

# **Mindful Transformation and Insight in Art Therapy: Comparison of three case studies**

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## **Abstract**

This collaborative work examines the applicability of Starke's (2014, 2019) model of the 'four phases of mindful transformation' to art therapy processes for analysing the insight process of clients. The starting point and theoretical basis for this work were the case study by Reiter (2022), which addressed this question in relation to the effectiveness of art therapy and substantiated and expanded on it through interviews with clients. The studies conducted by Andergassen (2021) and Wiesinger (2021) under different conditions and settings were used to investigate whether these model phases could also be identified in this context and to draw conclusions for further research.

The present study provides evidence that Starkes' model was suitable as an analytical tool for investigating the effectiveness of art therapy in relation to the cognitive process in these three cases. However, the results must be verified by further case studies.

## **Key words**

Mindful attitude, cognitive process, four phases of mindful transformation, creative process, creative element, transformation process

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## **Introduction and objective**

Art therapy research is increasingly incorporating the perspectives of clients to develop theory and practice further. Scope et al. (2017) conducted a comprehensive literature review on the perspectives of clients and therapists regarding the acceptance, potential advantages, and disadvantages of art therapy. Millard et al. (2021) investigated what information about art therapy is most helpful for clients and conducted focus groups on this topic. Barrett et al. (2022) employed interviews to explore the perspectives of clients and therapists regarding the art therapy process. This article compares three case studies of art therapy based on Starke's model of the 'Four Phases of Mindful Transformation' (2014, 2019), which were conducted between 2021 and 2022 under different conditions and targeting various groups, and examined aspects of the effectiveness of art therapy.

Based on the first study (Reiter, 2022), which conducted semi-structured interviews with clients and traced the results back to the formation of art therapy theory, this present study examines whether the application of this theory to the case studies by Andergassen (2021) and Wiesinger (2021) reveals new aspects of the effectiveness of art therapy.

The introduction summarises the development of art therapy in Austria since the 1990s. This is followed by a description of the 'Four Phases of Mindful Transformation' model in relation to mindfulness art therapy and in comparison to the concept of sublimation in psychodynamic art therapy. Further sections describe the methodological approach, briefly summarise the three case studies, and present the research questions and excerpts from the three case studies, which are then compared and analysed. The article concludes with conclusions and an outlook.

## **Development of art therapy in Austria**

From the 1990s onwards, several art therapy training programmes of different orientations became established in Austria, such as depth psychology or anthroposophical, with a focus on art as therapy or symbols as messages from the unconscious (Dreier and Bakowsky, 2016). The training institutions were organised

outside of universities, similar to the psychotherapy schools in Austria at the time. Although a framework curriculum for art therapy was developed in the early years, efforts to create a state-recognised art therapy profession are still ongoing (Edith Kramer Gesellschaft, 2016).

The Vienna School of Art Therapy was founded in 1992 by Ernst Johannes Wittkowski, and from 1998 to 2020, it was co-led by Irmgard Maria Starke. Since 2021, it has been further developed by a management collective. Wittkowski and Starke met in the 1980s at the Cologne School of Art Therapy, where Wittkowski was a trainer and Starke was a student (Starke and Wittkowski, 2016). The Cologne School of Art Therapy, founded in the 1980s, pursued an art therapy approach that was strongly oriented towards inner psychological processes. Art therapy is understood as a creative process that is reflected in the visual form dynamics of an aesthetic medium, depicting both internal and external living conditions. The aim was to make these conditions workable and re-centred (Menzen, 2016).

In Vienna, Starke developed "Phronetic® Art Therapy" [1] as an art therapy approach that is part of the training at the Vienna School of Art Therapy. It is based on four pillars:

1. The image of humanity: humans are understood as beings in the process of becoming and forming themselves.
2. Active communion: mindful and perceptive connectedness.
3. The genesis of gestalt formation, whereby attention is focused on the "how" and something takes shape.
4. The model of the 'four phases of mindful transformation': recognising, saying yes, exploring and not identifying (Starke, 2009).

This foundation combines various paradigms, including humanistic psychology as outlined by Carl Rogers, psychodynamics as proposed by Freud, influences from Buddhist mindfulness practices, and connections to neuroscientific approaches.

This article aims to examine these theoretical foundations with a special focus on the model of the 'Four Phases of Mindful Transformation'.

## The mindful transformation process

In art therapy, following the tradition of the Wiener Schule für Kunsttherapie (Vienna School of Art Therapy), clients are provided with a professional yet open framework in which to express themselves through various materials and give shape to their own life movements, exploring and recognising them. Starke describes the movement of life as the urge for recognition and for the realisation of essential qualities and fundamental qualities of life, which is similar to, but not synonymous with, what Rogers refers to as life force and activation tendency. According to Starke (2019), the life movement is inherent in life itself and is intrinsic to it, while the life force belongs to the ego and is necessary in order to be able to shape the life movement. The following section provides an overview of the 'four phases of mindful transformation' in art therapy, which are the focus of this study.

