

# Experiential-Eclectic Psychotherapeutic Intervention in Anxiety-Depressive Disorders

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## Abstract

**Introduction:** *In this paper we treat anxiety-depressive disorders by using various forms and techniques of existing interventions/ therapeutic approaches. We start from the premise that multiple techniques use, essentially, the same structure, being changed only the names of the elements used, as illustrated in the case study of a young woman with clinical level depression and anxiety. So, a vast arsenal of therapeutic techniques can help the client to explore more easily and integrate relevant experiences, at their own pace.*

**Objectives:** *The objectives were exploring the degree to which the client felt and was aware of her condition, examining family, transgenerational and intergenerational influences on the social dimension, activating and using creative resources to strengthen the masculine self, re-signify and integrate experiences in a creatively expressive way. Building interdependent healthy relationships and cultivating and flourishing existing personal relationships was another goal.*

**Methods:** *The main psychotherapeutic method used in the present intervention was Unification Therapy (I. Mitrofan). A second method used in combination with the Unification Therapy was G. I. Gurdjieff's approach known as the Fourth Way or 'the way of the sly man'.*

**Results:** *An improvement was observed on all the operating plans of the client's existence: her posture became more vertical, her tone was more assertive and deeper, she achieved a better self-care level (groomed, dyed hair, use of makeup and a lack of dark circles under the eyes). The tonicity/ vitality was increased, the client re-engaged in erotic relations, she started to use the phrase "I feel" more often. The relationships with family members have also been improved.*

**Conclusions:** *The use of an eclectic approach through the Unification Therapy method provides a step-by-step journey with the client through the trauma, given a constant feel of growth. Gurdjieff's Fourth Way provides a deep understanding of the Self through the constant act of "self-remembering" and through always knowing where the client lies in relation with themselves within a moment of crisis.*

**Keywords:** *growth, personal development, self-remembering, Fourth Way, here and now, self, witness state*

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## **I. Introduction**

This paper represents an eclectic methodological elaboration on the importance of adapting the techniques used in the treatment of depression and anxiety, to respond to the subjective needs of the client and not to persist in a single therapeutic approach.

As the repetitive use of only one methodology represents, in my opinion, a stagnant approach that does not rise to the client's requirements, I added, to the experiential integrative approach of unification, multiple techniques from known guidelines, to increase the degree of dynamism in the intervention.

Depression and anxiety are among the most common types of neurotic disorders that form the basis of the many types of syndromes and medical diagnoses known, so they are the neurotic basis of many organic and mental disorders. Treating them early ensures the client's homeostasis both somatically and mentally.

In this paper I present the case of a client with multiple abandonment traumas that occurred as a result of multiple deaths and losses of people with whom she had formed stable relationships, with a negative impact on the relational map and the way she used to connect to the outside (see below her trends mergers and dependencies).

Following therapy sessions, the client managed to strengthen her Self, and to orient herself towards an active lifestyle, which involved movement and yoga, as well as an unlocking of creative resources and consequently their orientation in art (poetry and painting).

I used multiple Rogerian dialogue techniques and adapted them through the structures used by Gurdjieff for the development and consolidation of the Ego.

I believe that Eastern influences will be the future of psychotherapy, so that change begins in the present, in the 'here and now'.

## **II. Objectives**

The main objective of this paper was the exploration and psychotherapeutic intervention on the case of a client manifesting anxiety-depressive disorder. I assume that the use of an eclectic approach, oriented on a cluster of techniques, facilitates a good conversion of the energy blocked by depression, to a creative re-signification of the broad spectrum of experiences. The activation/ expression of aggression bottled in depression facilitates an energy mobilization that has an activating effect to regain tone.

- The awareness of family trauma and how parents communicate facilitated an improvement in the client's lifestyle by gaining individuality.
- Exposure to multiple traumatic events leads, by inner work, to a better self-assumption and better construction of one's boundaries.
- The ability to choose for oneself is acquired through awareness of situations in which the person has been deprived of these resources.
- Exposure to multiple frustrating situations mobilizes the person to a search for a purpose.

## **III. Method**

### ***Design and analyses***

The main psychotherapeutic method used in this intervention, on which multiple other 'satellite' methods have been added, is Unification Therapy, a humanistic-experiential holistic-integrative psychotherapeutic method, that was developed and implemented by univ. prof. Iolanda Mitrofan, PhD, who emphasized the restoration of the collaborative Ego-Self relationship.

The purpose of personal development is: *"harmonization and unification of the Self, creative optimization and self-transformation, psycho-spiritual maturation of the person in their evolutionary dynamics.*

*The indicators of their achievement are:*

- *extended self-awareness,*
- *enhancing one's evolutionary capabilities, resizing,*
- *the responsible and efficient integration and redirection of one's life scenario and of the relational and collective evolutionary dynamics"* (Mitrofan, 2008, p. 16).

Another method used in my approach is the Fourth Way (Cescato, 2008, p. 35-50):

*George Ivanovich Gurdjieff was a mysterious man who introduced a unique type of training into the Western world, a holistic but pragmatic teaching for internal psychological development that carries elements of mystery and mysticism, known as the Fourth Way. His ideas are complementary to existing psychological approaches, and will be briefly approached below.*

***Psychoanalysis:*** *defense mechanisms are called "shock absorbers", which tend to ease the tension from internal contradictions.*

***Behaviorism:*** *he considers the process of learning by imitation as one of the most remarkable*

methods by which people end up learning various things, both good and bad. (Ouspensky, 1987, p. 155). Among Gurdjieff's important conceptualizations stands his idea of the functioning of the human body as having three centers, human psychology being based on three functions: the intellectual center, the emotional center and the center of movement (a storehouse of acquired physical actions and behaviors).

**Humanistic therapies:** there are two main things that, according to Gurdjieff, are necessary for any kind of personal self-development – self-knowledge through self-education and self-observation and aspiration, striving, even with all one's might, to become more conscious, more attentive to yourself and the environment to everything that happens. Empathy can be seen as resonating with Gurdjieff's idea of "external consideration". External consideration refers to the ability to take into account and therefore adjust one's behavior to consider the feelings or needs of others.

"I am a man, and you are a man, and man is a creature who has an inner life... But if we can meet the person in them... then we will leave loneliness, meet someone else from their loneliness, this is a meeting in a company where we are not alone. We are alone only when we, as a person, cannot meet other people as a person..." (Gurdjieff, 1950, apud Cescato, 2008).

Another synonym for the concept of mechanicalness is that of entropy. Jordan Peterson (Peterson, Hirsch, & Mar, 2012) introduces the concept of "Psychological Entropy". Entropy, a concept derived from thermodynamics and information theory, describes the amount of uncertainty and disturbance in a system. It can be described as follow:

(a) uncertainty is a matter of critical adaptation for any organism, so that individuals are motivated to maintain it at a manageable level;

(b) uncertainty appears as a function of the conflict between competing perceptions and behavioral values;

(c) adopting clear objectives and belief structures helps to limit the experience of uncertainty by reducing the spread of competing values;

(d) uncertainty is subjectively perceived as anxiety and is associated with activity in the anterior cingulate gyrus and increased norepinephrine release.

### **Material and Measures**

In this approach, multiple forms of evaluation were used:

Experiential diagnosis (Mitrofan, 2004), which is a multidimensional, multivariate evaluative approach

that studies the issue on a continuum (from normal to pathological), including psychometric and projective evaluations and comparative analysis of data.

The semi-structured interview, that involves a method of gathering information from the client, through open-ended questions, based on a predetermined structure and adapted to the client, related to several aspects of his/her life (school, family, home, friends, interests, conduct problems, substance use and psychiatric symptoms).

The Draw-a-Person test, designed by Machover in 1949, which is based on the assumption that an individual will be forced to structure this relatively unstructured situation in accordance with the basic, typical and unique dynamics of their personality, revealing essential data about themselves, by approaching the task of drawing a person. It is assumed that in the drawing of a person will be present – to a certain extent – both their image of themselves and that of the ideal Self (Vladislav, 2015).

MCMI-III (Millon Clinical Multiaxial Inventory), that is particularly useful in diagnosing personality disorders and identifying existing syndromes. Based on Millon's theory, the rich interpretive value of MCMI-III is reinforced by the fact that its 175-article self-report format parallels the classification of disorders found in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Consistency with DSM-IV not only strengthens the diagnostic dimensions of MCMI-III, but also increases the usefulness of Millon's theoretical guidance system among clinicians (Jankowsky, 2002, p. 8).

NEO PI-R questionnaire, devised by Robert R. McCrae, Paul Costa Jr. in 1978 (applied strictly to anxiety and depression) – the revised NEO Personality Inventory (NEO PI-R) examines a person's greatest personality traits (the Big 5 dimensions of personality – Openness to experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism).

The Hamilton Depression Form, abbreviated HAM-D, that is a multi-item questionnaire used to provide an indication of depression and as a guide for assessing recovery. Max Hamilton originally published the scale in 1960 and revised it in 1980. The questionnaire is designed for adults and is used to assess the severity of their depression by probing mood, feelings of guilt, suicidal ideation, insomnia, agitation or retardation, anxiety, weight loss and somatic symptoms.

The Beck Anxiety Inventory (BAI), created by Aaron T. Beck and others, which is a multiple-choice 21-question self-report inventory that is used to measure

the severity of anxiety in children and adults. The questions used in this measure address the common symptoms of anxiety that the subject had last week (including the day they took it), such as numbness and tingling, sweating that is not due to heat, and fear of the worst. It is designed for people who are 17 years of age or older and lasts between 5 and 10 minutes. Several studies have found that BAI is an accurate measure of anxiety symptoms in children and adults.

