everybody talked and I spoke less, mainly answering questions. Towards the end of the meeting I burst out, shouting at my mother, and it set loose all my “view on my situation”, which – I find hard to put in writing here...

I realized that I am detached and apathetic to my parents' situation. My father got Parkinson's disease about three years ago and we could say that I didn't stand by or support him. Also my mother needs to cope with this, together with coping with her sick, miserable, zero, pathetic and unsuccessful son (me). She didn't say all this, but that's the way it looks from outside (real facts).

Nothing good will come out of it all, unless a miracle happens. I know that there have been miracles, but in my case, it's hard for me to find the point of light of my inner truth as different from the point of view of my environment, such as musical realization, work, finding a girlfriend, being nice, humorous and intelligent.

How much was I committed to the session today? As much as possible, in my situation.

What did I learn about myself today? If I say how really badly I feel God will show me that it's always possible to be worse off. (A big part in my faith problem).

What did I learn/feel about my partner today? He stood by me, supported me and managed to make everyone communicate effectively.

Feel free to write down any thoughts, feelings, comments that come to your mind: Things were written in the report. If I continue like this, I'll hit the abyss.

I am not sure I have reached the no-return point, but every day that goes by I get farther and farther from enjoying life or exploring life again and breathing.

If I would see the light, I'd take a few breaths and consciously return to my present situation.

This is also a problem in itself that I either don't succeed or don't try hard enough (as a consequence of a complete lack of faith and despair).

I nearly have no doubt that I will live a more or less normal life, enjoyable and full of meaning.

Session No. 12

Setting: Fishing

My feeling and mood prior to the session: As usual, I came back from work, I prepared my equipment, and we went out earlier than usual. I felt more energetic than during other meetings.

My feeling and mood during the session: I felt freer than usual, less anxious about my situation, and I didn't have an aggression towards Tal. We also talked about him and about his girlfriends in his life. I was very curious and I tried to compare between us regarding being honest with ourselves about our girlfriends. I conduct myself from a lack of

self-confidence and desire to please, whereas Tal behaves with a freedom that seems total and worthy of admiration.

How much was I committed to the session today? We talked about psychiatry and Tal told me about an unusual case of a patient who overcame cancer when he quit the psychiatric medicines and tried a natural therapy. He “softened” my heart a little when he told me that he's not an advocate of psychiatry and isn't closed to other possibilities). All this after I had sent him and my family a YouTube video of Professor Scheiler about the subject.

What did I learn about myself today? Unfortunately, I don't see progress, but simply other paths along which it's possible to try and walk. I feel paralyzed and I can't move even a yard away from a process that can move at a turtle pace or at a fast run.

What did I learn/feel about my partner today? I felt thankful to Tal, who opened up to me and shared his views about partnership and therapy systems. I am still looking for a positive justification to continue my existence (and not to suffer here). I must find it!

Feel free to write down any thoughts, feelings, comments that come to your mind: I am very sad. I am not managing to move, to choose my way, and consequently step slowly backwards to the starting point.

Session No. 13

Setting: Fishing

My feeling and mood prior to the session: Normal. Sad, weak, scared. Morning. I woke up about half an hour ago. Today is my father's birthday. I wish today (and forever) he will get the present he has always wanted: an oldest son he can be proud of, love and can really enjoy and enjoy being with.

My feeling and mood during the session: The conversation touched upon a few things, from emotionally disturbed people and their chances to heal, to copyright “technical” problems, deals and contracts that, unfortunately, were never signed with my former musical associate. It was difficult, but I hope that things will fall into their right place.

How much was I committed to the session today? I felt connected and committed. The problem isn't my commitment to our meetings but my commitment to our therapy and my own work on it during the week, day after day, hour after hour, without relapsing into detachment and “flowing with the wind” (television, internet, complaints, anger), and “natural” abstinence (out of despair) from looking for a solution, hope, faith and knowledge.

What did I learn about myself today? I am scared of facing important issues that demand from me to apply “strategic intelligence” which stems (in my opinion and situation) from evil, and to create an attitude by which I claim what should be mine by my own right. This, maybe, because I understand this attitude as bad and malicious, even though, in fact, it isn't true and I need to catalog it as normal and correct and integrate it into my true ways. After we talked, we walked into the studio and we played. Playing drew me out for a while from my hardships into a slightly different, calmer place.

What did I learn/feel about my partner today? Once again, thank you, Tal. What you said was known to me from the past, but when everything collapsed (“getting out” of psychosis), the knowledge was either lost or the access to it was censured by me or by some kind of defense system.

Feel free to write down any thoughts, feelings, comments that come to your mind: Please, Shimon, do not despair! You deserve the best there is. Do not be afraid to look for and use everything you can. With the help of God, or with the help of strength and wisdom to use my truth, they will do me and everyone around me good.

Enough of philosophizing and looking for encouragement and identification and empathy (in thought and action). This is not the way that will bring good, it is the way to evil! Shame on each one of these moments. I need to focus on the part that was lost/ injured after the psychosis.

Thanks to you I wish for myself...