## The 'Four Phases of Mindful Transformation

As described by Reiter (2022), Starke (2014, 2019) refers to Kornfield's (2008) 'Four Foundations of Mindful Transformation and translates them into art therapy practice as a process accompanied by specific interventions.

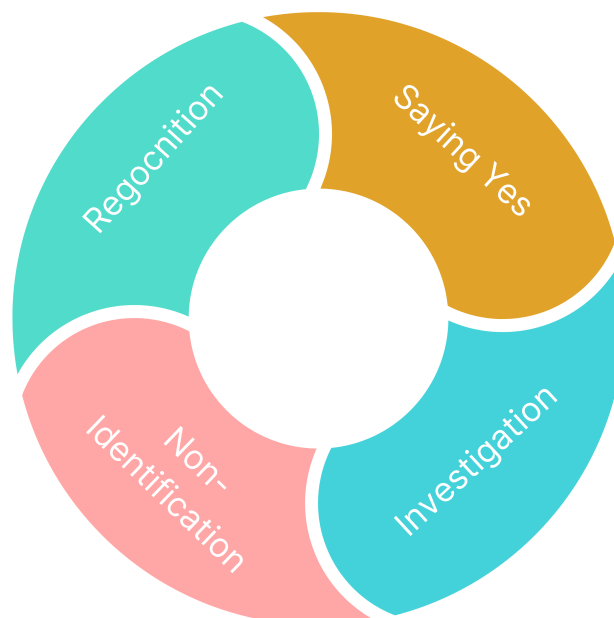


Figure 1:

The 'Four Phases of Mindful Transformation according to Starke (2014, 2019), ©  
Katrin Reiter



## **Recognising/Perceiving**

Kornfield (2008) sees recognition as the first foundation of mindful transformation. This involves the willingness to look at what 'is'. Starke (2014) describes how she has often experienced in her art therapy sessions that recognising what 'is' usually leads to relief rather than defence. She attributes this to the value-neutral framework that art therapists provide through their mindful and perceptive attitude, accompanied by appropriate questions. Starke (2019) further developed the model and later referred to this recognition as the phase of perception. This framework enables clients to lose their own fear and be able to look. According to Kornfield (2008), recognition involves a powerful openness that allows one to acknowledge and name one's own experience, thereby demonstrating inner respect.

## **Acceptance/Saying yes**

After recognition, Kornfield describes acceptance as the second foundation; for Starke, it is saying yes. According to Starke (2014, 2019), the phase of saying yes reveals the significant advantage of phronetic art therapy: movement in the creative process enables immediate expression of feelings, memories, or situations. In this act of movement, clients are already saying 'yes', and at the same time, the creative process is an active act – be it just a line or a dot. Kornfield (2008) describes acceptance as a state of relaxation, accepting what is. The principle of acceptance does not mean being passive; rather, it involves taking a courageous, active step in the process of change.

## **Exploring**

Exploration, as the third phase, can be experienced in four areas: in relation to the body, feelings, the mind and in relation to the control of patterns (Kornfield, 2008) . When an issue preoccupies us, when something is 'bubbling up' inside us, as Kornfield writes, it is wise to notice what is happening in our body. In Starke's art therapy model, attentive questions are used to establish a connection to the body and draw attention to previously suppressed feelings. Starke describes how the body gives clear signals about the reactions triggered by a particular experience and how physical sensations also refer to the quality of what has happened. By perceiving these sensations (heat, pressure, tension, hardness, pulling, warmth), it is possible to resonate with oneself and locate where the issue is situated (Kornfield, 2008). Through creative engagement

with materials, sensory perceptions or points of connection can be established (Starke, 2014).

### **Non-identification**

The fourth phase of the transformation process is non-identification. This means ceasing to regard an issue as 'me' or 'mine'. Here, Kornfield (2008) assumes that identification creates dependencies such as fears, constriction and feelings of inauthenticity. Detachment from identification enables us to care for others and ourselves with full respect. According to Starke (2014), it is essential for art therapy practice that non-identification occurs along a theme or facet. Only when one no longer identifies with all the steps of recognition, affirmation, and exploration along a theme can transformation occur, and a psychological area heal.

### **Mindfulness in art therapy**

In addition to Starke, Hogan (2015) also describes mindfulness in art therapy as an inner attitude that can deepen and transform the creative process. Under the term "mindfulness art therapy," she discusses various psychological and spiritual approaches, emphasising that this is not a uniform theoretical construct, but rather an integrative consideration of methods connected by a mindful, present, and non-judgmental attitude. Hogan explicitly refers to theories and techniques that support the connection between mindfulness and art therapy: Focusing-Oriented Art Therapy (FOAT), which she describes as a structured model, Mindfulness-Based Cognitive Therapy (MBCT), humanistic psychology and somatic/embodiment approaches.