The Beck Depression Inventory (BDI, BDI-1A, BDI-II), created by Aaron T. Beck, is a multiple-choice 21-question self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. Its development marked a shift among mental health professionals, who had, until then, viewed depression from a psychodynamic perspective, instead of it being rooted in the patient's own thoughts.

Quality of Life Inventory (QOLI), devised by Dr. Michael B. Frisch, that is a short, but at the same time comprehensive, method of measuring life satisfaction. The use of the tool aims at an evaluation result (total score) and facilitates the construction of a treatment plan by revealing areas of satisfaction or dissatisfaction in a number of 16 areas of life, such as, for example, love, work or health. QOLI is a clear proof of the effort made to apply the theory that refers to the quality of life and well-being in the field of psychiatry, clinical psychology and health psychology, but also in other branches of medicine.

Spectra Cards kit, created by Yitzhak Schmulevitch, which features a unique and calculated mix of messages and colorful illustrations. This mix triggers rich emotional projection designed to widen and empower self-awareness, in multiple ways, for every person. Combining messages and illustrations in various techniques will provide significant insights that will help enrich self-perception, deepen self-understanding, enhance social abilities, improve relationship skills, reach self-fulfillment more often and increase the achievement of the self-potential in any field of activity, in life. The Spectra cards kit includes 192 beautifully illustrated cards (96 situation cards and 96 insight cards), and suggestions for creative and effective awareness and therapeutic work.

### ***Case study***

Demographic data & existential dimension: P., 21 years old, Law student. She lives alone in Bucharest, but comes from another city.

The symptomatology dimension: the client accuses having periods of insomnia and difficulties in

waking up. She feels emotionally fragile, unstable, in pain, experiences anxiety and is drained of energy. She lacks self-confidence and occasionally uses drugs (Marijuana and Ecstasy). She manifests a tendency to somatization, when experiencing anxiety and anger – in situations with a strong emotional impact red spots appear on the skin.

The transgenerational dimension, as recounted by the client:

Maternal grandparents: were aggressive towards her mother. There was excessive criticism and domestic violence in the household. However, they treated the client gently and took care of her. Her paternal grandparents did not accept her mother or her initially, however she had to stay with them for a while.

Father: left the family when P's mother refused to have an abortion. He returned 4 years later, unexpectedly. He was cold and distant towards the client and was only financially supporting her.

Mother: seen as being extremely critical, often takes the victim's position and was perceived as emotionally unavailable. She often related everything to herself and did not take into account the needs of the client. She took the decision to keep the baby and raised her daughter alone, until the baby's father returned, receiving help from her parents.

The structure of the therapeutic meetings was ordered on a weekly basis within a radius of 50 minutes. Each meeting respected the U.T. guidelines and Gurdjieff's teachings, by taking small steps without causing re-traumatization. In order to pass the psyche's defense mechanisms, projective assessments were created and a pervasive creative meditation based on The Fourth Way as well, that focused on all the dimensions of the client's psyche. The meditation is called "The carriage, the horse and the horseman", and will be briefly described below.

The beginning of the meditation is marked by an exercise of presence and awareness of one's body through:

1. focus on bodily sensations;
2. focus on the emotions felt;
3. logical analysis of cognitive processes.

The first step is done by breathing exercise. The client sits with her eyes closed and visualizes her body. Scans every bodily sensation she feels inside, without being distracted by thoughts. When thoughts appear, they are set aside by the "baggage technique" (the thought is visualized with a shape, color, size and is framed in a suitcase and thrown out of the memory field). Once the point of contact with the body is

reached, the client marks this step by raising the index finger.

The second step is followed by the internal scan of the impressions she has. The emotions she feels during the process. Notices the connection between bodily sensations, their location and the emotional intensity felt. Marks this step by lifting the middle finger.

The third step is to count simultaneously with attention focused on the body and emotions, not through the direct use of thought, but indirectly, through the movement of the fingers and assigning their position to a number.

This exercise facilitates good relaxation and focus on one's presence in reality. The subject is asked to remain in this state for 5 minutes, in order to get rid of any stressor.

The next step is marked by a guided meditation exercise. The subject closes her eyes, the arms become heavier, the legs the same, the background noises become more and more distant, presence is redirected from the outside to the inside, the therapist's voice becomes heavier, much deeper, the mnemonic background closes and a door appears in front of her (the door has a role in stimulating the passage to the subconscious). The client feels the texture of the door, its color, its smell, the temperature of the door, the noise it produces when she opens it. Feels the texture of the ground behind the door. She walks, hears the sound of footsteps, the smell of the realm.

A carriage appears in front of the subject (the carriage in Gurdjieff's writings represents the dimension of physicality, the body, thus, the archetypal elements attributed to it reflect the perspective on the body), observes its details, color, texture, material from which it is made, its architecture.

The carriage is connected to one or more horses (the horse represents the size of the emotions, the impulse – the archetypal aspects related to the horse represent the importance and perception of their own emotions and impulses), the client observes their vigor, if they are strong or weak, their color, if they are fed or hungry, tired or energetic, young or old.

The horses are led by a horseman (the horseman represents the size of cognitions, the subject's attention to cognitive development and culture), elegantly or precariously dressed, who knows the destination or not, sees where he is going or goes at random.

There is another character in the carriage. Who is this character? What does they look like? Is anyone

really there? (The passenger in Gurdjieff's writings is represented by the person's Self, the true "I"; the presence of this element represents the client's contact with their own resources).

The client is asked to look at the whole (body, emotions, mind, self), to observe the harmony or disharmony between the elements, to observe how each party communicates with the other, before saying goodbye and returning back to the door (this stage is an easy transition to reality, avoiding an emotional shock). The subject steps outside, closes the door behind her, the field becomes brighter and brighter, the therapist's voice becomes sharper, the sounds outside amplify, the hands become lighter, the legs the same, the whole body is relaxed and rested. The subject is back here!

This exercise is mine adaptation of Gurdjieff's method, by building this creative meditation derived from the eastern philosophy concept that man is a carriage, each part independent and dependent to the whole – which has a strong projective potential, with the purpose of attaining self-knowledge and unlocking the Self by unifying all the aspects of the Ego, by playing each element's role to observe how they bind together.

Based on multiple testing, people tend to personify the passenger in the carriage as an old person, suggesting an element of wisdom, calm and knowledge, associated with the Self.

Examples of the application of the exercise with other clients:

- Male: 24 years old

*Carriage:* he describes it as noble, made of black material with Victorian elements. In the role-exercise with the carriage, he mentions that it is a cart at the moment. It doesn't bother him to go over humps, on paths and through the forest, but it bothers him when he falls into the mud and gets dirty. The subject associates this situation with events in which he might make a fool of himself, or with moments when he controls his actions, so as to please the girls he wants to attract. To the question that determines him to be pleasant and not to display himself as he is, he answered that now he strives to be attractive and makes socialization efforts.

*The horse:* he describes it as brown with a black mane. Strong, but gentle. From time to time the horse can get out of the way, so the role of the driver is to keep him in check. He describes that the role of the horse in his life appears when he tries too hard to socialize and gets tired, so he pushes himself from behind to be able to persevere, although he is aware that a break would be

what he really needs – he cannot allow himself to stop on the way. He mentions that the carriage is easier to carry with more than one horse, which related with a tendency to form a social framework (as a child he did not leave the house very often and does not want to return to that).

*Coachman:* he describes him as similar to the little man from Monopoly (juvenile need for control, monopolization), with a hat. His role is to keep the horse in check. He is a driver in the moments when he controls himself in order to be able to initiate social interactions.

*Passenger:* feminine, an old woman – excess of feminine Self. This can be confirmed by the fact that he was raised by his mother, although he despises this and possibly seeks validation in other women.

The passenger is a duchess going to a dance party (ideal partner + ideal meeting).

When asked how he perceives the road, he mentions that he would like to see water and animals (he would like a female presence in his life).

*The environment:* regarding the framework, he mentions that he sees the carriage running through the forest. But he doesn't feel anything special about that forest.

Following the exercise, he re-signified that a break would suit him and that he should not always force an approach.

- Female: 23 years old

*Carriage:* the carriage resembles the one found in the Cinderella story. She describes it as being purple, grandiose, with big wheels made out of an expensive material. It's not kitschy, being very classy and royal. It is used to the road and the bumps, it is not worn-out and she mentions that people take great care of it.

*Horse:* instead of one, the carriage has six horses. Though all are different, one is black, one is white and four of them are brown.

The black one is the closest. She mentions that there is a little girl who loves that horse. He was protective of her when she was little. The girl gets along with everyone. She mentions that in the absence of the child, the passenger would become very grumpy, criticizing the whole world.

The white horse resides in the front, but the black horse is the perfect one.

"I would really like to resonate with this horse."

Placed in the role play, the black horse is a good stud, he is untamed, runs faster, for longer distances and he never gets tired. When he doesn't want to do it, he doesn't do it. He is the actual force in the carriage-team.

"I don't often resonate with brown horses, except when I recognize an authoritarian entity, I prefer to be guided." The brown horses help the black horse, but they are not important. They are basic and are carried by the black horse. Their quality is that they can be satisfied in the role of not doing anything. If they didn't have the other horses, they would have to make an effort. "I don't mind not being the one in front."