Session No. 14

Setting: Fishing

My feeling and mood prior to the session: I got back from work quite tired, as usual, with no mood and quite down.

My feeling and mood during the session: A little pondering; slightly annoyed. Tal told me that he might try and live for a while abroad. His comment brought up a little thought I didn't give much importance to, that in fact therapy might be a sort of hobby or working place for Tal more than a "mission." This makes it hard for me to put my full hope in him and finishes off my hopes to get out of my plight with his help. I am aware that my problem is very serious and hard and needs more than a hobby-like approach to help me. And even more so when there is no progress in our therapy and in my emotional situation. We'll give a chance to our meeting of looking back at the sessions and I'll see whether I can take anything out of it that may lead me somewhere.

How much was I committed to the session today? Like in the rest of our meetings.

What did I learn about myself today? That I am full of anger and stress which I don't manage to break through.

What did I learn/feel about my partner today? What I write here isn't meant to accuse anybody. A therapist who hasn't been emotionally hurt must understand that every patient whose condition is very hard has to feel that he is "the whole world" of his therapist

so as to be able to muster strength and faith for his trip, which aren't otherwise accessible to the patient. His therapist makes every effort from true love.

Feel free to write down any thoughts, feelings, comments that come to your mind: There is no hope.

Session No. 15

Setting: Studio

My feeling and mood prior to the session: Sad and a bit more indifferent, maybe because it's my birthday and I am aware of my condition and the way I am living my life at age 32.

My feeling and mood during the session: Not easy at all...

How much was I committed to the session today? I was matter of fact, committed, detached, and “connected” on and off.

What did I learn about myself today? Not to give up on myself and to try and fight for my actions, my reactions and my condition.

It is not Shimon. What can I do? If I had a bit of real happiness, I (my real me, my essence) Shimon would manifest himself. I have to try to be happy by force and not to get to that negative and painful knowledge/thought; to try and find it a counterweight with another, positive truth. How do you do that?

What did I learn/feel about my partner today? Mixed feelings.

Feel free to write down any thoughts, feelings, comments that come to your mind: Am I going to be happy today? Apparently not... we'll see. To begin to believe without fear.

Appendix J**Data - Description of Sessions with Third Client by Therapist**

Appendix J

Data - Description of Sessions with Third Client by Therapist

Session No. 1

Setting: Studio

My feeling and mood prior to the session: I got to Shimon's house on time. He was on the phone and his father was making a sandwich in the kitchen. Shimon greeted me and his father invited me to taste the humus they had just bought. "Listen to the conversation," he said. He updated me in a few words on the fact that the lawyer who is in charge of Shimon's injury (about three years ago he badly broke his leg and sued the owners of the place where it happened) had reached an agreement with the second party.

Shimon ended the conversation looking unhappy. "Ask for Tal's advice," said his father. We went down together to his room, a big and spacious living unit with its own shower and toilet, recording room (studio), etc.

My feeling and mood during the session: Shimon told me the story and asked me for my opinion, how much money I could demand on same injury. I asked him whether he wasn't happy with the amount suggested by the lawyer. He insisted on knowing my opinion about how much he deserves. I felt he was pressing me to give him an answer which I didn't have. I tried to get him to be in touch with his own will and whether he thinks he deserves more. Shimon said that he doesn't know any more, that maybe the greedy part of him is dominating him, instead of the logical one. I advised him to do what he had already decided to do, which was to ask for a second opinion from a different lawyer.

How much was I committed to the session today? "We begin our research today," I said. "And what are we supposed to write about?" Shimon asked. "About what happens in our meetings, here as well as when we go fishing." After we talked, we walked into the

recording studio. Shimon has his own studio, where he writes, composes and records all sorts of creations. More than once, we have been working together on some song or musical piece.

What did I learn about myself today? Shimon played the last piece we had worked on the synthesizer of the computer. After listening to it, he said he didn't feel connected to it and didn't feel like continuing to work on it. He preferred to work on something else. The same had happened the previous week, but we made an effort until he regained his willingness. We slowly created together. There was a good and fruitful atmosphere in the room. Towards the end of our meeting, we were both in an elevated mood.

What did I learn/feel about my partner in this session? Today again Shimon didn't feel like creating. I tried to understand what is going on in his head. He said that, in his situation, he doesn't have any motivation whatsoever. "But in spite of everything you still want to work on another piece," I said. "That is also a choice which indicates some kind of motivation." Shimon agreed with me. We worked together on the new piece, and he taught me a new guitar strumming so that I could play a segment on which he could build a scale. I suggested to him I should practice the new strumming at home so I could improve it. He was happy about my suggestion. We ended our meeting in a good mood. I learned about myself that it is important to me to give Shimon energies and accompany him in his musical quest. It seemed that he, on the other hand, actually needed my company.

Feel free to write down any thoughts, feelings, comments that come to your mind: I very much hope that our shared reports and the intensive setting will help improve Shimon's emotional situation.