### **Transformation process versus sublimation in art therapy**

Freud described sublimation as a process through which drive energies are discharged in non-instinctive behaviours and regarded works of art as a product of sublimation and a substitute for primitive sexual and aggressive instincts (Case et al., 2022). According to Kramer (1993), the process of sublimation in art therapy typically occurs unconsciously. It is often impossible or only partially possible to directly observe or trace the transformation of an emotional experience into a work of art. A comparison

of Kramer's concept of sublimation and Starke's model in art therapy highlights similarities and differences (Table 1).

<b>Aspect</b>	<b>Sublimation in psychodynamic art therapy</b>	<b>'Four phases of mindful transformation' in art therapy</b>
Concept	Consciousness: Process of transforming mostly unconscious impulses and inner conflicts into a creative, socially acceptable form	Insight: Process of transforming problems through acceptance and transformation, leading to greater insight and self-acceptance
Therapeutic mechanisms	Sublimation: Unconscious impulses (often aggressive or sexual) are redirected into artistic creation, enabling new expression and psychological growth	Mindful transformation: Art is used to promote awareness, compassion and acceptance of present experiences, thereby supporting emotional regulation, body awareness and positive change.
Role of the therapist	Promotes artistic processes, understands artistic works as symbolic expressions of unconscious processes, supports and explores symbolism on an artistic level, but avoids verbal interpretations and awareness.	Serves as a guide for mindful engagement with the artistic process, promotes non-judgmental observation, intervenes to open up the sensory experience, pick up on inner impulses for movement and support the process of reflection.
Theoretical foundation	Psychoanalytic/psychodynamic theory	Mindfulness and Buddhist psychology, humanistic and contemplative approaches.

Table 1: Comparison of the concept of sublimation in the psychodynamic art therapy approach with the model of the 'Four Phases of Mindful Transformation' in art therapy

While the concept of sublimation works in conjunction with the notion of consciousness, the four-phase model employs the concept of insight. This study examines the extent to which the model of the 'Four Phases of Mindful Transformation' is a useful model for describing and analysing an art therapy process.

## **Research questions and methodology**

### **Methodological structure**

The study consists of two parts: The first is based on Reiter's (2022) case study, which dealt with the moment of self-awareness in art therapy in 2020 and 2021. After the sessions were completed, semi-structured interviews were conducted to inquire about the moment of insight and the effectiveness of the sessions from the clients' perspective.

Based on the results of the interview analysis, Reiter then adopted the 'Four Phases of Mindful Transformation' in her research project, applying the model in the form of an insight analysis to the case studies and establishing connections to the model while expanding it. In contrast to Reiter's focus, the comparative case analysis in this article is guided not by the moment of self-awareness but by the mindful transformation process.

In the second part, the study examines whether the model can be applied to other art therapy contexts. The case studies by Andergassen (2021) and Wiesinger (2021) serve as a basis for this.

### **Overview of the case studies**

Table 2 provides an overview of the three case studies examined, which were developed as part of diploma theses during art therapy training. They differ in topic,

research question, setting, and target groups, as well as in the extent to which the clients take an active role in the analysis.

<b>Case study: Reiter</b>	
Topic	Creative process; finding moments of insight
Research question/hypothesis	In art therapy, there is a moment, a 'crucial point', when the 'ego' succeeds in grasping itself in one facet along a theme.
Context	Private practice, online, individual sessions, adults
Methods	Description of case studies and material qualities, critical analysis of terminology, interviews with clients, linking interviews to theory formation
Involvement of clients in the methods	Interviews with clients after completion of art therapy
Results	The model of the 'Four Phases of Mindful Transformation' represents a useful analytical tool for cognitive processes. Extension of the model to include a fifth phase: naming the creation.
<b>Case study: Andergassen</b>	
Topic	Creation elements; orientation of patients in physical space
Research questions	What significance does space have for art therapy group sessions?  What traces can be seen in the creations made by young people?
Context	Psychiatry day clinic, group therapy, young people
Methods	Description of case studies, description of creations and links to literature, analysis of spatial arrangement
Involvement of clients in the methods	Not involved
Results	Many elements described by Bachmann(1998) (e.g. the colour black, transparency) were identified in the young

	people's creations. The physical space creates both separation and commonality.
<b>Case study Wiesinger</b>	
Topic	Attitude of therapists; significance of silence in the therapeutic relationship
Research question/hypothesis	Silence opens up a space in the encounter with oneself that is non-judgmental and where clients can reflect on themselves.
Context	Acute psychiatry, individual counselling, adults
Methods	Description of case studies, critical analysis of 'silence' and 'attitude'
Involvement of clients in the methods	Not involved
Results	Silence opens up a shared space in which there is consensual silence. The emptiness makes room for the recognition of feelings and bodily perceptions, e.g. the conscious feeling of loneliness and grief.

Table 2: Overview of the three case studies

### Research questions

Based on Reiter's (2022) case study, we explore two questions:

1. To what extent can the 'Four Phases of Mindful Transformation' model be applied to different case constellations?
2. How do different settings influence the involvement of clients in their own reflection process?

