

## Creative Techniques In The Psychotherapy of Depression

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### **Abstract**

**Introduction:** *Psychotherapy research has followed mainly two directions: one dedicated to the efficiency of certain psychotherapeutic programs, and the other to the psychotherapeutic process itself. Somewhere between are the efficiency studies based on the meaning model which has appeared as a reaction to the clinical trials based on the medical model. Process research has revealed especially general aspects related to the psychotherapeutic success like the therapeutic alliance, the perceptual and experiential processing, and characteristics of the psychotherapy session.*

**Objectives:** *In the present article I focus on the use of expressive-creative techniques in the psychotherapeutic process involving persons with depression organizing them by the four phases followed in the experiential psychotherapy of unification.*

**Methods:** *Studies concerning the empty chair or two chairs techniques have helped identify markers of the moments when the psychotherapist may introduce them and their effects. Fewer studies have been dedicated to the creative attitude as a psychotherapeutic mechanism, to the moments when creative techniques may be introduced, and their specific effects. Even though the effect of relieving the emotional tension of the expressive-creative techniques has been known for a long time, or Jung has described the possibility offered by the creative attitude for personal development and fulfillment, a discussion on the interplay between the creative tasks and working on the person's concrete life problems is necessary.*

**Results:** *By creative means, the expression of emotional tension or pain turns into problem solving, focusing the person on herself, new aspects of self-image, possible resources that may help her to cope with real life challenges. It is a complete process of expressing a personal meaning and re-discovering it by reuniting conscious and unconscious messages, reconnecting the person with her "wholeness", with her Self (as the archetype of totality) a truly unifying experience.*

**Conclusions:** *Creative-expressive techniques, even though their efficiency in working with people with depression has been less studied, help achieve important goals in this line by developing the creative attitude of the person, but also serving as a support in solving life problems or in dealing with interpersonal issues.*

**Keywords:** *experiential psychotherapy of unification, depression, creative techniques*

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## **I. Introduction**

Even though many studies have been conducted on the subject of depression (description, psychotherapy, prevention, types), not so many are in the field of using creative techniques. An interesting contribution have made Zubala, MacIntyre, Gleeson, and Karkou (2013, 2014) by describing the arts therapies practice with adults suffering from depression, by means of qualitative analysis, restricted though to the area of United Kingdom. Blomdahl, Gunnarsson, Guregård, and Björklund (2013) have identified eight therapeutic factors which support the healing of the persons affected by depression: self-exploration, self-expression, both symbolic and verbal communication, understanding and explanation of the association between context and actions (emotional or cognitive experience); integration (especially of difficult life experiences), symbolic thinking which facilitates the expression of un-verbalized experience (often unconscious, corporal experience) allowing the connection with the conscious aspects, creativity, and sensory stimulation helping the person to focus on here-and-now action and to detach from the negative, automatic thinking or imagination.

Zubala, MacIntyre, Gleeson, and Karkou (2014), after collecting information from art therapists from UK, have found that the theoretical foundation is quite diverse, having in the center the body-mind relationship. So, psychodynamic theory, Winnicott's or Jung's theory, but also integrative or eclectic approaches have been mentioned. Generally, depressed persons come with a significant background of medical, but also life problems, ranging from chronic life conditions (poverty, homelessness, neglect, psychological pain, abusive relationships, anger, social isolation) to specific trauma (like loss of important persons, death, complicated grief etc.). The authors have reached to three aspects of clients with depression which have the most important influence on art therapy progress and effects: co-morbidity, severity, and complexity. They also highlight the high variety of psychological aspects, once they have reached beyond the diagnostic. The complicating factors are poverty, intergenerational patterns, attachment problems, and other dependencies. This may be the explanation of the longer time needed for positive outcomes. During the process it is important to find the core of the problems and have the patience to work on it so that relapse is prevented. Although it may seem confusing, depression is a desired state at the beginning, in the sense that other attempts to cover it, to hide it only slow the psychotherapeutic process. As I have mentioned in a previous paper (Răban-Motounu, 2014a), to fully

acknowledge the depressed state is the first step and the key to past problematic experiences, traumas that need reprocessing. Some other important psychotherapeutic factors have been mentioned like focusing on re-connecting with others, the corrective parenting experience (coming from supporting the creative process, especially when the client is self-critical), and the holistic approach of mind and body. The main effects are: emotional resources, coping skills, stronger sense of self and of meaning in life, well-being, and better concentration (Zubala, MacIntyre, Gleeson, & Karkou, 2014).

Silverman and Rosenow (2013) have assessed the effects of a diverse 10-sessions recreational music program in psychiatric inpatients, including listening to music, expressing preferences, music jeopardy, percussion and more. They have reported effects on the immediate affective state (awake / drowsy, relaxed / anxious, cheerful / depressed, friendly / aggressive). This study supports the use of this type of program for attaining an emotional balance, but, as we have previously noted in a different study, the connection with life problems and personal difficulties have a specific psychotherapeutic effect (Răban-Motounu, & Vitalia, 2013).