Session No. 2**Setting:** Fishing

My feeling and mood prior to the session: I arrived on time, and Shimon arrived together with me from work. We went down together to his room and he prepared the equipment. As he was doing this I asked him whether he had prepared his report and he answered negatively. He said he hadn't made it on time and that he needed some help writing the reports. I asked him if he preferred to do it now or rather when we came back, and he chose to do it later. I was in a good mood and very curious to know what would happen at the sea shore.

My feeling and mood during the session: The meeting at the beach was wonderful. It took us some time to find a parking space, but as soon as we went down to the sea, I felt fresh and energetic. Shimon gave me several rods, and all his equipment was most professional.

How much was I committed to the session today? I felt very committed to our meeting. Shimon taught me several things about fishing, and it was very interesting from a technical as well as personal point of view.

What did I learn about myself today? I learned that I'm very connected to Shimon and his world from a perspective I still don't know (at least not from experience).

What did I learn/feel about my partner in this session? From the minute we went down to the beach, Shimon filled up with a wonderful energy. I observed a different Shimon in front of me - active, energetic, healthy. It was a truly healing experience for me to see him like that...

Feel free to write down any thoughts, feelings, comments that come to your mind: When we got there, we had to walk past a few fishermen who were standing around. We chose our spot far from them on purpose. After some time, they got closer to us Shimon

became upset, and when I asked him why, he said that they were doing it on purpose. After a few minutes, these people caught some fish. Shimon asked them for a small fish in order to use it as living bait. They gave it to us. I asked him how he could explain the gap between his attitude to them and their generosity towards us; whether he felt he had been wrong. Shimon said that that was one of the things he didn't like about himself, how he hastens to judge people.

On our way back, Shimon told me about his army days, a period in which he was healthy and which he was proud of.

Session No. 3

Setting: Studio

My feeling and mood prior to the session: I arrived on time; my mood was good. Shimon was in the kitchen, making himself coffee. He looked very tired. He said he had been to the sea for almost twelve hours. His mood was despondent.

My feeling and mood during the session: Shimon said he had been through a difficult night and felt very anxious. I looked at him and it seemed as if he had aged a lot. We talked a little while and he looked in need for support and love. He said he had been to the beach with a cousin of his and a few other fishermen. While fishing, he forced himself to behave in a normal way, which drained him out of strength. I asked him whether he had felt the same with me when we had been fishing together, and he answered negatively. "With you, it's different," he said. "You know my situation, which makes things easier."

How much was I committed to the session today? I felt very committed today. Shimon was in a bad mood and I felt the need to help him. After talking for a little while, I suggested we should change our guitar strings today before we start playing. I had bought new strings for us last week. We ended up playing a few songs before we changed them,

though. We played solo and accompaniment alternatively. I slowly felt how Shimon opens up and comes out of his bad mood.

What did I learn about myself today? After playing a few songs, we started working on a new piece. I had worked on the new strumming during the week, and when we started playing together, everything flowed beautifully.

What did I learn/feel about my partner in this session? Even though Shimon had started off so tired, he found the energy to sit and play. Playing rescues him from the depths of depression.

Feel free to write down any thoughts, feelings, comments that come to your mind:

Session No. 4

Setting: Fishing

My feeling and mood prior to the session: I was tired when I got to our meeting, but I felt today's meeting wouldn't tire me. Shimon prepared things to go out. This time around, everything was ready and we didn't have to waste any time preparing anything.

My feeling and mood during the session: My mood during the meeting was good. I felt I was connecting to Shimon's world. During our last fishing session, Shimon had taught me how to use shrimps as bait. He told me that his brother David didn't like to use it because it left a stinky smell in his hands. I did put the shrimp as bait today, which made Shimon happy.

How much was I committed to the session today? I felt very committed to today's meeting. The sea worked wonders on my mood, we laughed a lot, and there was a wonderful atmosphere.

What did I learn about myself today? I learned that I am not such a talented fisherman. Not always did I manage to throw the cord properly, and Shimon had to help me often.

What did I learn/feel about my partner in this session? It seemed that Shimon was in a good mood, quite free from the anxiety which so often takes hold of him. Teaching me new things does both him and me good.

Feel free to write down any thoughts, feelings, comments that come to your mind:
I felt Shimon was in a better mood. The sea improves his feelings, as well as teaching me new things.

Session No. 5

Setting: Studio

My feeling and mood prior to the session: Today's meeting was at Shimon's house. He phoned me before our session, saying he didn't remember whether the meeting was at 11 or at 12 o'clock, which is not really like him. I arrived on time; my mood was good.

My feeling and mood during the session: Shimon hugged me when I got there. We went down to his room and he told me there had been some developments. He said that Benny, his former musical partner, had phoned him. They had distanced from each other over the last year after an unclear disagreement. Shimon, who hadn't been feeling very well, started to close up in front of Benny, and the latter didn't "court" Shimon enough, thus creating the rift between them. Shimon felt hurt to have been abandoned at a time he was so vulnerable. After they broke up, Benny took the material they had been working on together and continued to develop it with a different producer, with whom they are now on a concert touring. Shimon asked for my advice in the matter.

How much was I committed to the session today? I was very committed to the meeting today. I knew the story about Benny and Shimon from before, so that I was actually involved in everything that happened there.