## **Ethics**

The clients who participated in these three case studies, or their legal guardians, provided written consent for the anonymised processing of their accompaniments. Only one client in Reiter's (2022) case study explicitly gave her permission for her creations to be published outside of the respective theses. Therefore, the participants' creations are described below, but only one illustration is shown. All names used have been anonymised.

## **First part of the study**

### **Reiter's case study**

Using four case examples, the first case study (Reiter, 2022) examined the following hypothesis: In art therapy, there is a moment, a 'crucial point', when the 'I' succeeds in grasping itself in one facet along a theme.

After Reiter, through analysis, arrived at conclusions about her own self-awareness, she asked herself whether her clients also experienced moments of insight in art therapy sessions and were able to identify them. Since the Vienna School approach refrains from interpretation, the obvious step was to ask the clients themselves. Reiter accompanied four clients in 2020 and 2021, conducting semi-structured interviews. The individual art therapy sessions took place in a private practice, with a mix of in-person and online sessions.

### **Process description based on an example from the case study**

The case study described was conducted as part of an online programme consisting of six 1.5-hour sessions; that is, the client prepared the materials and the room herself. This was the fourth session. The topic that arose in conversation and was chosen for the session was 'Dealing with difficult things'.

A white sheet of paper was prepared. The client's initial impulse was to use charcoal, but she changed her mind and reached for white sage instead. "It feels light," she commented. She made pressure-twisting movements with the sage on a white piece

of paper. For her, the white sage represented purification. "It looks like little roses," she said. "The sage also leaves marks on the paper, crumbles, breaks, smells good," she added.

She picked up the charcoal, commented, "This charcoal is difficult to apply smoothly, it's hard," and made light strokes. The charcoal encourages you to apply more pressure, the client said, and tried it out. The charcoal broke. The client continued to draw with the broken piece – not with the tip, but holding the charcoal sideways. She crumbled the piece of charcoal in her hands. Her hands were black, and she applied the charcoal to the paper with her fingers, "it leaves surprisingly few marks," she said. "My hands are so black, and yet so little remains on the paper. Hmm," she commented. She took a handkerchief, dabbed it in a glass of water, then placed it on the paper and made circular movements. "What is the circular movement?" the therapist asked. "Change," said the client. The next moment, she reached for the glass of water and cleaned her fingers over the paper. "Hmm." She took the charcoal again, drew two circles and said, "Eyes." "Charcoal on water doesn't work well," she continued. She took a thick felt-tip pen, traced the circles, and then took a fine-line pen to trace the circles again. "It looks anxious," said the client. She paused and let it sink in. It came to her like an "elephant". She took a green felt-tip pen and drew the outlines in bright green. She defined the relevant meaning of the elephant for herself with the term "memory".

The client picked up a brush and some blue gouache paint. She put two pointed blobs on the sheet of paper, then used the brush to create eyes, ears, a trunk and a tail. The client made a connection to a dream and associated it with the drawing. After a short pause, she said, "It's quite sweet." "What does sweet mean to you?" asked the therapist. "Curious, knowledgeable, friendly," she said. The client thought for a moment, took some pink gouache and made a dot on the elephant's forehead. "With this dot, I honour this quality," she said, "the 'quite' is no longer necessary." This not entirely satisfactory assessment from earlier was transformed into honour for the client by the dot. An honour that, in her words, this quality had long been in need of. For her, in her own words, it meant "understanding the energy in/with different communication channels. Connection. Everything is tangible. Hands are the ability to act. Integrate."



She named her creation 'My Ganesha'.



Figure 2: 'My Ganesha'

### Results of the interviews

After the coaching sessions were completed, a written survey was conducted with the clients, comprising the following questions:

- What was the 'crucial point' for you? The moment when you were able to recognise, understand and feel yourself?
- Do you have a specific creation in mind for this?
- What enabled you to come to this realisation?
- What did art therapy enable you to do?

Three out of four clients experienced moments of insight and were able to recall them even a year after the sessions, describing the moment when they recognised,

understood, and felt themselves, as well as what made this insight possible. One client reported that she did not have a moment of insight in this form.

When asked the first question, "Where was the 'crucial point' for you? The moment when you were able to recognise, understand and feel yourself?", the client described: *"There were many crucial points, but there were four significant ones, because in the process, I experienced the four phases of mindful transformation with just one creation. Looking, accepting, exploring, going beyond (which in this case was HONOURING). A second crucial point throughout the entire creation process was 'Ganesha'. I approach the creation, and at the beginning, I feel a little anxious, frightened. However, through the development of "I see", it becomes dear to me that I can create it and experience my own creation. That it actually changes. The entire process was a crucial point."*

When asked, "What did art therapy enable you to do?", the same client replied: *"Feeling, recognising, moving forward. Consciously grasping connections, the vastness of these connections and their complexity. In a shared space, this possibility is simply enhanced by the possibilities of the other person. On a neutral, benevolent basis, i.e. when there are no inhibitions or resistance, but simply this unconditional: "I am listening to you, I take you seriously, I am interested and benevolent. Then possibilities are created together."*

Another client described: *"She (note: the art therapist) gave me access beyond the pain and despair (...). Through the session, I was able to comprehend, relativise and even accept what was initially incomprehensible."*

Analysis of the responses showed that the 'Four Phases of Mindful Transformation' model helped describe the moments of the 'crucial point'. The author therefore analysed the sessions provided following the interviews using this model. For greater clarity, an art therapy session is analysed below.

