

The Relationship Between Major Depressive Disorder, Personality, and
Art Therapy

Keena Caranci

A Research Paper

In

The Department

Of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements for the Degree of
Master of Arts (Creative Arts Therapies) at Concordia University
Montreal, Quebec, Canada

September 2007

© Keena Caranci, 2007



Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*
ISBN: 978-0-494-34736-2
Our file *Notre référence*
ISBN: 978-0-494-34736-2

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.


Canada

ABSTRACT

The Relationship Between Major Depressive Disorder, Personality, and Art Therapy

Keena Caranci

Individuals affected by depression describe a severe state of cognitive, emotional, and physical suffering, as well as immense solitude, a constant state of helplessness and hopelessness, self-doubt, and fear (Allen, 2006; Blake, 1995; Funder, 2001; Penden, 2000). The perception of the self becomes skewed to perseverate on negative cognitions (Allen, 2006), thus affecting the personality development of the individual. Reynolds (2000) states, that the psychological state of depression reduces motivation and alters one's self-concept, thereby sabotaging any attempt to combat depression. Through the use of art therapy, one is able to challenge negative beliefs and cognitions, increase competency and control, and re-create the self extending beyond habitual roles (McNiff, 1976). Thus, the following research is an exploration of the relationship between a life altered by Major Depressive Disorder (MDD), the transformation of personality, and the effects of art therapy as it existed for one woman. Through the use of artistic interventions Ginger was able to recognize the significant internal and external losses experienced within her life while simultaneously re-creating and re-affirming her personality.

ACKNOWLEDGEMENTS

Many thanks to my adviser, Leland Peterson, who read numerous revisions and helped, make some sense of the confusion. Thank you to Irene Gericke, my practicum supervisor, for her wisdom, dedication, and encouragement. I would also like to thank those individuals who provided constant support and certainty that this process would soon be over and all worth it in the end. Lastly, I would like to thank Ginger for helping me to understand what it truly meant to live a life affected by depression. I feel privileged to have been able to share in her struggles and triumphs.

Table of Contents

List of Figures	vii
Introduction.....	1
Literature Review.....	4
<i>Major Depressive Disorder</i>	4
<i>Freud</i>	5
<i>Klein</i>	7
<i>Personality, Self, and Identity</i>	8
<i>Self-Efficacy</i>	10
<i>Temporally Extended Self</i>	11
<i>The Threatened Identity</i>	12
<i>The Relationship between Major Depression and Personality</i>	14
<i>Art Therapy</i>	15
Study Rational.....	18
Research Question and Goals	18
Research Methodology	18
<i>Participant</i>	19
<i>Data Collection</i>	19
<i>Data Analysis</i>	21
<i>Credibility and Reliability</i>	22
<i>Theoretical Orientation</i>	22
Case Study	23
<i>Ginger</i>	23
<i>Personal History and Demographic Description</i>	23
<i>Familial History</i>	24
<i>Medical History</i>	25
Session Synopsis.....	27
<i>Initial Phase of Art Therapy</i>	27
<i>Internal Loss of the Perceived Self.</i>	27
<i>Internal Loss of the Desire to Live.</i>	28
<i>Loss of Physical Ability.</i>	29
<i>External Loss of Loved Ones.</i>	30
<i>Art Work.</i>	32
<i>Concluding Phase of Art Therapy</i>	40
<i>The Mask Making Process.</i>	40
<i>Mask One: The Past.</i>	41
<i>Mask Two: The Present.</i>	43
<i>Mask Three: The Missing Mask.</i>	45

<i>Re-Visiting Incomplete Art Work</i>	45
Discussion	48
Conclusion	54
<i>Limitations</i>	54
<i>Future Research</i>	55
Bibliography	57
Appendix A: Letter of Introduction	61
Appendix B: Research Consent Form.....	63

List of Figures

Figure 1.....	p. 33
Figure 2.....	p. 34
Figure 3.....	p. 36
Figure 4.....	p. 38
Figure 5.....	p. 39
Figure 6.....	p. 42
Figure 7.....	p. 43
Figure 8.....	p. 45
Figure 9.....	p. 46

THE RELATIONSHIP BETWEEN MAJOR DEPRESSIVE DISORDER, PERSONALITY, AND ART THERAPY

Introduction

The term depression is misleading to those who have not encountered the severity of the disorder due to the blandness of the word (Allen, 2006). Styron (as cited in Allen) states “Such incomprehension has usually been due not to a failure in sympathy but to the basic inability of healthy people to imagine a form of torment so alien to everyday experience” (p.3). Individuals affected by depression describe a severe state of cognitive, emotional, and physical suffering such as anguish, immense solitude, a constant state of helplessness and hopelessness, self-doubt, fear, and physical pain (Allen, 2006; Blake, 1995; Funder; 2001; Penden, 2000).