What did I learn/feel about my partner in this session? After we talked about the Benny affair, Shimon went on to tell me that he had visited a different lawyer regarding his foot injury. The new lawyer told him he could claim more money than his current lawyer had implied. This new lawyer advised him to continue to fight for his case. I asked him whether he had the energy to cope with all that that implied, to which he answered that it would depend on how long it could take, which only the lawyer could assess. Then he would be able to decide. I appreciated very much the logic in his thought.

Feel free to write down any thoughts, feelings, comments that come to your mind: Later in our meeting, Shimon said that he had had enough talking about himself and that he now wanted to create. This time around, he brought up a new piece in the studio. At the beginning, he said it was a piece written by Benny and him together, but later he corrected himself and said it was his only. We took our guitars and started to play what we had just heard on the computer. It was wonderful, the two guitars with their warm sound in front of the synthesizers with all their technical effects. He asked me to accompany him while he was doing the solo part. I felt that he wanted my support, my company, the “musical ground”, while he was finding the “words.” This made me very happy. The dialog between the two guitars can be performed in different ways. This 'solo and background' way demands listening to each other, shared dialog and accompaniment with tuning, exactly like in a parents – child relationship.

What did I learn about myself during today's meeting? I learned that it's very good to accompany Shimon. It touched me to be there and hold this supporting musical dialog with him.

Session No. 6**Setting:** Fishing

My feeling and mood prior to the session: I was in a good mood, albeit slightly tired.

My feeling and mood during the session: This time we didn't get delayed at Shimon's house. Everything was ready. I asked him to make me a sandwich for the trip since I hadn't eaten since one o'clock and we were expecting to stay at the sea till nine in the evening. He made sandwiches for the two of us.

How much was I committed to the session today? I fished two fish today! One of them was quite big. Shimon was very proud of me, and I also felt something inside. Afterwards when I looked at the fish (which we put into a pail) I felt sorry for it. There was something very exciting yet also very sad in this experience.

What did I learn about myself today? Towards the end, I wanted to free the fish, whereas Shimon wanted to bring them to his father. He teased me saying that if that's what it is always going to be like, he would stop bringing me fishing. In the end, the fish died. The second fish had to be killed to be brought home. Shimon tried to kill it, unsuccessfully, only injuring it. I felt sorry for the fish and killed it myself. I had a mixture of feelings. On one hand I felt sorry for the fish; on the other hand I felt I had the inner hunter in me, who feels no guilt, some strong feeling having to do with the basics of survival.

What did I learn/feel about my partner in this session? I learned two things about Shimon: He was really very proud of me when I caught my fish, full of compliments and care. The second thing I learned was on our way back. As we got into the car I asked him how he felt, and he answered that he felt bad. Throughout our fishing, he had never stopped smiling and laughing, being positive and full of energy. As soon as we hit the car he went back to his gloomy self. We talked about it.

Feel free to write down any thoughts, feelings, comments that come to your mind: I am concerned for Shimon. His thoughts about the end of the world destroy his life, his being in the present. He's so convinced of the imminence of the end of the world that he doesn't manage to live his life without fear and stress, is unable to enjoy experiences.

Session No. 7

Setting: Studio

My feeling and mood prior to the session: I was in a good mood. I remembered our previous meeting and wondered whether Shimon did too, as well as its ending. He received me with a hug. He had woken up about half an hour before and was still sleepy.

My feeling and mood during the session: My mood was good during our meeting. I felt today's session was significant, a feeling that accompanied me throughout the meeting and even after it.

How much was I committed to the session today? We talked in the beginning. I asked him how he had slept and he said that well. This was one of the few times I heard a positive answer to such a question. He also remembered our last meeting, including the topics we had touched, which made me happy.

What did I learn/feel about my partner in this session? Shimon and I worked together on the music piece he had been composing. This time we played it on the piano (last time it had been on the guitars). He played in such a touching way, deep from his heart, that I couldn't help feeling emotional. I appreciated him a lot for that.

What did I learn about myself today? I felt very touched by Shimon's music today. It was a true feeling of giving birth.

Feel free to write down any thoughts, feelings, comments that come to your mind: We focused on musical improvisation today, I accompany and Shimon created the solo. Ever since our last meetings, I've been putting into words what we've done so far with

music. I said to him that it was very important that we listen together to what he wants to “say” through his composition, listen to his voice while I accompany him.

Session No. 8

Setting: Fishing

My feeling and mood prior to the session: Shimon and I arrived together. He didn't think he would be so delayed at work. When we got there, the equipment wasn't ready yet, and it took us twenty minutes to get it together. My mood was good, his mood wasn't so good. He was very tired from a long day at work. I asked him whether he preferred to give up fishing for today, but he said that he didn't.

My feeling and mood during the session: Before we left, Shimon's mother asked me what I thought about his situation. I told her that if she wanted to meet it would be possible to do so together with Shimon and only if he's ready for it. She said that when she tries to talk to him, he's not willing to listen to her. I felt Shimon's mood improved as we drove to the sea. We didn't speak much.