## **Analysis of a session based on the 'Four Phases of Mindful Transformation model**

In this session, the theme of 'letting go' was very present; the client devoted herself to her own process of 'dealing with difficult things'. "I was allowed to be who I am, and I was allowed to discover myself..."

Being allowed to be who I am and having the opportunity to discover myself implies recognition, which means saying yes/accepting and exploring. The client's first impulse for her theme of 'being able to deal with difficult things' was charcoal as a material – a light material, but then she chose sage, the material she had used to incense the room at the beginning. Sage, as a material, enabled the client to enter a phase of exploration and immediate immersion in the sensory experience by also activating her sense of smell.

During the rest of the creation process, the client used charcoal, water and pencils to explore via the materials. Even during the sessions, she had said that the twisting motion involved in creating represented change for her. After getting involved and exploring, something took shape, became apparent to the client and led to a moment of insight. During the creation phase, she was able to say that the creation appeared to her as looking "anxious". For the client, too, this was a 'crucial point', an important moment of realisation, which she describes as follows: *"Here, for example, eyes appeared in grey/black. At first, they were fearful, almost rigid. In the course of the process, i.e. the creation, they became clearer, and the impulse was not to make them less fearful. I remember that very clearly. But the impulse was there to bring colour into it."*

This realisation is followed by a 'turning towards' on the part of the client, which in turn can be interpreted as a phase of 'saying yes' (according to Starke) or as the basis of 'acceptance' (according to Kornfield). The attention that the client refers to in the following quote, to her, enabled the quality to transform, or, in her words, to "change". *"Another 'crucial point' was the realisation that one's attitude towards quality can change during the act of giving attention (through the creation process). In this case, I would call it a 'temporal' point, because it spanned the entire creation process. There*

*are also thick or thin, large or small points, and I can only describe this 'crucial point' as a time-extended point or as many points that constantly appeared and jumped around because one 'I see' moment followed another."*

The fourth phase of the transformation process, non-identification, was recognisable at the moment when the client honoured her quality with the pink dot. The client described honouring for herself as the moment of 'going beyond' and as one of the four important points: "Look, accept, explore, go beyond."

Through her own attention, the client's assessments changed and the spectrum of meaning expanded. By naming it "My Ganesha," the honouring of her own qualities, her ability to act, the creative power of her attention, and the creative process is sealed.

According to Reiter (2022), art therapy enables us to understand, express, formulate and name this fleeting yet powerful moment. This makes it possible to give a new or different meaning to what has been experienced in the process by assigning a name to it. A powerful decision is made that makes it possible to build on previous experiences and create ideas that expand on them and give them new meanings.

Naming thus achieves exactly what Hüther (2008) postulated: a connection to the conscious mind and, consequently, a change in one's own assessment of ideas. The process of change, which Starke (2014) has made fruitful for art therapy practice from Buddhist psychology, illustrates the underlying process of self-awareness. Only with naming does a conscious connection to the self take place. The consistent extension of Starke's model of thinking would therefore be 'naming' as the fifth phase (Reiter, 2022).

## **Second part of the study**

### **Andergassen's case study**

The second case study (Andergassen, 2021) was conducted as part of a training internship to become an art therapist at a clinical ward for child and adolescent psychiatry. The study involved accompanying a group of three adolescents from the day clinic over a period of two months or seven 90-minute sessions. As described by

Yalom (1983), the length of stay for patients in modern psychiatric wards varies considerably, resulting in group compositions that are usually very volatile. It can therefore be considered exceptional that in this case study, the group composition remained constant throughout the entire period.

### **Process description based on an example from the case study**

The process described below took place in the fourth of a total of seven units. Only two young people were present on that day. To start with, Mayer's card set (2010) was laid out. This card set, comprising 37 cards, is based on spontaneously drawn patient sketches from Mayer's psychiatric-psychotherapeutic practice, which he has abstracted and reduced to a visual language of forms, consisting essentially of black dots and lines on a white background. The young people were invited to choose one card each to represent how they were feeling at the moment and one card to represent what they wished for.

A girl named Pia first chose a card with a black dot in the middle. For her, the dot represented low energy, which was how she was feeling at the moment. She wished for things to get brighter, to feel like she could do it, to be happy and not have to torment herself with all the negative thoughts. As her second card, she chose two dots connected by arrows. When asked if she could feel how that felt in her body, she replied no.