The white horse drives the cart. He manages to see the forest. The quality of the white horse is that he coordinates very well. "I often take on the role of a white horse. I like to lead."

*Coachman:* he is a very well dressed grumpy old man, working for a rich family and wearing a tailcoat and a hat.

"I think I know where I'm going, I didn't think before, but I think I know the road. I have a long lamp that guides me."

"The relationship with the other horses is good and not so good. I have no sympathy for the horses, but there is mutual respect. We don't have a close relationship, I do my job, and they do theirs."

The coachman is not agreed by the horses.

"I'm the coachman when I'm at the university, I don't know how to get to the end but I'm on my way."

*Passenger:* the passenger is a rich and arrogant old woman. She has gone through many experiences, she is wise, but she is also the kind of person who does not touch poverty because she thinks it's contagious. She doesn't know where she's going, but she expects to be taken there, otherwise she gets upset.

"Where are you going, dear duchess?"

"Home... we are going home."

"The coachman that leads you, do you understand his language?"

"Yeah, I think the two of them get along best in the story. I think if they're both grumpy, it helped."

"I feel like a duchess when I sit and judge the people from above."

*Environment:* the scenery is a dark forest, but she is not afraid of it. "We have to cut down the forest."

The therapeutic process of P. will be addressed below, following the structure: techniques used; objectives of the session; and analysis and interpretation.

### **Session 1**

The techniques used were: semi-structured interview; free association; Rogerian dialogue; drawing; the assertive technique; the Premark writing technique.

The objective of the session is relational clinical observation, to establish the behavioral pattern of the client, the defense mechanisms in use, the degree of harmony between the verbal and non-verbal, as well as her overall physical impression.

Following the experiential diagnosis, we observed some symptomatically relevant aspects: the mimic shows orbicularis muscles flexed downwards, there are prominent dark circles around the eyes and she shows a demoralized expression. The intonation of her voice is weak, trembling. The apparel is adequate to the encounter; however, the hair looks ungroomed. Her body language indicates inhibition/ constraint, non-expansion.

P. has the habit to repeat the phrase “I don’t know”, which may indicate increased anxiety, or a way to ventilate anxiety.

The client’s depressive period is marked by multiple losses that triggered abandonment traumas:

- Before the 1st year of college, the grandmother who raised her died.
- She followed a college where she found it difficult to accommodate, located in another city.
- In winter she had ended a two and a half years couple relationship.
- One month later, her friend’s sister, “who was like my sister, we grew up together”, died.

The relation started to fall apart between her and her friend whom she knew since kindergarten “things turned cold between us because she too.... it was very difficult for her afterwards, she got into a relationship and... I don’t know... I lost her too.”

These continuous periods of abandonment and loss and the fragile terrain and uncertainty she went through accentuated the frail and dependent state she is in. “After 6 months it was very difficult. I don’t believe I’ve ever felt so much pain.” The stuttering/ pauses in her discourse during the narration of events add to this hypothesis, given the fact that it is a concrete example of the emotional impact she felt.

P. has creative resources to channel and manage feelings (she paints, writes poems). Her philosophical orientation is directed towards existentialism (“Existentialism, Kant, Schopenhauer”). Her openness to Existentialism can also be considered a resource, an attempt to cope with the situation of life.

Following the free associations, it appears that, from an early age, any emotional response of the client was met with coldness and lack of empathy, with “be strong”.

The fear of abandonment and her trauma reaches the core of the problem in a perinatal and even prenatal fear of abandonment, the client being raised by the mother, as her father abandoned her and her mother, being unable at the time to assume the paternal role (the client was not a desired child). Later, after 4 years, the parents reconciled, and this strengthened the insecure attachment of P., who tends to frequently regress after getting in contact with her emotions: “I feel like a child, but I feel that, at the present moment, I feel the child as a weight/ burden.”

The client engaged in a sexual relationship with her partner (M.), in order to fill this gap in her life. What seems to bother her is the ambivalence with which M. acts, in the same way her father did in the past, when he returned to her and her mother. This strong projection brings into their relationship a whole cluster of insecurities and instabilities.

P.: “You don’t label it as a relationship, but it’s still a relationship... you don’t call it that way... somehow... We started to go out, we got very close, obviously I have some anxiety from my ex-relationship, and, well, the thing is that on Saturday I was talking to this friend and again, M. says that for him it’s a friendship that overlaps with sex, but in order for it to be a relationship it has to be even more... somehow it’s weird that I tend to assume responsibility in general, it seems strange to me because I know how it is with me and I don’t have to say: P.... I don’t know, but whenever I hear him talking to other people, telling them that we are not together, that it is not an exclusive relationship, given that in this relationship I am the only one who exclusively went out with him in a year... He’s telling me it is polyamory... Well, there has to be another person for that. Where is the poly?!”

Following the request to draw a person, P. replies “I don’t know how to draw people”.

On exploring the previous history of psychotherapy, she replied “I went to therapy only once, last summer when I had another episode and it was ok, somehow, it validated my condition, it’s not in your head, I said, it’s normal to feel that way, and I went on holiday to my hometown and I did not continue the process because I felt that I had overcome the situation. She was very nice and very empathetic, but she was very motherly like that.”

This statement denotes a possible new projection, the client seeing in me a parental figure – the father who was not with her when she needed to.

In addition, she mentions that “It’s very difficult for me to stay with myself”. She feels blocked in accessing her inner child.

Analysis and interpretation: following the session, the client concludes that, in order to go through this period, it would be ideal to spend more time alone with her and observe her reactions. She realizes that she entered the current relationship on her own and assumes this. At the end of the session, she declares she feels relieved by having vented the stressors.

P.: "I'm going to write, it's hard but you have to do it every day. I feel like it's now, that it's moving slower but [...] I'm glad I was able to say these things to someone impartial."

## Session 2

Techniques used: drawing; Rogerian dialogue; Ego Analysis; empty chair; use of humor; the assertive technique; Premark principle (which implies engaging in a higher frequency, satisfactory activity in order to increase another lower frequency, lower satisfaction activity; for example, the use of satisfaction obtained from painting, in order to gradually increase the general satisfaction with one's life).

The objectives of the meeting are to strengthen the client's Ego, to observe the quality of the relationships she has, the healthy expression of needs, the creative expression of the traumatic content and the acceptance of the wounded inner child.

Following the experiential diagnosis, I notice that she tends to laugh in a situation of emotional impact manifesting a gestural dystonia with emotions and also has the tendency to excuse when referring to her needs ("I'm sorry that I have to deal with this subject in today's meeting, but I saw M. on Saturday and I told you on Friday that I have to think about what it's all about").

Compared to what P. said in the previous session, she states that although was ruminating about the fact that she might lose him, she is surprised that she reacts normally and does not feel as affected as expected. This reaction could also be a rationalization of the emotions and the impact of abandonment that she feels. However, crying is an internal cleansing mechanism. "I also cry a lot. We talked for an hour and went home." Excessive crying can be draining of energy. The fact that she is apologizing could indicate once again the criticism she received as a child, from her mother, about crying and expressing emotions.

She managed to communicate her needs more assertively. "I told him that I would like to spend some time together and uttered as reasonably as possible, that I do not feel like spending time in a romantic way, but to be like two friends and it hurt me that he used this as an argument on Saturday. 'I can't give you the kind of

relationship you need and you're not the girl to drive me crazy'. He used this over time as an argument, that I need a different kind of relationship and he can't offer it. I told him, I do not feel listened to and a lot of arguments were based on I want something else but it's not about that, if I had a lot of circumstantial relationships behind me and if he had a lot... It only matters how you are with me and how we make each other feel."

P. correlates the feeling of devaluation received from the partner with the feeling of devaluation perceived from her mother. The devaluation is introjected so that self-esteem is affected. In exploring resources, she mentions that "I'm not very bad".

There is a correlation between the desire for perinatal abortion that the mother felt and the way she relates to her inner child. "I cannot sit and feel that something breaks inside me, and I feel that I want to no longer exist, I mean I felt like I didn't want to exist, that's what I felt and, then at the festival, I was on the island, I felt like I didn't want to be there, nor did he want to, and it was so intense, I said I didn't want to exist and I had a panic attack, I was shaking and hyperventilating..."

The inner child feels abandoned, almost aborted from her person, no longer wants to exist, she does not want it.

When asked to represent the inner child on paper, the client drew a child in a fetal position, inside a house, looking towards/ approaching/ turned over a plant. "I associate the tree with masculinity and I think this child is probably... they would have needed a father and a family (*crying out*) and someone didn't take care of them when they should have, and I have to take care of the child now!"





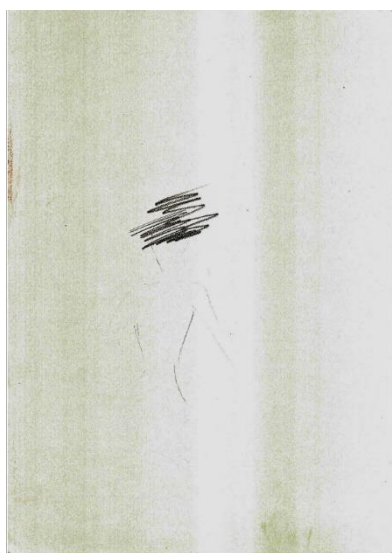
Moments of selective amnesia/ repressed memories are observed when experiencing situations with emotional impact.

Analysis and interpretation: following the therapy session, the client drew a parallel between the feeling of devaluation coming from the partner and the devaluation received from the mother. She managed to communicate her needs towards her partner, symbolically, in an experience facilitated by the empty chair technique and could be concluded that the assertive (masculine) side was not developed and that she should listen to the needs of her inner child.