Depression is further compounded by one’s change in cognition and internalization of thought processes. The cognition of an individual experiencing clinical depression becomes skewed and limited to perseverate on thoughts of failure, despair, and death. The negative perceptions of the self become exaggerated as the positive aspects become diminished (Allen, 2006). The perception of the individual’s self becomes altered mirroring one’s negative cognitive state, in turn affecting the personality development of the individual.

The theoretical foundations of this paper were chosen as they individually acknowledge certain aspects of the internal and external struggle of an individual affected by Major Depressive Disorder (MDD). Primarily, the theories support and provide explanation for the transformations identified by the client providing a holistic perspective of the effects of MDD.

The theories of depression which have been acknowledged within this paper are Freud (1917) and Klein (1948), who suggested that there exist similarities between the process of mourning, death, and depression. It is the loss of a loved object which creates intense grief and mourning within an individual. The complicated grief which is experienced leads to the internalization of rage toward the lost object, which then manifests itself in the form of depression (Schuyler, 1974; Costello, 1976; Wadeson, 1980; Weininger, 1984; Branch, 1992; Lockley, 2005; Allen, 2006). To overcome a depressive state, Freud and Klein both acknowledged that the individual must recognize the loss experienced and externalize the rage and hostility directed at the lost person or object.

Clinical depression initiates change within an individual, affecting cognitive and emotional functions, as well as, instigate change within personality. The theories of personality that have been recognized throughout this paper differ greatly. It begins with Bandura (1994) who suggested that an individual's personality and depressive state are affected by the theory of self-efficacy. Perceived self-efficacy is concerned with an individual's belief in their capability to exercise control over their own functioning; level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression, which would affect their life (Bandura).

Following the theory of self-efficacy is the theory of the Temporally Extended Self (TES). TES promotes the experience of change throughout an individual's life, however it makes a clear distinction that despite the flexibility of the self, one ultimately remains the same through one's past, present, and future (Moore & Lemmon, 2001).

Lastly, the theory of the threatened identity by Breakwell (1983) suggests that throughout life one can encounter a plethora of threats to one's personality and identity. To surpass the fear of the threat it is important to understand the origin and type of threat toward the individual.

It is through the use of the various theories; depression and personality, which provide a stable foundation to acknowledge the complexity of loss and mourning, self-perceptions and beliefs, and stability and insecurity of an individual's personality. It is inevitable that there is a growing need for therapeutic interventions which are able to acknowledge the complexity of depressive disorders and the effects on personality development in adulthood.

The therapeutic intervention must be able to instill the appropriate cognitive and emotional skills required to encourage the re-organization and re-identification of the self. The use of art therapy can provide the opportunity for an individual to explore and experience one's cognitions and effects surrounding MDD and the change in personality. It allows for the visual expression of conscious and unconscious material to be presented and utilized by challenging negative thought processes, developing a sense of mastery and control of one's environment, and presenting an alternative self which reinforces the positive aspects of ones self (McNiff, 1976). Lastly, art therapy can act as a tool to acknowledge and reaffirm the self as a whole individual comprised of a past, present, and future. Thus, the relationship between major depressive disorder and personality will be explored as it is presented through the client. Moreover, the role of art therapy and the ability of the artistic interventions will be explored in relation to the process of rediscovery.

Literature Review

Major Depressive Disorder

Costello (as cited in MacDougall and Brown 1984), notes the modern day as “the age of Depression” (p.341). A period marked by a state of emotions such as hopelessness and worthlessness, thoughts of failure and reproach, and a time of grief and loss (MacDougall & Brown, 1984; Blake, 1995; Peden, 2000). Depression affects approximately 5% of the population and it is estimated that approximately 1/3 of all people in the world will experience a depressive episode during their lifetime (Skarsateri, Dencker, & Agren, 1999; Hsu, & Lai, 2004).