How much was I committed to the session today? Today I felt more experienced regarding fishing. Shimon also sensed it, praising me during our meeting. When we got to the sea we dealt with the equipment; each of us knowing what to do with it. We were both in a good mood.

What did I learn about myself today? I felt very happy today. There was something very pleasant about the shore, the waves, the sunset and Shimon's company.

What did I learn/feel about my partner in this session? I felt that, as soon as we were at the sea, Shimon behaved differently. I mentioned it to him. He said he felt like a “schmuck”, that is to say, that he thinks certain things and he says them not always in a nice way. I said to him that the image of the 'schmuck' – the male sexual organ represents the creation of life, life and will. “Sometimes,” I said, “when you live you

also say things that are not nice.” I also added that he behaves completely different when we're at the sea, more open, flowing. He smiled when he heard what I said.

Feel free to write down any thoughts, feelings, comments that come to your

mind: From that moment to the end of our meeting, everything was wonderful. Shimon told me jokes and made me laugh a lot. Also on our way back by car he talked about himself more positively and warmly. We said goodbye

Session No. 9

No report

Setting: Studio

Session No. 10

Setting: Fishing

My feeling and mood prior to the session: I got to the meeting on time. Shimon was ready with the equipment.

My feeling and mood during the session: We went out; my mood was good. The meeting was pleasant. The weather was nice and so were the feelings.

How much was I committed to the session today? Shimon and I have gone into a kind of routine, and it is clear to each of us what his task is in our mutual task.

What did I learn about myself today? I felt that Shimon and I were closer to each other now, maybe because of our last meeting, in which we talked about the position Shimon chooses to be in, whether it is a kind or choice or not.

What did I learn/feel about my partner in this session? I felt that Shimon has come closer to me than ever. Our work together outside, in which we both know what to do, and our talks during the fishing are very significant to our relationship.

Feel free to write down any thoughts, feelings, comments that come to your mind: There is no doubt that this kind of therapy outside the clinic creates a different bond between us.

Session No. 11

Setting: Studio

My feeling and mood prior to the session: I was a bit tense when I arrived. I wasn't sure where things could go today. I gave a lot of thought to how to talk to Shimon without hurting him while protecting him from his parents in case they would attack him and wouldn't show empathy to his situation.

My feeling and mood during the session: I understood very quickly that his parents worry about him and very much and want to help him.

How much was I committed to the session today? I felt very connected to what was said today. Shimon's father was very touching in his approach to him, and I think that Shimon was also touched.

What did I learn about myself today? I learned that I had been wrong wondering which direction today's meeting would take. I am happy about the fact that I had braced myself for the fact that they might want to stop Shimon's therapy. I felt I got to this meeting ready for any outcome. I felt at peace with myself.

What did I learn/feel about my partner in this session? It was the first time I saw Shimon get so upset with his mother, which was also the time he expressed himself bluntly. I am aware of the courage he needed to stand up to his mother. I was very happy to see that he kept his own, not giving up.

Feel free to write down any thoughts, feelings, comments that come to your mind: Shimon's parents, as well as me, are of the opinion that he is very close to a change, but that he also has his heavy doubts that block him. During today's meeting I found myself

thinking that maybe there is no room for change, and that the static situation in which he is staying for a long time is probably the best he can reach at the present.

Today's meeting was not an easy one, but there was something in it that perhaps will allow the dialog between Shimon and his family members, which may make move his static situation.

Session No. 12

Setting: Fishing

My feeling and mood prior to the session: I was in a good mood. I waited for this meeting at the beach. Before we met, Shimon had sent me a YouTube video clip. In it, a psychiatrist was talking about the big fraud of all the medical labs, calling everybody to go against the psychiatric institutions. Shimon had sent the same clip to his parents. He said in his mail that that's how he felt.

The previous day, I had called him to remind him of our meeting and make sure the fishing gear would be ready when I got there, so we wouldn't waste time. And that's how it was.

My feeling and mood during the session: There was a very pleasant atmosphere when we drove to our destination. We talked a little, and I told him that I had seen the YouTube video clip. He asked me what I thought of it, and I asked him the same, to which he answered that he had not seen the entire clip. It surprised me to know that he had not seen it to the end and already hurried to share it with his parents and me and wanted to hear our opinions about it. He told me that he thinks that psychiatry suits only some patients.

How much was I committed to the session today? We also talked about relationships, and Shimon was interested in hearing about mine. I shared some of my believes concerning relationships with him. The weather was good at the sea, and so was the atmosphere. We caught lots of fish, and I was really into it.

What did I learn about myself today? Today I realized I am actually waiting for these fishing sessions as a sort of escape from life.

What did I learn/feel about my partner in this session? Shimon was very pleasant and cooperative. It seemed as if the previous meeting in front of his parents did something good to him. He was more open and let me know what's on his mind.

Feel free to write down any thoughts, feelings, comments that come to your mind: I tried to understand what Shimon was trying to tell us by making us watch that clip. Maybe it expresses opposition, or maybe he was trying to suggest to us to accompany him on the path of stopping to take his pills.