Especially focused on symptoms of depression was the experiment conducted by Esfandiari, and Mansouri (2014). They have highlighted the effects of the type of music, light or heavy, compared to a control condition on the Beck Depression Inventory scores. The program consisted in listening to music (pop or heavy rock) in groups of 10 persons for 45 minutes, in total number of 14 sessions. Significant effects were obtained for both experimental groups. This type of art-therapy is thought to target anhedonia, although one may hypothesize that heavy rock music helps getting in contact with the anger inside, and somehow accepting and re-processing it, as in depression people tend to turn anger inside. Schwantes, McKinney, and Hannibal (2014) conducted a randomized controlled trial to study the effects of melotherapy on depression in immigrants.

The participants in the experimental condition learnt to play an instrument (piano, guitar or accordion) in 7 to 10 weekly sessions of 90 minutes. Then they improvised in terms of melody and lyrics on specific themes, important for the target population. The control condition consisted in listening to music recorded on 10-12 CDs on the participants' requests and preferences, which, of course involved music with a national specific, remembering from home. While the scores on the depression instrument continued to decrease from pretest, to posttest and follow-up, those

for anxiety only from posttest to follow-up, and those for social isolation from pretest to posttest. The authors have found their program promising, but they present as a possible limit to the study the researchers' difficulties in using the music with a cultural specific.

The effects may be explained better by the way both experimental and control condition were designed. The control condition was not a placebo one: Elkin and colleagues (1989) found similar positive effects for what they meant to be a placebo condition – a discussion with the person on side effects of the treatment. In the melotherapy study, the control condition allowed the expression of personal preferences in music, the connection with the cultural background with no effort at all, by listening to this type of music. The experimental condition might have been too structured: is necessitated that the participants learn how to play to an instrument, and the lyrics were composed on a given theme.

## **II. Methods**

In the present article I focus on the use of expressive-creative techniques in the psychotherapeutic process involving persons with depression organizing them by the four phases followed in the experiential psychotherapy of unification.

### **Qualitative analysis of psychotherapeutic process integrating creative – expressive techniques**

The first step is the provocative experience. When working with persons with depression one important issue is their low level of energy, also highlighted by Cassidy, Turnbull, and Gumley (2014), or motivation (Zubala, MacIntyre, Gleeson, Karkou, 2014). Dramatherapists describe people with depression as presenting symptoms like social isolation and anxiety; low self-esteem, disposition and motivation; a negative mindset (Chapman, 2014), all these turning the task of involving them in the provocative experience into a challenge for the psychotherapist, so that they would not receive it as an aggressive action. Starting from Schaub's (1996) observation that creative meditation helps the person to deal with the pain that goes beyond Ego's abilities to manage; it can be used as a possible solution in initiating the psychotherapeutic process with persons with depression. It helps them find the energy to mobilize and explore life difficulties or problems. For the intervention to be more focused, creative meditation centered on symbols of Self may be used (Răban-Motounu, 2014a, 2014b). The technique serves also as an instrument for experiential assessment, as the psychotherapist may find out how the client connects with the Self, his undistorted attitude towards himself.

Later on, two other creative tasks may be used: creative dynamic meditation or art-genogram.

The creative techniques are connected with the experiential analysis, focused directly on life problems and the psychological mechanisms that support their resolution, with the clear objective of enhancing the general functioning and the quality of life for these persons. Accomplishing this objective has been also mentioned by Zubala, MacIntyre, Gleeso, and Karkou (2014) as a way to involve the client in the psychotherapeutic process. The creative meditation, followed by expressive techniques (especially drawing) helps not only in bringing into the present the client's difficulties, but also in capturing the unconscious, symbolic, and, the same time, personal solution to this problem. Thus, the person can first explore the problematic experience, reprocessing it, and then comes back to the personal solution in order to understand it and to transfer it into the life situation outside the cabinet. This remains as proof of her ability to find solutions to the challenges she encounters which may be used by the psychotherapist, in the final phase, that of acknowledging change and personal growth, to challenge her negative self-image.

Returning to the expression of the products of the creative meditation, they too may serve assessment purposes. An interesting application in this line has been proposed by Kim, Ghil, Choi, Kwon, and Kong (2014): a computerized system which identifies and differentiates psychological disorders using structured mandala. They used several groups: non-patients, anxious, depressed, and schizophrenic patients. The procedure consists in providing the person with a box with 12 colored pencils. After giving them a pattern of structured mandala, the instructions were to express their emotions into colors, without discussing with anyone around, for 30 minutes. The group of depressed patients was differentiated by the number of clusters, the ratio of warm colors, of cool colors, of primary colors, of secondary colors, the length of edges, the completeness, accuracy, the use of yellow, ratio of yellow, of green, of purple, of brown, of reddish brown, and of black. High coefficients in the logistic regression for this specific group have had the ratio of cool colors, and the ratio of black.