### Session 3

The techniques used: Rogerian dialogue; Ego Analysis; drawing; systematic desensitization; the assertive technique; distraction from negative thoughts.

Objectives of the meeting: exploring family dynamics and how to express one's emotions in relation to them.



Following the observation, we found a change in the mimic, the client being more expressive and tonic in gestures.

She frequently dissociates once connected with her emotions. "I have a lot of reasoning in my head (cognition). I stop at what I can do next (behaviorally). I don't know how to focus and let go of my thoughts."

I straighten her out of the clump of cognitions.

T: "What do you like to do the most? An activity to 'charge' you?"

P.: "To draw and write poetry, only I don't know why I didn't make time for it. That's how I got rid of depression last time, drawing." (*insight*)

Art therapy has a lot of emotional impact and I point this out, wanting to turn it around.

T: "What would you like to draw?"

P.: "I don't know... I'm a very sad person." (*an 'aside' answer*)

I interpret the episodic presence of the father in the family, acting more as a sponsor.

P.: "We have been living in the same house for 20 years and my father told me happy birthday once, 2 years ago. I mean, he gives me an extra 500 RON when it's my birthday, of course he says that's how he tells me he loves me... [...]"

I think I told you, my parents reconciled when I was 4 years old. We also lived with my maternal grandmother, and my family decided to build a house, so they took me from my grandmother, where it was perfect and it was my happiest period. I was broken from the comfort of my own home and moved to a new place, with people I had never seen. (*the trauma of abandonment manifests itself*) It was terrible, because the only thing I heard was quarrels..."

T: "Fights between whom?"

P.: "My father's family never accepted me and caused a great scandal when my family reconciled. I'm not close to them because they rejected my mother. We moved, I changed schools. We moved into our house, after 2-3 years my mother went to work in the summer. My mother didn't finish college because I was born. She left me with my father's family and it was actually sinister." (*another possible source of insecurity, and negative cognitive tendencies*)

T: "What happened?"

P.: "I felt alone, so lonely and 0 affection, I felt as if they weren't taking care of me." (The feeling of loneliness impacts within the period from the age of 6-7 years (4 years + 2-3 years).)

T: "For what reasons?"

P.: "I don't know... I mean I felt rejected and I heard criticism of my mother."

T: "And how did it make you feel?"

P.: "Very bad, even if our relationship is strange, my mother is my only family, I mean I don't have anyone else."

T: "In what sense is it strange?"

P.: "After this period, I know that my mother left once more because I was little, and I was left with some strangers (*grandparents*) or she left me with my father, but my father had nothing to do with me."

I aim to connect with the insecurity of the inner child and see how she reacted to the first father-daughter contact.

T: "How did you feel when you were little and saw your father for the first time?"

P.: "I remember the picture, it's weird that I remember a lot of things from my maternal grandmother (*emotional memories*), but I remember that he came once and took me in his arms and I started crying a lot." (*forced intrusion in the personal space (a kind of 'rape' of that personal space)*)

The client has a fear of expressing her emotions, a fear that she has managed to exhibit in a creative-expressive way. She further mentions that the fear varies in intensity.

P.: "It's exhausting. I tried; I had the intention to get out [...]. I have no way of controlling what they say, and I should be careful about my reaction, about what I said in the beginning, on why I feel disappointed of myself after the M. thing, of my mother when I was beating myself up, that was my reaction, I was getting stuck and that's what happened and it is perpetuating."

Analysis and interpretation: following the therapy session, P. was able to understand the role of healthy boundaries in relationships, the importance of self-responsibility and the expression of her needs.

#### Session 4

The techniques used: Rogerian dialogue; Premark technique; drawing; administration of MCMI-III.

Objectives of the meeting: to investigate by applying Millon's Multiaxial Clinical Inventory (MCMI-III); to explore the client's inner resources and introjected content.

I notice a strengthening of the online social interactions, as opposed to past sessions, although the client tends to fall into the illusion of the introjected elements assimilated over time.

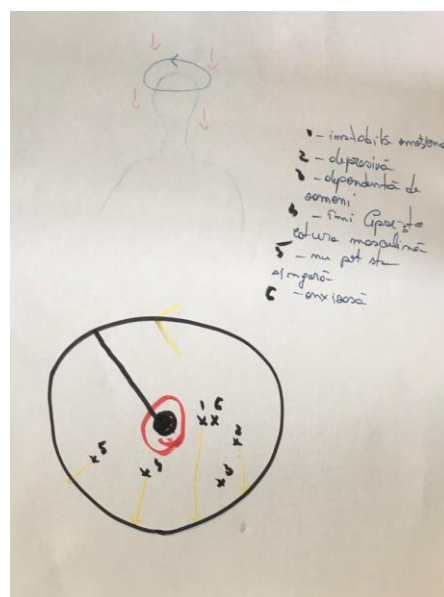
The drawing and the Premark diagrams show the degree of importance attached to the introjected elements. At the same time, the MCMI-III inventory indicates an avoidant personality style with somatoform elements and signs of post-traumatic stress.

T: "I'm proposing something to you. Because we keep talking about anxiety and I see that it has a big impact on you. Do you want to delve into what you drew and explore?"

P.: "Mmmm... yes."

The client drew a person with a very fine body line, that can represent very fragile borders with the outside, hence her so prominent ability to introject. Above the head there is a circle, drawn in blue, that is accented by an arrow to the left. Ruminant, recurring ideas, a cycle that cannot be integrated. Confusion.

Anxiety. Color can represent an excess of femininity (passivity, acceptance), and a lack of assertiveness of choice, differentiation, of the ability to change her own destiny.



She realizes that she is in a repeating cycle.

P.: "Yes... because it's the same thing... exactly the same... that I wasn't anxious and my condition was nothing but these thoughts, and the idea is that they started to affect my sleep a little more."

T: "In what sense?"

P.: "I mean I find it difficult to fall asleep and because... even if I'm very tired and I try to stay... I still can't fall asleep when I go to bed! (*sleep anxiety – sign of anxiety*)"

It happened to me to have the same thoughts two nights in a row... as if I wasn't even sleeping properly.

And... I don't really know how to address this thing, because last Friday I was super sad all day and I said ok... it's ok, let's write about what's good at the moment and this change happened, in the sense that I am nicer to myself and I am more patient..."

I encourage her to re-explore the positive state.

T: "In what sense?"

P.: "In the sense that I no longer feel guilty if I'm like that... that I'm not running away from the state anymore..."

T: "And how do you do that?"

P.: "I don't know, I tell myself positive things and that it's ok to go through this and that it's ok to be like that for a few hours or days! (*she activates her resources*)"

Because you don't... it happens often, I really don't know if there are parts of my identity or these are

just reactions and... indeed, in certain periods... but if I treat the cause they won't be any longer, I mean... and at this time I expected it to be much worse. [...] I try to stop thinking at all, not to think that I'm stuck because that's why I don't feel that life is extraordinary, I'm stuck at this point and should not take it as a blockage but as a stage that I go through, as something that is ok."

T: "Can you give me an example of these two weeks? You said these were a little more intense."

P.: "I had planned to do something nice, but it didn't work out every day... but... I don't know... I tried... to cook something good, to drink a glass of wine, to read something I like, although I had to study for college." (*she tried to be more careful and attentive with herself*)

T: "To be more careful with yourself..."

P.: "Yes... but look... I went out with some friends, I mean I went out again these weeks, only my background is very bad, I feel good when I'm with them, they are friends I met through M. When I go out with my friends, I never feel sad, but when I see a man I know through M., I get very sad, even if I don't talk about it." (*cries*)

She tends to project M. into his friends, and it is even more possible that she unconsciously projects her father into M. and those around him.

Analysis and interpretation: following the therapy session, awareness of the power of the therapeutic relationship was observed and the client could better identify the introjects, as well as the regaining of vitality.

### **Session 5**

The techniques used are: Draw-a-Person test; Rogerian dialogue; the guided meditation "The carriage, the horse and the horseman"; mindfulness techniques.

Objectives of the meeting: observation of sleep patterns and eating habits.

P. shares that her mother has a tendency to vent her own problems on her: "My mother came as usual with all the problems in her life. She left on Wednesday afternoon."

T: "Did she need your consolation?"

P.: "No, she doesn't need consolation, but she is extremely passive-aggressive when she's not well, that is, she only talks about this and 'let's attack.'" (*projection*)

The client can project on her mother her own passively aggressive feelings and her need to ventilate everything to her.

P.: "The last time she came I went to pick her up and she kept complaining that her back hurt and made all kinds of facial expressions... and she said she was going through suffering and I believe her, but it's always like that, all the time."

The mother seems to be looking for validation from the client regarding her condition, while the client is looking for validation from the mother about her depression. Her statement may have projective valences. I paraphrased to provoke a reaction.

T: "What stops you from saying 'Mom, we think very differently!'"

P.: "I told her, I told her... it was the only more important thing that had nothing to do with her and I told her that I have a friend who takes antidepressants and she feels crazy and I wanted to take the conversation to... 'Let's talk about mental illness'... and she starts that in her time no one had such a thing and..."

T: "She was in denial here."

P.: "Yes. You understand that we are two different generations. Yes. And then we were talking about food."