Session No. 13

Setting: Studio

My feeling and mood prior to the session: I was in a good mood. Shimon had called me before the meeting and asked me to buy him a pack of cigarettes on my way, if I could. I did.

My feeling and mood during the session: I got to Shimon's house; his parents were at the computer room which is by the entrance. They asked me whether I had received the YouTube video clips Shimon had sent us, and I said I had and I had seen them. I also told them that, in spite of sending them and asking us to watch them, he himself hadn't seen them all, and even those he did watch, he did so for a minute or two. Before I left for Shimon's room, his mother asked me to talk to him about Benny, his ex- partner, and how to get out of the situation they are in.

How much was I committed to the session today? As usual, I felt connected to everything that happened during the meeting.

What did I learn about myself today? I experienced that part of the job I took upon myself was that of being the middle man and negotiator.

What did I learn/feel about my partner in this session? Shimon told me that he finds it very hard to write his reports, and that trying to write them reminds him that he is ill. He even said that he felt these reports make him feel stuck. I asked him whether he also saw positive things in them. He answered that he had all sorts of comments, and that if we related to them, we would conclude all sorts of things. I asked him whether he would prefer to stop writing them. He thought about it for a little while and finally answered negatively. Another topic that came up was Benny's. He was quite upset about his last conversation with him and didn't really know where things would go from now on.

Feel free to write down any thoughts, feelings, comments that come to your mind: After talking, we sat down to play. We worked on a piece we had already worked on. The experience of seeing Shimon completely forgetting all his fears and anxieties when starting to make music never ceases to amaze me. It is as if all his worries and troubles disappear when he plays.

Session No. 14

Setting: Fishing

My feeling and mood prior to the session: Today was a beautiful day. I got the meeting in an excellent mood, full of energy. I was sure we would catch lots of fish today.

My feeling and mood during the session: It was good. Towards the middle of our meeting there was a situation that was quite interesting for me as well as for Shimon.

How much was I committed to the session today? I felt very committed, and I also knew it would be our last meeting by the sea. We talked. I asked him whether he had been thinking about what we had discussed over our last meeting, whether he had an idea where we would head from now on. He said he thought we would meet once a week at his place, going fishing occasionally, just for fun. I also asked him whether he was still thinking of an

additional treatment, and he said that he had heard about a therapist who worked in a special way and that he would contact her.

What did I learn about myself today? Towards the middle of our meeting, Shimon caught a huge fish. He said you could get something like that only if you sailed into deeper waters. I was very proud of him and he was so happy. I wanted to throw my line toward that area to see if I could also fish a big one like Shimon's. He became very serious and said it was out of line for me to try and fish in 'his' area. I thought he was joking first, but then I realized he meant every word. Of course, I looked for another location. I pondered about what had happened and Shimon realized I had withdrawn. He then came up to me and explained that he didn't want our fishing lines to get entangled.

What did I learn/feel about my partner in this session? I think I have identified a competitive side to Shimon, which exists underneath his attitude of not really caring about anything, some things can make him mad, which may attest to strong emotions underneath.

Feel free to write down any thoughts, feelings, comments that come to your mind: Today's meeting was charged. It was one of our last fishing outings towards the end of the research project with the double setting. I have no doubt that today's meeting was full of therapeutic materials which need to be brought up in dialogue with Shimon so as to decide where to take the therapy from now on.

Session No. 15

Setting: Studio

My feeling and mood prior to the session: I phoned Shimon before our meeting, asking him if it was all right that I arrive earlier than agreed. He accepted. He was fully awake when I got there. He had been fishing with his brother and a friend till one thirty at night. He was tired throughout the meeting. Today was Shimon's birthday. I wished him

many happy returns and, like in the previous birthday, we fixed a date to go out for dinner and celebrate together.

My feeling and mood during the session: I was in a good mood throughout the meeting, even though it was not an easy one.

How much was I committed to the session today? I felt very committed to the meeting. We discussed some very important issues, such as trust; his trust in me, in others and in himself. Another issue we touched upon was Shimon's feeling of being stuck in his situation. I said to him that I had started working on my reports and that in our next meetings we'll also talk about what he had written in them.

What did I learn about myself today? I felt a little helpless with Shimon; I felt that maybe he needs another therapist.

What did I learn/feel about my partner in this session? What I learned today was actually something I had already known, that Shimon seems unable to trust him as well as others.