Kim, Kim and Ki (2014) have investigated the effects of combining art therapy techniques with breath meditation on subjective well-being in first year college students with depression or anxiety, according to specific questionnaires. The effects were higher for the combination group (art-therapy and breath meditation) and for the art-therapy group when compared with the control group. The program

consisted in 13 sessions of 80 minutes, during approximately three months. It began by focusing on the accepted and the projected self-image. Then, in a group context, the participants explored and expressed interpersonal difficulties. They continued by exploring new aspects of Self and accommodating with them. The final stage was centered on becoming aware of the way each participant had achieved a progress, expressing feelings associated with the new self-image.

### **III. Results**

The effects of an integrative approach focused on expressive techniques, also including walking and stretching meditation, have been highlighted by Kim and Ki (2014) in a case of an adolescent girl with neurasthenia and somatisation problems. Initially, they used drawing to help her express the attitude towards herself, then techniques of sensorial awareness and creative expression of several aspects of reality (starting from tastes and ending with aspects of nature). They continued with walking and stretching meditation coupled with direct suggestions for positive thinking when dealing with negative emotions, and finished with the representation of the new self-image: more positive, more in charge, more aware of her dreams and desires. The whole intervention had significant effects on alexithymia and somatisation symptoms.

In working with the intergenerational or transgenerational mechanisms of depression, the art-genogram may be useful to express and initiate the psychotherapeutic work. The natural elements may be utilized in recreating the family history as very often, in the case of depressed persons, it is characterized by neglect or abuse, which makes certain archetypes to express in their primary, symbolic form. Thus, the natural elements become very useful instruments in accessing resources blocked at the unconscious level during this familial history.

In the second phase of the therapeutic process, the psychotherapist helps the person to become aware of her incongruencies and discover unconscious messages. After focusing on the non-verbal message, which is incongruent with the verbal one, the psychotherapist proposes creative-expressive techniques in order to the client help explore it, accept it, and maybe understand it. I consider that the creative-expressive techniques allow the access to the person's unconscious functioning without forcing her awareness capacity, her self-image or Ego, and mobilizing other defense mechanisms, by supporting the gradual assimilation of these aspects into the self-image. Drawing, dance, movement, dramatization, amplification, modeling, body sculpture may be

introduced by the psychotherapist after assessing which one fits best the client and her experience (drawing or modeling the pain in some part of the body or that specific part; accentuating or playing as a role the symbolic, but ignored burden on the shoulders; singing the sorrow, the pain, the grief or finding a voice for them to talk etc.) Of course, their use depends on the psychotherapist's trust in her/his and the client's creativity, but also in the creative techniques, to help detach and focus again on the problem with new resources.

In the exploration phase, the externalization of the conflict may be achieved by means of dramatherapy, modeling, drawing, movement, dance, melotherapy or bodysculpture. In dramatherapy, the client has the chance to explore a holistic manner of expression (both verbal and non-verbal), supporting his level of energy. Modeling gives the chance to work on the blocked anger or the retroflected anger: It has been proved to be especially effective in working with depression. The technique facilitates unmediated sensorial stimulation and possible pleasure; it also offers the possibility of externalizing the anger the person turns towards herself.

There is a theory of depression (Freud, 2011, Stiemerling, 2006) according to which it results from the introjections of the aggressive actions of significant others (insults, criticism, verbal, emotional or physical aggression) or from aggressive impulses towards introjected figures. Also, the depressed person might have given up manifesting aggression outside from fear of being punished or rejected. No matter the origins of the aggressive tension, modeling gives the person the chance to express it, to feel it, to eliminate the fear associated with it, and finally to control it and integrate it in a creative piece of art. Such effects have been found by De Morais and colleagues (2014) for psychiatric patients. Eight sessions of group clay work have had significant effects on scores on Beck Depression Inventory, but not on State-Trait Anxiety Inventory. Modeling, in plasticine (adding the benefit of color) or in clay (which is more physically soliciting), might be useful in working on problematic relationships with significant others in the third step of the psychotherapeutic process in the unification psychotherapy. Its use is also recommended in personal development because of another positive effect, most obvious when working with persons with depression: Modeling is a gradual process which allows the unfolding of the deepest aspects of certain relationships (emotions, feelings, thoughts, fantasies, past representations and memories) and their integration while the person is in control, and finding the original, best guarded by defense mechanisms, unprocessed, problematic experiences.