Pia did not want to create anything at first, so she lay down on a large, round mattress and closed her eyes. She agreed with the therapist that she could sleep there and that the therapist would check on her again in 15 minutes.

When the second client began to draw with pastel crayons and brushes, Pia got up after a while and sat down at the table. Then she also took an A4 sheet of paper, sat down at the table again and began to draw with pastel crayons. She started very hesitantly, drawing a figure in the middle of the sheet. The figure's head was a black filled circle. Inside the 'belly', she drew a flower in a white flower pot. The figure had no arms, just two lines for legs. A little later, she drew a pink door at the top right, then a wavy black line from the figure to the door. She kept smudging the chalk with a brush,

just like her fellow patient. Then she coloured the background black – taking great care in doing so – and left a white area around the figure, the path, and the door. Afterwards, she took a long time to clean her hands and the table.

In the final joint discussion of the creation process, she said little. The therapist described her process, and Pia agreed. When asked about the flower inside the figure, she replied that it was the soul, something very special. The therapist agreed. The door led to a parallel world, where it was bright and free.

She named her creation 'Outside Out'.

## **Analysis**

Pia was given the space to simply lie down and sleep, and did not have to create anything. This enabled her to gradually approach the creative process; she was able to first sit at the table, then watch her fellow patient, and then, at her own pace, begin creating something herself. The physical therapy room initially allowed for separation and, later, by sitting at the shared table, for movement.

The colour black was an important creation element in this unit. Bachmann (1998) writes that the colour black is an expression of increasing differentiation, centring and demarcation in young people, but also the colour of mourning, which in young people stems, for example, from saying goodbye to childhood.

For Pia, black may have been an expression of grief. She expressed a desire to go through the door in the creation because it was brighter on the other side. She also repeatedly mentioned that she wanted to rid herself of her negative thoughts. At the same time, the black surroundings of the white room also offered protection. Black, as an essential colour of expression, enabled Pia to express her inner dark mood and to approach this grief.

Another central creation element was the representation of what Bachmann (1998) calls 'levels of transparency'. By this, Bachmann means that something is visible in a creation that is hidden in real life, e.g. the interior of a house with stairs, furnishings,

etc. She says that these attempts at percipience are essential for the child because they want clarity about what everything looks like inside.

In Pia's case, the figure was transparent because the flower inside was visible. The figure, in turn, was depicted in a kind of cave, which appeared as if it were visible in a longitudinal section. It seems reasonable to assume that Pia explored her feelings of grief and possible ways out of this grief through creating in order to get to know herself better and to communicate with the therapist.

### **Comparison with the 'Four Stages of Mindful Transformation'**

For the present study, the process was placed in relation to Starke's (2014) model. Already when choosing the cards at the beginning of the session, Pia named her current state (low energy) and her wish (that it would be brighter and she would have fewer tormenting thoughts). She recognised the theme for herself.

In the group session, she initially lay on the cushion and did not want to create anything. Then she started moving and created something after all. This decision could already be a kind of saying yes to what is.

Pia expressed herself in her creation: she depicted darkness, used the colour black, created a kind of cave, but also a way out to a brighter area. She explored her current state and her desire for more brightness. The transparency of the creation's elements expressed her desire to see what was hidden. Even though she did not want to talk about what she had created afterwards, she affirmed the description of her process and contributed to it.

### **Wiesinger's case study**

#### **Methods and setting**

The third case study (Wiesinger, 2021) took place in an adult acute psychiatric ward during a three-month internship as part of an art therapy training programme. The study author was part of an interdisciplinary team. Information about the clinical diagnoses and behaviour patterns of all patients and new arrivals was provided during

the morning handover. The art therapy sessions were held in a small office in the hospital.

Since most patients in the acute ward typically have a short stay, the primary task was stabilisation. Discharges often took place at short notice, which prevented joint art therapy process reflection with the patients.

### **Process description based on an example from the case study**

The following describes art therapy work as outlined in the case study. Mr M., who attended a total of five art therapy sessions, had been admitted to the acute psychiatric ward with a diagnosis of F20.0 (paranoid schizophrenia) and was already known from a previous stay. He was described as very withdrawn and depressed, had financial problems due to his illness, felt excluded and suffered from anxiety. Due to the coronavirus pandemic, he was unable to maintain social contacts (e.g. self-help group). He had four cats that lived with him in a very small flat. At the time of his stay in the psychiatric ward, they were being cared for at an animal shelter.

On the way to his first art therapy session, Mr M. was taciturn and whispered that he was feeling "bad, very bad". He was hunched forward, his gaze fixed on the floor, and his steps very slow. When invited to look at the art materials provided and choose something suitable for the moment, Mr M. said without looking up: "I actually need a black sheet of paper with a hole in it." The therapist handed him a sheet of black A4 construction paper and placed it on the table in front of him. The moment Mr M. saw the paper in front of him, he slumped in his chair, hung his head and muttered almost inaudibly, "I don't think I can do this."