The beneficial effects of therapy are observable, sleep disturbances being one of the main elements supporting the diagnosis of depression. P. shows a more vital state, describes her emotional scar as being diminished, the appearance is neater and the tone of the voice is self-assured. "Yes, because I managed to rest and Friday was ok. I feel like I've taken a rock off my chest, honestly." A lack of energy can also be a result of irregular and nutritionally insufficient meals.

P.: "Me... I know I'm very slender, but..." (*laughs*). She is joking. She can use humor to de-stress a situation, that indicating a healthy defense mechanism.

P.: "Yes... well, I eat pretty late in the day. I just drink coffee and smoke until noon. And I don't know... It sucks when I'm in college and I eat late... like at 15:00-16:00... I'm still eating some biscuits."

As inferred, unhealthy eating habits are one of the causes of the client's low energy levels. "If I get up early, at 11 I'm in bed, but I don't fall asleep easily, this week I fell asleep without efforts because I couldn't think about things. [...] For me this cycle is a problem, I mean I don't think it's ok what's going on."

Her anxiety prevents her from getting in touch with her emotions, the consequence being rationalization. I hand her a piece of modelling clay to shape it to reduce stress. The client showed an ambivalent pattern of attachment towards the former partner, M. She did not want him close, but still wanted

to miss him, to feel sadness about him. “And I find it strange not to experience for one month what I’ve felt for him; he is gone, but I don’t know where he went because, instead of being emotional or feeling like I’m missing him or wanting to...”

T: “Would you like to miss him?”

P.: “I am... (*laughs*) I’m a little addicted to these states because I feel like I’ve been in a lot of sadness and melancholy for a long time, got used to it very much, I am ‘at home’ there, but when it’s not like that, when I feel good or differently, I’m not in my comfort zone, the comfort zone is to be sad and nostalgic.”

I validate the fact that she had the courage to step out of her comfort zone: “You went out and listened to yourself and made a beneficial choice for yourself.”

P.: “A reason why I’m not in my comfort zone and it helps me that I came to you during this period, even though I didn’t want to, I mean I didn’t want to come to therapy to go through a drama about a guy, but I feel that he’s made the whole process more active and like if it was only me with my thoughts...”

The old relationship took 8 months to get over...”

I activate the resignification process: “What did you learn from your relationship with M.? We learn something from every experience. What have you learned now?”

P.: “Strictly related to me, I learned that I had to know how to address my needs and that I don’t need someone else to offer me anything, but I deserve to carry my pain in peace. I feel that finally, after a long time, I can live fully my depressions in peace and there is no one there to...”

T: “Disturb you?”

P.: “To not leave me alone.”

T: “You have your own rhythm.”

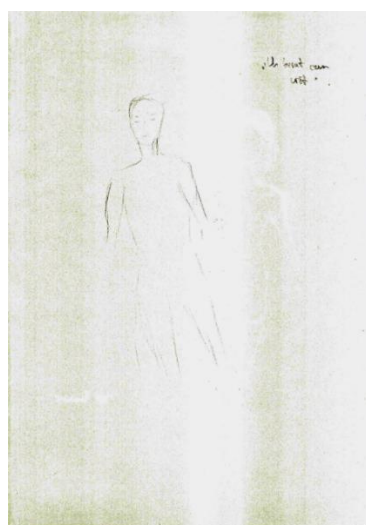
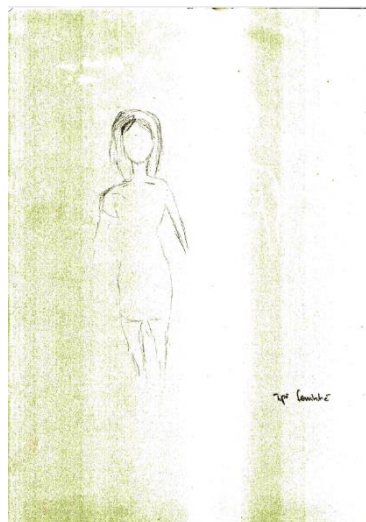
P.: “Yes, and I feel calmer. And the most important thing is to say ‘no’ next time and it’s not ok to be in something that doesn’t do me any good.”

T: “On a scale from 1 to 10, how willing are you to say ‘no’ next time, realistically?”

P.: “I think 8.”

The client learned to listen to her voice and to be more assertive about her intimacy and needs.

Following the Draw-a-Person test, she depicted a feminine person: “Well... I think this chick would be a female and... it’s not like... I don’t know...” She also drew “an ugly boy. I don’t know how to draw the guys I like”.



The drawing is schematic, medium in size, harmonious. The figure expresses emptiness and non-existence. The posture indicates abandonment, despair. It is uncertain whether the character is young or old, but the way it is built may place it in the young adult category. It is bizarre, the face not being represented, neither are the palms and feet. It resembles the second drawing, of the other sex, by the lack of limbs and is distinguished by the missing clothes of the male figure, but the face is figured.

The elements of the silhouette which are highlighted are: right shoulder, the right side of the forehead, hair, neck, thighs and the lower part of the dress, the thighs, the chin. The omitted elements are: face, palms, feet. The parts which the client superficially drew are: neckline, waist, lower left line of the dress, left shoulder. First, she completed the drawing of the woman figure.

Based on the overall impression, P. perceives herself as empty, feeling non-existent, identifies with

the feminine role, is unable to adequately root in reality. Concerning the masculine role, she perceives it as safe, but at the same time having poorly defined identity, making it impossible to act. She depicted a seductive image of the woman, but treated in a poorly understood way.

The overall look of the silhouette will be addressed below.

1. The position or attitude of the figure indicate blockage; impossibility of assertion, isolation, loss.

2. There are blatant differences in the size of the male character compared to the female, they may be deriving from the different value put by the client on the masculine silhouette: the lack of narcissistic resources, the valorization of the assertive masculinity, and the masculine identity.

3. Sex-role expectations: identification with the feminine sex-role through long hair and tight dress, highlighting the body line, but from a detached posture, missing the elements of the face and jewelry.

4. Accentuating, exaggerating, thickening, excessive hatching, or multiplication of some elements of the drawing: accentuating on the hair points out erotic tendencies, but not in consistency, this desire being lost in lack of identity.

5. Undue omission or superficial treatment of some elements: the lack of palms and feet shows a tendency to escape from responsibility.

6. Signs of bizarreness or graphic unrealism: may indicate inadequacies in relation with self and others (lack of limbs and face).

7. Distinct, atypical, individual elements: negative evaluation of the masculine attributes, diffuse masculinity hidden behind a face without expression.

The female character is a “chick”/ “female girl” – she does not assume her femininity. The male character is “an ugly boy” – devaluation of the masculine attributes.

#### *Formal analysis*

##### Graphic features:

1. Thickened lines: the right shoulder, the right side of the forehead; can represent a repressed aggressive tendency, or one not fully manifested;

2. Intercalated lines: uncertainty and anxiety in the area of action;

3. Soft, barely visible lines: lack of energy.

##### Graphic space:

The character is drawn: 1. in the center, upper side, representing the lack of appropriate grounding in

reality; 2. on the left, representing retreat in the past, inhibition of the self or taking a passive stance, as a spectator.

#### *Content analysis*

The male figure seems to be leaning on the left arm, and may represent affective imbalance and instability. Analysis of body areas is provided below:

The head – avoiding drawing the face is a marker of depression.

Mouth – non-existent, lack of assimilation of affective experiences.

Eyes – absent, lack of reception of information in the world.

Hair – related to the instinctual side, sexual/aggressive instincts, hatching areas indicate sexual concerns and anxieties.

The nose – non-existent, anger expression.

The chin – an indicator of firmness or sensitivity, is drawn sharply, which denotes anger towards one’s sensitivity.

The neck is thicker than the rest of the body, which indicates concern for controlling the maintenance of the separation between mind and emotions.

The fragile and poorly contoured torso represents feelings of weakness and inferiority. Shoulders are the force of masculinity; they are drawn in a way which may indicate ambivalence. The right shoulder is prominent and solid and the other thin, representing the inability to control the world but complemented by a desire to express strength and authority. At the same time, the square shape of the right shoulder denotes rigidity in the expression of impulses.

Breasts – absent, lack of expression of adult femininity, regressive attitude.

Waist line – the lines between show an inhibition of the expression of sexuality or a low libido.

The arms – thin and fragile, represent a sense of weakness and lack of confidence in the ability to manipulate/ manage the environment.

Hands – non-existent, feeling of inadequacy, clumsiness the feeling of being uncomfortable at interpersonal level. On the other hand, it may represent culpability related to aggressive sexual impulses and subsequent punishment, should they be manifested.

Legs – looking awkward, sketched with irregularities, represent insecurity or lack of personal autonomy.

Feet – not represented, lack of personal balance.

During the Fourth Way exercise the following were observed:

*Environment:* she imagined her maternal grandmother, which she associated to her childhood. "I was a small girl living in this huge house, which now it doesn't exist anymore, but that was my childhood". There was a meadow around the house, in the middle of the summer sun.

*Carriage:* the carriage was simple, square, brown, made entirely out of wood, with black wheels. She associated it with the gypsies' carriages that were familiar in the area.

P.: "Mmm, I don't know if I made an association, but when I was little and I lived there, I would go out under the fence in the street, and my mother, to scare me, told me that gypsies would pass through the village and they had carts with a very big thing (*refers to the hood*) and she said to me that if I went out again, my uncle would come and steal me (*laughs*). That's where the memory takes me."

T: "What came to you when you saw it in front of you in the memory?"

P.: "I was very intrigued by what's under that thing."

T: "The leather roof?"