In the same line, it offers the time to work on a solution. First, the task may be more symbolic, metaphoric, becoming more and more concrete, with special reference to specific problematic relationships in the person's life. The act of creation gives energy to the person to slowly allow painful past experiences to come into the present, to be remembered, old aspects of the self-image to be "re-visited", to trust herself in the flow of experience, an important step in the psychotherapeutic process as Wolberg (2013) has also noted. In this phase it is very important not to hurry the creative process, or the remembering process, but to be patient and supportive with the client, because only he knows the intensity of the pain that has blocked those memories for a long time and this is the corrective experience, especially empowering him, when he slowly takes charge of the process: he is in control and also aware of it, and tries his natural, self-regulating mechanisms. Resistance to the creative task, in this step, may have a positive side: the person trusts the psychotherapeutic relationship enough to try to refuse the psychotherapist's instructions to express herself, she has the force to say "No" to any suggestion from outside, and to trust more her internal impulses. The psychotherapist's non-directive attitude, valuing the creative experience in itself creates the condition to progress from setting boundaries to self-expression, overcoming an important barrier when working with the depressed person.

By creative means, the expression of emotional tension or pain turns into problem solving, focusing the person on herself, new aspects of self-image, possible resources that may help her to cope with real life challenges. It is a complete process of expressing a personal meaning and re-discovering it by reuniting conscious and unconscious messages, reconnecting the person with her "wholeness", with her Self (as the archetype of totality) a truly unifying experience. Thus the person steps into the third phase of the psychotherapeutic process: externalizing the unconscious message and integrating it into the daily experiences (Mitrofan, 2004, 2012). The creative experience, after helping relieve the unaccepted, and previously unmanifested emotions is an exercise, which, in the experiential psychotherapy of unification is often done in conditions of extended awareness, consolidating the creative attitude as a way of expressing self-acceptance, self-regulation, self-exploration, of integrating into the environment (either social, cultural, physic, or natural) which, once again puts spontaneously the person in contact with herself. The artistic expression is most often more energetic and harmonious, more integrated in itself and into the situation in a spontaneous manner.

Role-playing, dramatherapy, dance, movement is more appropriate for this phase. The ease with which the client accepts it may be interpreted as a marker of progress: he is no longer afraid of suffering, of expressing his truly self the same time vulnerable and powerful and he has the necessary energy for it, he is more accepting with himself as to express himself without any mediator. He is prepared for creative interpersonal relationships, for creative contact with others. Relevant for the topic is Lee's (2014) description of the psychotherapeutic process with a 56-year-old woman with a diagnosis of major depression with psychotic features in three stages. After establishing the therapeutic relationship (stage one), she learnt to pay attention to her body and make verbal interpretations of her movements (to establish a connection between conscious and unconscious aspects of functioning and to trust her body). The final stage was more provocative: she embodied her imagination, with special focus on the inner conflicts in order to reveal her traumatic event.

In this line, the greatest potential for integration is given by dramatherapy. In the experiential psychotherapy of unification it may be used in all the phases of the therapeutic process: as a provocation to a novel group experience; as a way of expressing and experimenting opposites; as externalization of internal, unconscious contents and ways of action; as an experience which facilitates the construction of new courses of action and expressing newly-discovered aspects of Self. In group work, it offers stimulation and a shared experience of mutual help which is deeply satisfying, a safe place for "playing" (Winnicott, 2006). Cassidy, Turnbull, and Gumley (2014) have highlighted the core processes set in motion by dramatherapy: centering on the "here and now" psychotherapeutic work, "establishing safety", "working alongside", "offering control and choice", and "being actively involved". The unification psychotherapy adds to this processes the accent on extending awareness in the "here and now" action, by integrating moments of "stop action" or "time out" during which group members are offered the possibility (guidance) to deeply explore their personal experience in action, integrate it and to enrich their role in the scenario. Especially when working with people with a diagnosis of depression, Chapman (2014) has found that by means of imagination, it helps overcoming the limits imposed by such a diagnostic to a person's identity, Self. It is particularly useful in group work because it helps in building confidence and in feeling as being a part in a "bigger picture" or "scenario", it gives energy – being more dynamic, and stimulation as

it results in a co-created scenario. The psychotherapist has the chance to tailor the energy of the specific session by introducing himself new directions for action, and the participants to build a more positive image of future and others.

#### IV. Conclusions

Creative-expressive techniques, even though their efficiency in working with people with depression has been less studied, help achieve important goals in this line by developing the creative attitude of the person, but also serving as a support in solving life problems or in dealing with interpersonal issues. This is in line with the new developments in the field of conceptualizing the psychotherapeutic process in general, which discuss it in terms of problem solving and finding the appropriate level of communication with the client according to his specific type of problem (Marken, & Carey, 2014). They facilitate extended awareness, a positive affective state and self-image; stimulate self-acceptance, the same time with supporting the development of coping skills.

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