The therapist adjusted her volume to match his and whispered that he didn't have to create anything, that it was his art therapy session, his time, which he could use however he wanted.

Thus, they sat silently next to each other, looking at the black sugar paper. The therapist addressed the patient's state of mind: "I can see that you are very sad." Mr M whispered that he missed his cats so much. This was followed by a phase in which



he slowly recounted his life situation with the cats, sometimes in tears. The therapist gave him time for this and finally asked him what exactly he missed. It was the moments when the cats came to cuddle, Mr M explained. "Stroking the cat's fur is very soothing and soft," the therapist confirmed. She remembered a case study from a thesis (Brandl-Lindner, 2020). In it, the author describes how one of her patients was able to give herself strokes with a soft brush. Therefore, the therapist handed Mr M. a fine, wide hairbrush, saying, "If you like, try stroking your hand with the brush. See how it feels." He stroked the back of his hand two or three times and then burst into tears. It took quite a while for the tears to stop flowing. Very carefully, the therapist asked, " You must be feeling a great deal of sadness and loneliness right now?" "Yes," sobbed Mr M. He seemed distraught and desperate due to the loss of his pets and his concern for them. After a few minutes of silence, Mr M. began to talk slowly but calmly and in a firm voice about his life, his wishes and his fears. At the end of the first session, Mr M. was very interested in continuing.

In the second session, Mr M consciously chose materials to fill the black hole from the first session. He drew a circle in pencil in the middle of a white sheet of paper, with his four cats to the left of it. Above the circle, he drew himself with only arms and legs, but without feet or hands. His trousers reached into the circle. As he looked at the picture silently for a long time and as the therapist asked him how he was feeling, tears came to his eyes again. He felt that he had abandoned the cats in the and described his fear of not getting them back.

In the drawing, the cats were outside the circle. As they looked at it together, Mr M.'s sad situation became clear. Out of a feeling of powerlessness, the therapist asked, "How can I help you?" Mr M: "That's not possible." Therapist: "Would you like to draw something else? Is there anything else you can do for the cats in the picture?" Mr M replied spontaneously, "I could draw some food, then it would be feeding time." His voice suddenly sounded brighter. In a lowered voice, he added, "But that would be strange. If someone saw that, what would they think?" "It's your picture, no one has to see it, it's no one else's business", the therapist replied. Mr M. drew a food bowl for each cat and was then satisfied with his picture, naming it 'Help'.

In the third session, Mr M. created a picture that he called 'My Life'. In the middle of the page, he drew a large red heart and his four cats, along with the text 'I love my 4 cats more than anything!!!' and in green letters: 'Please don't take them away... thank you!!!' The cats were drawn turning away from him, and Mr M. said that they should be facing the other way, but that he couldn't draw them that way. This time, he was also able to feel the love for his cats in his body consciously.

In the fourth session, Mr M. created a picture entitled 'Future'. The picture appeared animated, no longer as static as the first creations. He even drew himself with a smiling mouth, and the cats were facing him.

At the end of the process, he created another picture of his flat, depicting his arrival home. He depicted the cats as colourful, fluffy balls and titled the creation 'Me and my cuddly monsters Ltd'.

## **Analysis**

The silence in this art therapy session created space without judgement. There were many moments of shared and mutual silence, which was not out of pity but rather a benevolent meeting of equals. During the phases when Mr M. cried, it was important to the therapist to allow sufficient time to give space to his feelings and to hold them. Art therapy helped Mr M. to express his inner processes. Sensing the brush on his skin enabled him to immediately connect with and acknowledge his feelings.

These phases of silence at the beginning of the art therapy sessions were also very important for the therapist in her reflection, as there was a great deal of unspoken, emotionally confusing and chaotic energy in the room. The silence created a basis of trust that enabled Mr M. to reveal himself, talk about his life situation, and clearly recognise his desire for relationships beyond those he had with his pets.

## **Comparison with the 'Four Phases of Mindful Transformation'**

Already in the first session, Mr M. recognised his sadness and loneliness and managed to allow himself to feel his emotions. In doing so, he said yes to what was

happening. The grief over the loss of his cats brought his loneliness and social exclusion to light. The crying seemed to release emotional tension, paving the way for him to face reality.

By saying yes, Mr M. moved from a feeling of powerlessness ("I can't do this") to a capacity for action. This became apparent in the first session through the sudden change in his voice and communication. In the following sessions, his active will to shape his life also became clear.

In the second session, Mr M. confronted his strong feelings and fears and consciously drew the 'black hole'. This confrontation could already be interpreted as saying yes and shows the beginning of an exploration of his feelings and life situation. From the art therapist's point of view, Mr M. also succeeded in viewing his difficult life situation with more consideration and respect for himself. Kornfield (2008) points out that this would make some problems more bearable for us.

In the course of further sessions, Mr M.'s creations became more colourful and livelier. His self-portrayal changed from a rigid figure without fingers and feet to a mobile person with fingers. Mr M. also displayed a more self-confident attitude and ability to act, which corresponded to his real increase in joie de vivre.