Depressive episodes are typically time limited. Arnow and Constantino (2003) approximate the average length of a depressive episode to be 20 weeks. Following an episode, most individuals eventually return to their *original state*, a state which many describe as *feeling like their self again*, returning to who they were prior to the onset of the episode. However, chronic depression has been identified within the depressive population of people affected by depression. In chronic depression it is characteristic of the depressive episode to last two years or more and the individual never returns to her original state (Arnow & Constantino). However, MDD is a continuum, varying in severity, duration, and symptoms; it is not static and has a variation of affects (Allen, 2006; Lockley, 2005).

The perception of the chronic depressed individual is dominated by exaggerated feelings of sadness (MacDougall & Brown, 1984), negative thought patterns (Peden, 2000), and self criticism which may lead to thoughts of death and suicide. More precisely, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)

(2000) defines MDD based on a variety of objective criteria rather than presumed causal factors (Wilhelm, 2006). MDD Recurrent is specified by a presence of two or more Major Depressive Episodes -- “to be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive Episode” (American Psychiatric Association, 2000, p. 174). Furthermore, the DSM-IV-TR (2000) defines MDD as an abnormal state of intense sadness fostering functional impairment such as, disturbances in sleep, appetite, energy, and psychological states; apathy, morbid preoccupation with suicidal ideation, and worthlessness. One may experience an abnormal loss of pleasure in activities which previously brought enjoyment. MDD also affects one’s degree of concentration and decisiveness. Furthermore, MDD alters one’s cognitive frame, increasing abnormal thoughts of self-reproach, inappropriate guilt, hopelessness, and death.

There exist a plethora of theories which suggest the origin and cause of depression and MDD; however, the primary theories applicable to this case study are based on the experience of loss and unresolved grief.

Freud

Freud in 1917 suggested that there exist similarities between the processes of mourning and grief and depression (Allen, 2006; Branch, 1992; Costello, 1976; Lockley, 2005; Schuyler, 1974; Wadeson, 1980). Freud characterized depression as “low self-esteem, conflict over the aggressive drive, and the presence of a hostile introject that is the source of internal conflict and ambivalence and results in an inability to effectively complete the mourning process (Branch, 1992, p.12). Freud also distinguished the primary difference between normal mourning and abnormal depression; due to

incomplete mourning, as the *self-depreciation* of the depressed person. Self-depreciation can be identified as the bereaved individual who views the world as impoverished versus the depressed individual who views herself as impoverished (Costello). As the grieving process continues the bereaved individual consciously perceives the lost person or object as existing within reality (Schuyler). As a result, the individual becomes less preoccupied with the lost person or object. The libido or sexual drive which was initially focused on the lost person or object is removed, and the individual becomes interested in a new person or object. Freud viewed the psychic work of mourning as a repeated attempt to re-discover the external world without the loved person or object present within the world. The libido slowly detaches from the lost person or object. It then becomes free to invest in another person or object (Segal, 1979), thus redirecting the energy away from who or what the individual has lost (Lockley).

Depression is described as more complex as the individual unconsciously perceives the imagined loss of an object (Schuyler, 1974). Freud suggests that there is an unconscious rage which develops toward the person or object for leaving. The depressed individual begins to identify with the lost person or object, “now instead of an ambivalent love-hate relationship with some thing or some person outside, he has a love-hate relationship with himself” (Costello, 1976, p. 52). The relationship thus, develops into a negative relation of torture and shame within the ego, which often results in “self-devaluation, hypochondriacal states and self-reproach” (Segal, 1979, p.89). Due to the incorporation of the lost person or object, the individual has redirected the rage initially experienced for the person or object at part of herself. Thus, the lost person or object has become fused with the individual (Schuyler). As a result, the depressed individual is not

able to simply forget about the loss because the loss has never been externally identified and acknowledged; the individual has never been aware of how much they have actually lost (Lockley). Thus, “the self-destructive and punitive behavior seen in the depressed patient is therefore attributed to an attempt to punish the abandoning love figure” (Schuyler, p. 70). As the rage and hostility towards the lost person or object has been turned inward, many psychotherapists attempt to encourage the externalization of rage and hostility (Costello).