P.: "And my mother used to tell me it was a cauldron in which the gypsies put the children." (*we both laugh*)

Archetypal image of chaos outside the comfort zone, 'Don't go out, the black man comes and takes you'. This concept can be an introjected suggestion since childhood, that is constantly activated and prevents her from exploring the unknown, with reference to her fear of looking to the future.

She doesn't like to be a carriage, because she wants to feel the wind through her hair, but the wood keeps cracking while going through the rocky road.

She feels like a carriage when her mother comes to visit and she feels forced to tour her mother everywhere.

*Horse:* the horse is not a big one, but a healthy and young brown steed. Healthy and young. It can be a projection of the fantastic ideal of being or, from the point of view of Eastern philosophy, where the horse stands for the emotional side, it can represent an inner force, an inaccessible resource. The horse was happy that he had to carry only a small wooden carriage and not a huge one, which could represent a tendency to avoid conflicts and challenges.

The horse is sitting down. It is a simple life, he eats, he sleeps and rests on the meadow.

She feels like a horse when she sits at home and doesn't do anything. She would like to return to the other horses, feeling that she has a lot of resources to offer.

*Coachman:* the coachman was a kind old man dressed up in white summer clothes.

P.: "And he was alone, you told me that there might be another passenger, but no, he was alone, there was no one left. He had nothing to do, nothing important and... yes..."

This statement, from the perspective of Eastern philosophy, through which the passenger of the carriage is the Self, can represent the fact that these resources are present, only that their authentic accessing does not yet exist. She can access them mentally, but she cannot activate them.

The coachman is her ideal in nature, a person connected with nature, that rides alone and feels good. She was a 'coachman' before the university year, all summer. She feels the need to go out of the house, but she is restrained by the winter cold.

The re-signification of these aspects has an effect and she manages to find accessible solutions to the present situation. The connection to the male Ego resource follows the access to the Self.

T: "I want to ask a closing question. How could you, in everyday life, little by little, be the whole harmonious whole?"

P.: "I think the first step would be to realize that I am the whole and that I am the whole in any situation. Regardless of whether one element or another is more predominant and I would like it to be more present."

I validate her presence in her own body in the 'here and now': "Well, you are. At the moment you are much more present than at the beginning. You have weight in tone."

P.: "(*laughs*) ...and I want to find some things to meditate and see how I can be more present, because I'm not present enough and I realize and it's a shame."

*Passenger:* at the beginning, she didn't want any passenger inside the carriage.

T: "Now that you are relaxed and you thought about what you can do, how would you see the whole thing if you were to put an entity inside the carriage? Who/ what would it be?"

P.: "Pffff..."

T: "Now you've seen the whole..."

P.: "Well... I don't know... well, but... but I'd like it to be Jung."

T: "JUNG! Wow!"

The connection with the Self spectacularly reflects the pattern of the wisdom of the male-Self.



P.: "He has a very intelligent way of talking..."

T: "And would the coachman understand him?"

P.: "Yes, if you're smart, you wouldn't just speak in special terms."

T: "How would Jung feel?"

P.: "You would be relaxed, 'let's go somewhere!'"

T: "I'll ask you to connect to Jung. How are you, Jung, feeling?"

P.: "How do I feel, Jung? I think I would be very relaxed"

T: "I am..."

P.: "I'm very relaxed and I'm getting ready to write something."

T: "In what circumstance of your life are you, Jung?"

P.: "I don't like to talk about myself, looking arrogant. I am very interested in many things and I read a lot and I also look for... and I feel that I know and know many things and... As I wrote on the paper – I'm not very bad..."

T: "How could you change that statement, now that you're in Jung's 'shoes'?"

P.: "That I am intelligent, but not through work... that is, I am intelligent through work..."

T: "Without explanations..."

P.: "I am smart."

Following the guided meditation "The carriage, the horse and the horseman", the client notes that "I want to feel the wind running through my hair and I can't if I'm a carriage, I want to be the horseman. And I'm a carriage... I felt like a carriage when my mother came and I had to accompany her everywhere." She feels like a horse "when I'm at home and I don't do anything, I'm lazy and I really hate that, and I can't do things anymore. [...] The horseman is my ideal in life. This person, who's very connected to nature and walks around, is alone and feels good."

She managed to re-signify her relationships: "I learned that I had to know how to address my needs [...] I think if I can be a little more careful about my schedule, I won't be tired... These days I've been careful... And I should rest properly, and I can do that, because I feel like I'm good company for myself now and I prefer to spend some time with myself, but I'd like to do something outside my house (*laughs*), something other than college."

She was able to mobilize resources and to take up a sport or yoga. She started to connect to herself when

she chose to place Jung in the carriage. She also managed to change the message that she was not very bad in "I'm smart".

### **Session 6**

The techniques used: drawing; body focusing; Ego Analysis; Rogerian dialogue; desensitization.

Objectives of the meeting: strengthening the masculine Self; testing the newly formed boundaries; using new boundaries and resources to explore traumatic event (loss of friend).

P.: "Her sister was like my sister, A. and I met in kindergarten and until high school we were glued together; and her sister was 4 years older than us and had an accident in the mountains, slipped and died, and it was terrible... I can't imagine what it was like for A., but for me it was terrible, then grandma had just died, I was separated from my boyfriend and this came... it was the worst experience, and I tried to be close to her... and she got stuck in it, and was a zombie, and for two days I was the only person she could talk to."

I bring the emotions from the last session to the present moment:

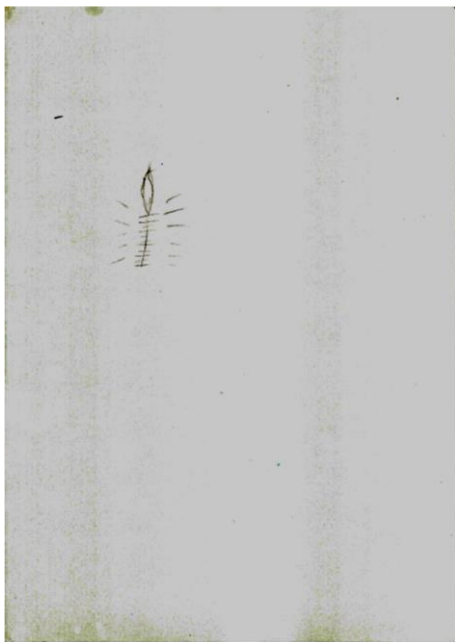
T: "What do you feel now? Is Jung still in the carriage?"

P.: "I'm finishing another book he wrote. I just feel more like the carriage and there's more about this week, although I don't know if I should consider it good stuff because my background condition wasn't well while doing it, but it was a start to go out and do stuff alone, but Wednesday I saw a guy."

Her masculine Self is coming out. She connects it with assertiveness, starting to engage actively in her life, and to slowly develop her libido. She managed to speak with a guy. "He is really ok, nice, so he wrote me on Insta, and on Wednesday night he asked if we could see each other and said 'Come on now' and I didn't think about it and I said whatever, I'll go for it." Spontaneity in this situation could be considered another resource.

P.: "I feel somehow like there is an open wound in me, I know it's healing and I feel it, compared to two months ago it's a lot more than ok. [...] I feel like it's starting to close, but there is also this other part..."

Her drawing shows a vertical wound, partially stitched. The upper part is left open. A thorough analysis of the drawing made with the client reveals the similarity between her wound and a vulva, which can also link to a censorship of sexuality. The tendency to escape into the pleasures of life (exemplified by the free clitoris), but without really opening to them (the entrance into the vagina is sewn), may also be linked with such inhibition.



Analysis and interpretation: following the session, P. was able to spontaneously unlock her masculine Self. She was also able to start creatively re-signify the trauma experience. “I feel it’s my biggest resource, but also provokes the greatest pain. I don’t know (cognition), I feel (emotion) that especially since the thing with A.’s sister happened, feeling so much pain around me made me more empathetic. Yes, I was this child who had no idea what life was about, and it changed me a lot, and I feel more mature in general and, somehow, I don’t know if it’s a good idea but I relate to those moments. [...] I’m thinking that unless I have some weird illness and it’s normal to have mood swings, and try to do these spontaneous things that I feel, I really want to take care of myself and this dissociation thing, that helps me the most.”

### **Session 7**

The techniques used are: the empty chair; Spectra cards.

Objectives of the session: strengthening self-confidence and interpersonal independence.

The client’s condition is overall good, the behavioral reactions are ego-syntonic. P. said that her mother gave her Melatonin with Valerian and Magnesium for 7 days, felt she developed tolerance, but the supplements helped her keep her recurring insomnia in control.

The atmosphere at home was positive, the client was surprised that she did not argue with relatives or parents. She further describes that her mother became accustomed to not having discussions with potential to

degenerate into an argument, the mother-daughter relationship being closer. The client continues not to have contact with her father and sees it “strange” that she has not spoken to him at all.

During the holiday, she listened to her inner voice, choosing not to go to another city with her friend, who insisted that they go to a party that the client did not feel comfortable to attend. She used her masculine assertiveness to be able to self-contain emotions related to refusing her friend’s proposal. P. spent New Year’s Eve with her family, in an atmosphere she described as warm and open.

Most of the negative, suspicious thoughts have disappeared, she overall had the feeling that things are positive and that once in better contact with herself, she can cope with stress. When asked about the guided meditation “The carriage, the horse and the horseman”, she still describes herself as a whole (homeostasis).

The element she wants to work on at the moment is to build self-confidence and further put herself first and care after her needs and not leave these tasks to other with whom she may be dependent on.