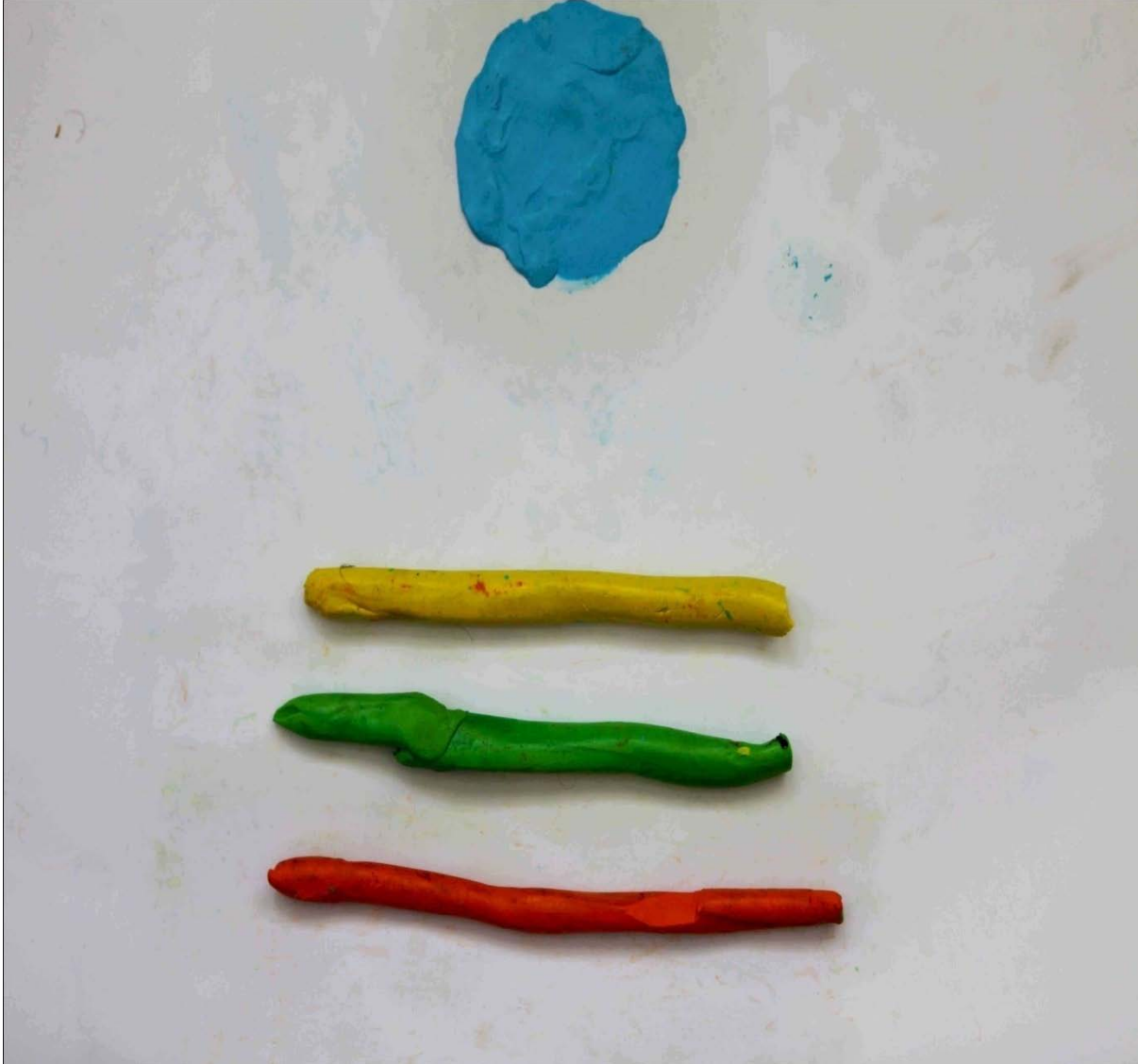
Feel free to write down any thoughts, feelings, comments that come to your mind: I brought up the issue that from here on we will be meeting once a week only like before the research. I told him we would have to give some thought to the setting. I raised the possibilities of bringing in some other type of treatment with another therapist, or of continuing to meet twice a week as we had over the research. He made an unhappy face and I realized I had made a mistake. He said he felt that I was afraid. I said to him that I had two things in mind: the first one was that I was really worried about his being well; the second was that I really want us to work out together how to best help him in his situation.

Appendix K

First Client – ET Work: "Beginnings"

Appendix K

First Client – ET Work: "Beginnings"



Appendix L

First Client – ET Work: "Want To Do"

Appendix L

First Client – ET Work: "Want To Do"



Appendix M

Second Client – ET Work: "Anxiety"

Appendix M

Second Client – ET Work: "Anxiety"