## **Results and discussion**

The case studies are revisited below in relation to the research questions.

*Research question 1: To what extent can the model of the 'Four Phases of Mindful Change' be applied to different case constellations?*

Analysis of the case studies showed that elements of the 'Four Phases of Mindful Change' were present in each case study (Table 3).

<b>Case study: Reiter</b>	
Phases	<p>Recognition: Being able to deal with difficult situations</p> <p>Saying yes: Consciously addressing the issue, getting involved</p> <p>Exploring: through conscious sensory engagement with the different materials, sensory perception</p> <p>Non-identification: going beyond, honouring the quality</p> <p>Naming: By naming it "My Ganesha", the honouring of one's own qualities, the ability to act, the creative power of devotion, and the creative process are sealed.</p>
Moment of insight from the client's perspective	The attitude towards quality "is sweet anyway" changed through the devotion and the creation (pink dot) into loving honour for oneself.
<b>Case study: Andergassen</b>	
Phases	<p>Recognising: Selecting the cards.</p> <p>Saying yes: Getting moving in physical space; entering the creation process.</p> <p>Exploring: Revealed through the elements in the creation: the colour black, levels of transparency</p>
<b>Case study: Wiesinger</b>	
Phases	<p>Recognition: Recognising his grief and loneliness. Perceiving the effects of his illness on his relationship with his cats.</p> <p>Saying yes: Voluntarily participating in art therapy. Showing and accepting feelings of grief and loneliness. Becoming aware of his responsibility towards the cats.</p> <p>Exploring: Working through his feelings towards the cats and his desire for relationships. Naming his creations.</p>

Table 3: Elements of the 'Four Phases of Mindful Transformation' in the three case studies

The first case study from private practice in an online individual setting showed that the four phases of mindful transformation could be identified in the creative process

and that the moment of self-awareness was revealed, which is also reflected in the naming. The client had a trusting relationship with the therapist.

The second case study from the day clinic demonstrated that a process of recognition, affirmation, and exploration could occur. The group setting was new to the participants, despite their prior familiarity with each other. They not only had to build trust with the therapist, but also within the group, in order to feel comfortable revealing themselves. To bring about profound change, a therapeutic process that spans a more extended period of time is certainly required.

The third case study from acute psychiatry was characterised by a short hospital stay, little time for relationship work, and an acute crisis. The client was able to recognise his feelings of loneliness.

*Research question 2: How do different settings influence the involvement of clients in their own reflection process?*

The clients in the first case study were individuals with prior experience in therapy. This would explain why the processes of insight can proceed more quickly. These clients chose art therapy themselves because they hoped it would help them deal with their problems. They financed the sessions themselves and expected an improvement in their current situation. They were committed and very interested in gaining new insights about themselves and possible courses of action for their future lives from the therapeutic process. Through the interviews, they actively reflected on their insight processes and moments of insight.

As some of the clients in the second case study had little experience with therapy, they needed time for the awareness process. Involving them in a reflection process in the course of a case study would have been too much for them at this stage. After their discharge, they were no longer available for a later joint reflection process. In this study, the physical space's designs and arrangements served as the basis for the analysis.

The patients in the third case study, who came to art therapy during their acute psychiatric stay, found themselves in a predicament in which they themselves saw

admission to the psychiatric ward as a last resort or had been forcibly admitted. Self-reflection was not always possible here. Additionally, the effect of medication must always be taken into consideration in this context. The objective of the therapeutic measure was to calm and stabilise the patients. In addition, the length of stay in acute psychiatric care, which was kept as short as possible, was a limiting factor for a longer therapeutic process. In this study, the perception of the reactions and feelings of the therapist and client served as material for further analysis.

## **Conclusions and outlook**

The comparison of three case studies demonstrated that the 'Four Phases of Mindful Change' model can be utilised as an analytical tool to evaluate the effectiveness of art therapy. Different phases were experienced in the cases described. The influence that the art therapy setting could have on the possible involvement of clients in art therapy research was considered.

This study has some limitations. For example, the number of cases in the individual studies and the number of therapy sessions are limited. To better support the statements made and analyse them in a more differentiated manner, further cases in similar settings would need to be examined. In addition, a research design would need to be developed that addresses the different levels of knowledge (therapist and client) and temporal dimensions (session and course of therapy). Furthermore, the terms 'process' and 'moment' would need to be discussed in detail for the analysis.

Particularly in clinical settings, where a team of care staff is typically present, this team could also be more closely involved in the research. This aspect was not considered in the studies presented here.

[1] According to Aristotle, *phronesis* means recognising and seeing connections with deep insight and bringing them together in a life-enhancing way with practical wisdom. In *phronetic* art therapy, clients are offered a space and methods to take up, shape, explore and recognise their own life movement with different materials in a mindful and perceptive attitude ('Active Communio') (Starke, 2019).

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