P.: “I’m afraid of becoming dependent and getting lost and I don’t know what to do to keep myself independent.”

In this session Spectra cards have also been applied; the experience and its outcomes will further be illustrated.

Spectra cards include a deck full of illustrations and another one filled with words. Each card that contains a word, has it stretched to all four sides towards a symbolic element: Fire, Air, Earth and Water. Their purpose is that the client chooses the element that defines her/him in relation to the chosen word.

Each element has a consonant ‘meaning’: Fire – Paternal, Air – Masculine, Earth – Maternal, Water – Feminine. (See also Mitrofan, 2004 – Unification Therapy, and the ‘keys’ for decrypting the psychological and psychotherapeutic depths of these associations.)

The client’s task is to choose a card from the illustration deck and another one from the words deck.

The client described the image card representing her relationship with the father as 2 people on the edge of a river, connected by a bridge. The word describing the relationship with the father is “frozen” (random choice), thus assigning the element water (3 quarters water and a quarter earth). She would like to leave the father-daughter relationship as it is, because she does not hope a solution is possible. And, at the moment, the most “ok” option for everyone is to stay that way, even though she knows from the outside it



does not look right. Asked what can change if she takes the risk, she describes that no matter what move she makes, it will be the same situation in the father-daughter dyad. The summer before, when she broke up with M. for the first time, her father knew she was not feeling well and attempted a hug, but managed only a pat on her shoulder.

The card describing the relationship with M.: a person who is connected to all the senses with her hands/ a feminine figure who has 3 of the sensory organs covered with hands. The word describing the relationship with M. (chosen randomly): “censorship”. She describes that she knows she has self-esteem issues, but that was the first time she felt that there was no security in relationship. That the relationship did not bring her safety. P. asserted that it was the only interaction with a person with whom she did not feel confident enough to share how she felt. “The idea is that I want to make it clear to you that I have no problem with him and I appreciate him, but for me it was not ok. I too may be toxic to some people, but for me personally it wasn’t ok and that was related to the chemistry between the two of us. [...] Because I really believe that he doesn’t know how I felt because I never told him. I was not aware of the impact it had on me. I think it’s important to hear this, because I know he cared about me and it’s important to both of us. I find it ugly that I arrived... it’s hard for me to say it out loud, he doesn’t know, but somehow I had reached a point of despair that after many psychological discussions, self-introspection, I reached a despair that I thought I’m so messed up, that I was thinking about committing suicide because I can’t function, and if my esteem wasn’t broken... I ended up feeling so hurt.”

The card that reflects the present: a person pushing a boulder uphill. The word she chose was “freedom”. Following the analysis, she describes that she perceives herself as building something new, in her rhythm. “I feel that my self-esteem is a bit slippery, that it works, but it is slippery from time to time.”

The card that reflects the past: a blank book, chosen also randomly. “Yes, just perfect! It’s an empty book that means I wasn’t aware that my esteem was low!” The bookmark represents for her the moment of suffering that stopped her from the cycle of neglect. She describes that after a former relationship, she realized that she had hurt her partner and chose to be “tolerant” in the next and put herself on the second place. Once M. appeared, P. chose to put him on first place so as not to make him suffer, even though her insides were censored. The representative word for the past is “proximity”, half

fire, half water, and describes that it was an unstable and toxic ambivalence.

Her perspective on the future: the card drawn represents a lonely man in his house, with his passions and books. The extracted word is “enthusiasm”. She is a little reluctant to pronounce the word enthusiasm, but once uttered, she relaxes and laughs.

Asked how she feels about her resources, she mentions that she likes to rest and eat and considers that she no longer dissociates from the body – her greatest insight is to realize that she needs to rest a little.

In order to find out what she is blocking inside her, I asked her to choose another card, that reflects the Shadow in her psyche. The card extracted for the Shadow: it represents a person killed by external powers and the client describes that she resonates a little with him, in the sense that she also can fall into fatigue and exhaustion, being sometimes unable to do chores, but she does not perceive it as an ongoing, scaring condition, and thinks it is “ok” not to feel well sometimes (the client identifies the meaning of fatigue, and of painful moments).

The word she extracts is “commitment” and P. asserts that she has made a commitment to reconcile with herself.

Analysis and interpretation: following re-signification, the client believes that all situations she has experienced have raised her tolerance to painful and unpleasant situations.

On drawing another card, she translates it as an anxious person trying to love themselves. The meaning extracted from the Shadow is self-love.

P. leaves feeling somewhat resigned that there is a close resemblance between M. and her father and believes that she has taken seriously her commitment to take care of herself. P. fears not to lose her self-esteem again, cyclically, as she has noticed throughout her life, and I intervene by making a reference to the book card that she chose, mentioning that she has reached a certain stage of development and it does not make sense to look 5 pages ahead. I am highlighting this idea in the session.

## **Session 8**

The techniques used: drawing; Ego Analysis; transfer analysis; Spectra cards; comparing the truths of thoughts with reality.

Objectives of the meeting: accepting one’s body; exploring the body image and the complexes of physical inferiority in contrast to other (more voluptuous) women; exploring the sexual dimension and accepting the new sexual partner.

P. shows vitality, speaks clearly and loudly. Her posture is open and there is an improvement in the perception of herself. She describes that she falls asleep later than usual due to the rather difficult exams she has to pass in college. She shares that on Thursday she went out with the man she started dating 2 sessions ago. They had intimate relations (a fact which may indicate an activation of libido). However, she does not positively connect to her body, having related complexes, she mentions that she is short and looks like “a 15-year-old girl”.

On exploring the body image, P. draws two mostly similar silhouettes, the first having smaller dimensions than second, much larger. She mentions that there is no hidden meaning of the drawing, other than the size difference, but it is difficult for her to talk about it.

P.: “It’s stupid... I can’t change my height. It’s not about the physical appearance, but people always perceive me as the little one who speaks slowly, who has to show the identity card in various places to prove she is adult. I don’t feel so small, obviously these are my features.” The client has around 1.67 m in height, the perception of her stature as her light weight being introjects of other people’s reflections on her. She describes that she felt weird and would not want to complicate the interaction with this new partner that she has been talking to, because she only envisages a sexual relation with him, and not building a couple. She emphasizes the importance of the therapeutic relationship in order to be able to manage the situation from the beginning.

She describes that the first thing she thought about after sex was that he did not like her and that he only wanted to have sex (she apparently wanting the same thing). This reaction is a paradox. I confront her reaction to bring her back to reality and break her from the cycle of negative rumination. Related to the subject of sexuality, she describes that the relationship with M. inhibited her because he did not have the same intensity of desire. P. sees herself as a sensual person, M. feeling uncomfortable with her sexuality, so she chose to inhibit her desire until a total censorship was attained. M. explained her that she needed more contact with him, at which point she thought “if we slept together more often, I would not need that much contact”. At the end of the relationship, she described that sexual desire was impacted by her depressive symptoms.

As experiences associated with rejection and impacting on the sexual intimacy between P. and M. there can be mentioned: during a festival, he distanced

himself from her; she initiated sex after a few days, he stopped during intercourse and turned his back against her, without completing the act, it repeated several times even after returning home. He told her that it had nothing to do with her and that it was his problem, avoiding any further discussion. She chooses a card depicting a woman and a man meeting at a corner of a block of flats. She notices that there are two aspects of her feminine and masculine attributes that meet, and the emotion is also represented by the word-card “enthusiasm”. She is seductive towards me, in terms of glances, body posture and the way she smiles at me. I further maintain neutrality in posture, by not taking them into account and focusing the discussion strictly on therapy, to establish healthy boundaries. Asked what her fear would be in relation to her new partner, the answer is that she does not want to repeat the story with M.

She describes that on Saturday she went out with some friends and M. was also present. “M. did not greet me, in the circumstances in which I waved at him for a few seconds and he barely said ‘Hey’”. We explore the conditions in which she could talk to her father. She mentions that she wants to tell him she appreciates him and notices that he is making efforts for her (activating the masculine Self that triggers the feeling of self-sufficiency and the ability to act and do, to trigger the inner force to be able to fight). “I can exist and have my own, autonomous life.” She mentions that she is afraid of becoming fearful again: “after a year of being fearful in relation to M., I’m afraid some anxiety will return... as it was this morning.”

Analysis and interpretation: by making a parallel between M.’s behavior and the current partner’s behavior to observe the differences, she realizes that what triggered the reaction was a joke, not a judgement from the new partner. He jokingly told her “how short you are”. Asked how she wanted to respond back, she admitted that she would not want him to tell her that anymore, and she mentioned the fact that this was her physical appearance.

P.: “Now I am calm and confident again.”

T: “What brought you here?”

P.: “The fact that I connected to myself, I went home and I was alone in my space, I got back in touch with myself.”

T: “So basically, what did you do? You met a person, you had contact, and when the contact stopped, you came back to yourself. Could you do it again?”

P.: “Yes! I will remember this!”

T: “It’s the past...”

### **Session 9**

The techniques used: Rogerian dialogue; free association.

Objectives of the meeting: strengthening contact with oneself; exploring the consonances and dissonances of elements of previous partnerships.