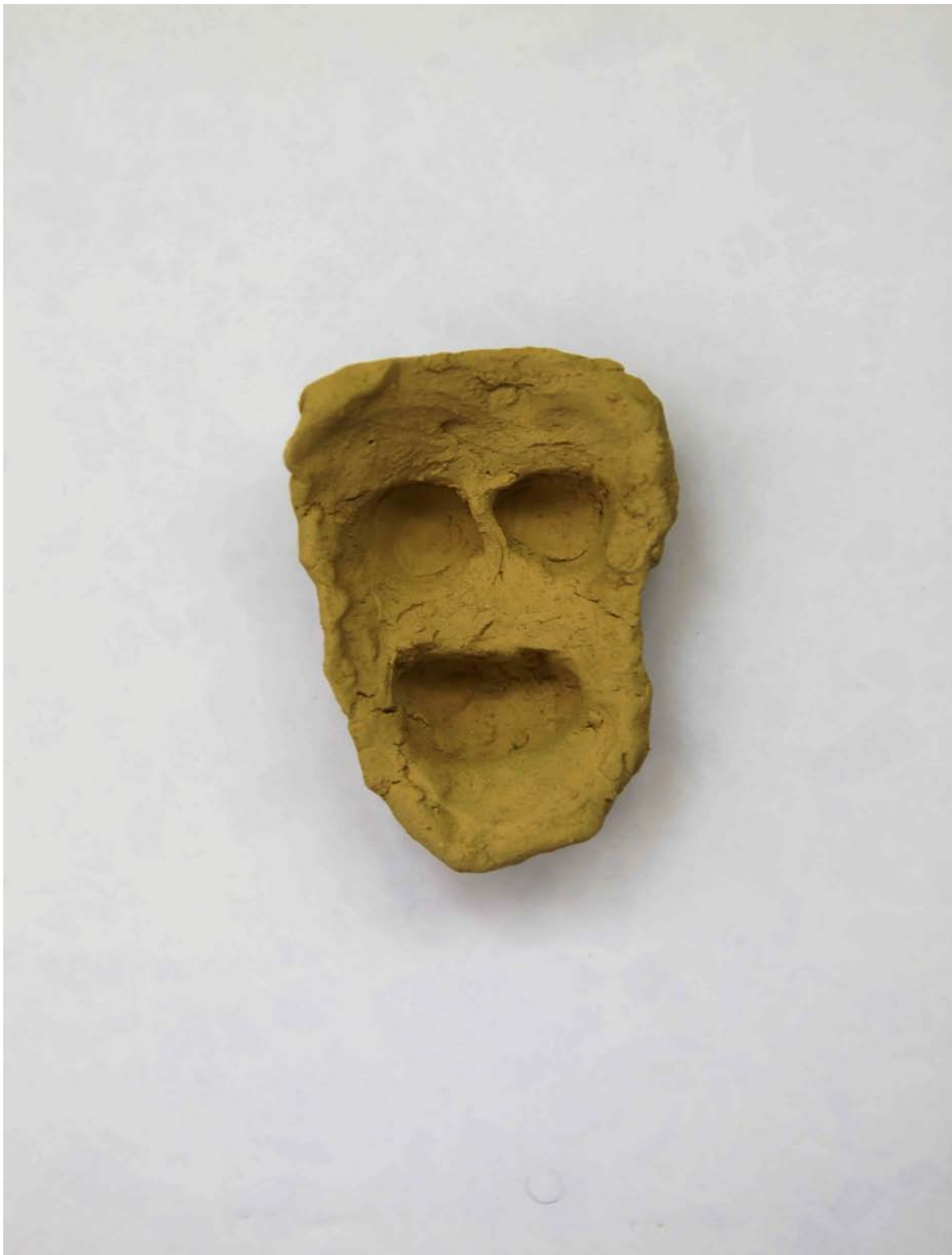


Appendix N

Second Client – ET Work: "Depression"

Appendix N

Second Client – ET Work: "Depression"



Appendix O

Second Client – Creative Writing: "Mother"

Appendix O

Second Client – Creative Writing: "Mother"

Three letters, Mozart liked to talk in reverse, turn words around, and I find out that when one turns the word mother (in Hebrew – Trans.) around its remains as is. I remember one talked in the radio program of Yaron Enoch about the word with the most pleasant sound and found out that it was MOTHER.

My mother is a person who feeds, washes, dresses, she is nervous and angry, she is very hysterical, very-very... sometimes she even hits herself from nerves and that is very frightening. She is a smiling woman but more to others than to us as children.

She is a poor stupid woman; when she immigrated she scarcely knew reading and writing while the other mothers were reading stories to the children, how much fun did they have...?

She knows to cook well and loves to get compliments for her cooking. She is bitter about all kinds of things that have to do with my father's family whom she hates all the time and all the time she tells us her hatred towards them. Could it be that she is a child herself? She will never admit a mistake she makes and she does make mistakes!!!!

She is just a good and not very developed woman even though she takes interest in the stock market.

This is what mother is – I did not choose her, she chose me but did not know what to do with me except physically raise me.

Appendix P

Second Client – Creative Writing: "Mother2"

Appendix P**Second Client – Creative Writing: "Mother2"**

When I see you, not you mother...
When I see you, a woman, like mother
I crave to be a baby
I crave for you to hug and caress me
As one hugs and caresses a baby.

When I see you, one stranger woman
I become a child; I want to be a child
I want you to see me
As my mother never did,
As the mother of others saw them

When I see you cold woman
I urge to give you a hug that will defreeze
You and turn you into a warm mother
A wise mother!! Wise!!
I want a hero mother
Who will not cry, who will hug me
To her heart

Appendix Q

Third Client – "Tal and Me - Sketch 1"

Appendix Q

Third Client – "Tal and Me - Sketch 1"



Third client -Tal and me skits1.mp3

Appendix R

Third Client – Creative Music: "Ethnic Mix 1"

Appendix R

Third Client – Creative Music: "Ethnic Mix 1"



Third client -Etnic mix1 mp3.mp3

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