P. is feeling irritated, she was annoyed by a friend earlier. She describes that she does not usually react irritated because it reminds her of her mother, who could turn any situation into a scene. It bothers her that her friend, who works 12 hours a day, does not respond to her messages. To the addressed questions related to her feelings she tends to give an answer, followed by a reply to the original question. Related to her social support group: there are 3 friends, a common group, in which a fatalistic attitude of dramatic self-devaluation persists. However, people in this category remind her of her mother who easily explodes. Anxious people make her uncomfortable. Then the discussion goes back again to the original question: "what/ how did you feel when your friend didn't answer to you?". P. feels unable to breathe due to stress. She also smokes 8-10 cigarettes a day. Since spring, when anxiety started, she started to self-soothe by taking up smoking.

She shares that the previous meeting brought the understanding she has issues with connection and felt vulnerable. She describes that it is easy for her to talk to friends about anxiety. Referring to her new partner, she considers that the open relationship with him is marked by the fact that he is not flexible enough and does not want to interact with her. Confronted with consonant and dissonant parts, she would like to be able to talk to him. When he engages in talk, though, he easily speaks about various topics (music, art, philosophy, family), she likes his energy. She does not feel safe because, at an underlying level, she thinks the relationship is going to end badly, as did the relationship with M. and the partner before him.

When exploring her past relationships, she says that it took her a longer time to recover, compared to the relationship with M., where she quickly got over it, due to the therapeutic process. On her most significant relation, P. describes that they were together for 2 and a half years during high school. She mentions that she broke up with him because she no longer felt close to him. She felt pressured to have sex. She did not want to have sex, because she felt she was still a child. Her refusals were met with reproach from him. This made her react in unusual manners for her. Eventually it happened and she mentions that it was extremely painful and she had to stop during the act.

All the further waiting led to the loss of the attraction. Compared to M. and the former relationship, in the current one P. is more sexually dominant. She perceives sexual intercourse as quite pleasurable. She mentions that she went from static sex to dynamic and dominant sex. She feels ashamed to talk about it. In her relationship with M., she did not have a dominant stance because she wanted to please him. In contrast, she does not know if it is "cool or not" because there is too much difference between the two. She perceives this difference as too much. She realizes that mostly avoiding contact with him comes from her anxieties.

Regarding the question "What attracts you to him?", the answers are: 1. physique; 2. courage; 3. straightforward approach; 4. inappropriate jokes. In relation to him, her body feels relaxed, her mind feels lucid (with M. it was very difficult to expose an idea to the end, M. mentioning that she did not explain it clearly enough). She was actually anxious because if he found out she was emotionally attached he would be scared and would not want to be with her anymore. With the current partner attachment came naturally. She is no longer careful not to say anything which could be misunderstood or negatively evaluated by her partner. What she does not like is the fact that they do not know much about each other. She does not know what he likes on all levels.

Her need at the moment is to listen to herself. She feels it is time to make decisions according to her needs. She wants to focus more on herself and pay attention to her needs. She also mentions new goals: she wants to perform more activities outside the house, alone (self-discovery). She mentions that in relation to her friends, she always tends to filter her level of availability: "Why don't I usually answer when someone is looking for me?". She further extracts elements and lessons from the past in order to be able to apply them in the present: "How did I react in the first relationship, compared to the current one?".

Asked what she learned from past experiences to activate the resignification process, the answers were: discovering how to feel comfortable with an opposite sex person and that she can count on herself; she can interact with men; she learned that it is important to listen to her partner and show affection (in a previous relationship she was labeled as being hysterical for always making scenes); she came to the conclusion that she doesn't need a hero, and that she can be her own.

Analysis and interpretation on the therapeutic relationship: when P. started therapy, she did not feel in a good relation with herself and she realized what went

wrong only in the psychotherapeutic process. She gained more self-confidence and found support. She is no longer perceived as unstable. She considers that the relationship with her mother has much improved. It is easier for her to cope with her anxieties. As she mentions that she tended to get lost in illusions, I reconnect her to herself, by bringing back into discussion the fact that if the current partner was not interested in a woman that has the body shape of a '15-year old girl', he would not have engaged in discussions with her, and, overall, he would not have had sexual intercourse with her. Regarding him, after sex she feels that her attraction for him has disappeared and she needs to let things cool down (he asks her from time to time how she is, and although she usually answers, she doesn't engage in deeper conversations).

"It's important to accept myself and if that is a problem for another person, it's not my task to do anything about it." She realizes that she has no reason to feel uncomfortable, as there is no emotional reason. She thanks me for being able to listen to her in this vulnerable situation and I validate her appreciation. Compared to the first sessions, it took her 2 days to recover from the chaos she discovered, now she is in a general state of well-being, liveliness and energy.

#### **IV. Results**

Before diving into deeper projective meditations, the initial results scored by the client were the following:

- Hamilton Score: total score = 23 (where 0-7 normal, 8-13 mild depression, 14-18 moderate depression, 19-22 severe depression,  $\geq 23$  very severe depression)
- NEO-PI-R anxiety score (N1): total score = 20 (high score of anxiety, where 0-5 is very low, 6-11 low, 12-17 average, 18-22 high, and 23-32 very high)
- NEO-PI-R depression score (N3): total score = 17 (high score of depression, where 0-3 is very low, 4-8 low, 9-13 average, 14-18 high, 19-32 very high)
- Beck Anxiety Score: total score = 25 (where 0-7 is minimal anxiety, 8-15 is mild, 16-25 moderate, above 26 being a potentially concerning level of severe anxiety).

The above results imply that the client was subject to what would seem to be a clinical case of Anxiety-Depressive disorder.

The results to the MCMI-III (avoidant personality with compulsive features) suggested that the

client was in a state of decompensation, feeling the full blow of the entropic state in which she lived.

Based on the overall impression of the Draw-a-Person projective tool, P. described herself as empty, feeling non-existent, with an excess of feminine role, unable to shape reality, while concerning the masculine role, she perceived the character as confident, but having a poorly defined identity, being impossible to take action. The drawing presented a seductive image of the woman, but designed in sketch-like manner, without face and palms.

During the creative meditation, the following aspects were noted:

*"I want to feel the wind pass through my hair and I can't if I'm a carriage, I want to be a horseman. And I am a carriage..."*

*"I felt like a carriage when my mother came and I had to accompany her everywhere."*

She felt like a horse when *"I stay at home and do nothing and I'm lazy and I hate that, and I can no longer do things."*

*"The horseman is my ideal in life. This person who is very connected to nature, wonders and is alone and feels good."*

At first, the client wanted to keep the seat of the passenger vacant, having no purpose to herself, although by the end of the meeting, she managed to occupy that place.

She succeeded to re-signify the former relationship:

*"Strictly related to me, I learned that I have to know how to address my needs and that I don't need someone else to offer me anything, but I do deserve to carry my pain in peace; I feel that finally, after a long time, I can live all depression in peace..."*

*"I think that if I am careful with my schedule, I won't be tired... These days I've been careful and I should rest properly, to be able to do that thing, because I feel like I'm a good company for me now and I prefer to spend some time with myself, but I would also like going outside my house (laughs) doing something other than college."*

She mobilized resources and wanted to start a sport or yoga.

She made the conversion and connected to herself when she chose to put Jung in the carriage. She managed to change the statement by which she said that she was not very bad, by saying *"I am smart"* (the absence of contradictions in herself for the moment).

After the creative meditation was experienced, the following result were obtained:

- QOLI scale of life satisfaction: 1.06 (low) (where 3.6 to 6.0 = high satisfaction; 1.6 to 3.5 = medium satisfaction; 0.9 to 1.5 = low satisfaction; -6 to 0.8 = very low satisfaction)
- BDI-II: 11 (minimum) (where 0-10 is normal, up to 20 is low depression, 21-30 is moderate depression, 31-40 is severe depression, and above 40 being potentially concerning levels of extreme depression).

It could be noted that the depression scale has subsided to a minimum degree while life satisfaction level remained low. A cause of this could be the fact that it generally takes time for the effects of long-term exposure to a toxic environment to subside.

## V. Discussions and conclusions

We could take in consideration the fact that exposure to an eclectic approach has meaningful effect over depression overall. The fact that the score of the quality of life scale remained low could be attributed to the context in which the test was applied (at the peak of the SARS COV-2 pandemic), which most likely had a negative effect on the overall perspective of the client's life satisfaction, and the results could be taken as an isolated case, the importance being shifted to the results of the BDI-II, the observations upon the body language, attention to hygiene and voice tone indicating normal, high esteem conditions.

Following the observations, a pervasive improvement could be seen on all the client's operating plans. On the one hand, her posture became more vertical, her head raised, her chin expressing a solid confidence in her own concepts and resources, as well as a manifestation of healthy borders. The tone was more serious, firm, denoting a strongly developed masculine Self, but also a feminine fluency that inspired adaptability and certainty. The physical appearance presented an improved degree of self-care, as the client wore a colored dress, neat hair, make-up and looked fresh. Liveliness was increased, an indicator of life satisfaction (high energy level representing a zest for life). Re-engagement in sexual relations as a reorientation of energy as well as an unlocking of one's own person was also mentioned. There were indicators for the need for movement, as the motivation to go to yoga, this representing another way to channel energy. Emotionally, there was an 'unlocking' by avoiding stereotypical responses and by using the phrase "I feel" more often. Experientially, she managed to find a meaning, directing the blocked energy towards the cultivation and growth of the rebellious child, as well as

the development of the nourishing adult Self. The sleeping habits have been strengthened, the client paying more attention to a strict rest schedule. The relationships with family members have been improved, as the client became more open to real communication and expressing needs.

At the moment P. is still in therapy, one year after, full of energy, continuing to explore her traumas, but with renewed energy and filled with resources; she managed to become a lawyer, redirecting in her job her need of justice and that to express herself.

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