Klein

In comparison to Freud’s theory of psychological development of depression, Klein suggests that a infant experiences states of mind comparable to that of a mourning adult, thus, when an adult experiences grief, the infant process of mourning is revived within the adult (Klein, 1948). The infant state of mourning occurs before, during, and after weaning the infant from the mother’s breast; Klein labeled this phase as the *depressive position* (Klein). The depressive position occurs when the object being mourned is the mother’s breast; the object which conveys the concept of love, goodness, and security to the infant. The infant views the breasts of her mother as split into ideal and persecutory objects; the source of the infants desire as well as hatred and fear (Segal, 1979). The love experienced for the mother by the infant is ambivalent and may quickly turn to hatred as the mother is in danger of being destroyed by the infants own hatred and sadism, through the infants uncontrollable greedy and destructive phantasies and impulses against her mother’s breast (Klein). The inability to maintain a good object creates anxiety within the infant, that the internal and external good object will be destroyed.

Klein suggests that depression within adulthood is a response to the loss of a love object which revives in the bereaved individual the conflicts of the depressive position. Due to the loss of a good external object and the security provided by the knowledge of its existence, the bereaved individual expresses an increase in hatred toward the object for leaving. As a result “the mourner finds himself confronted not only with the pain of having lost the real external object, but also, like the infant in the depressive position, under threat of losing the good objects in his internal world. He is exposed to his primitive paranoid and depressive fears” (Segal, 1979, p. 82). To overcome the pain of a lost object, the bereaved individual must be able to regress to a state of paranoid and depressive fears until the inner reality of the individual is united. The goal of the bereaved individual is to reintegrate the lost object within herself, thus creating a means to repair and rebuild her inner world (Weininger, 1984). If the bereaved individual is unable to reunite her inner reality and overcome the anxiety of the depressive position the result may be the development of abnormal mourning and depression (Segal). The loss of the object and the inability to reintegrate the object within one’s self instills a sense of failure and helplessness, leading to feelings of disintegration, “as if something of the self has been ripped away” (Weininger, p. 52).

Personality, Self, and Identity

The terms personality, self, and identity appear to be three separate aspects of an individual. Each term may be defined in differing ways. However, ultimately each term inspires change and growth of the other, as well as placing emphasis on the uniqueness of every individual. Thus, for the purposes of this case study the term personality will include an individual’s thoughts, emotions, and desires for one’s self which combine to

construct one's personality, as well as, the internal organization of one's perceptions and beliefs and ways of acting and reacting to the environment (Britton & Britton, 1972; Schwarzer, 1984).

McAdams (2006) defines personality as “a patterning of *dispositional traits*, *characteristic adaptations*, and integrative *life stories* set in culture and shaped by human nature” (p. xviii preface). He continues to explain that *dispositional traits* reflect an individual's general, internal, and comparative tendencies. They are the traits which are observed to account for consistencies that are perceived or expected within an individual from one situation to other. McAdams carries on clarifying the term *characteristic adaptations* as what an individual desires from life, one's beliefs, and concerns. Lastly, he identifies life stories as the meaning of an individual's life, “an internalized and evolving narrative of the self that integrates the reconstructed past, perceived present, and anticipated future in order to provide a life with a sense of unity and purpose” (p.11). Thus, personality is not consisting solely of the personality traits of an individual, but encompasses the elements of an individual, which unite one's entire persona. Thus, personality, self, and identity, are similar reflections of a whole persona.

There are theories which suggest that as each individual grows with age, the development of one's personality matures and stabilizes. Thus, as one approaches adulthood, it marks the fulfillment of one's potential personality growth (Funder, 2001). However, to propose that an individual's personality is fixed within adulthood implies that an individual is not affected by one's experiences and environment.

Britton and Britton (1972) suggest that the stability of personality does not equate to an inflexible personality. Within late maturity changes can occur internally; cognitive,

emotional, and biological changes, and externally; family, occupation, opportunity changes within one's life. Resulting in the manner in which the individual perceives her self and the manner in which society perceives her to differ. Therefore, adaptations are required to personality during late maturity to cope with the changing perceptions of the internal and external self.

There are many differing perspectives of personality, and each contributes to a unified understanding of an individual. For this case study, multiple theoretical approaches to personality will be used to address the varying aspects of one's personality throughout a major depressive state.

Self-Efficacy

Albert Bandura (1994) developed a social learning theory of personality. Encompassed within social learning theory is the theory of self-efficacy. Self-efficacy is defined as "a person's belief that he or she can successfully carry out courses of action required dealing with prospective situations containing many ambiguous, unpredictable, and often stressful elements" (McAdams, 2006, p. 83). In other words it is the belief that one can accomplish the perceived action-outcome successfully due to one's ability (Schwarzer, 1984).

Furthermore, incorporated within self-efficacy is the perception and interpretation of reality. Schwarzer emphasizes the significance of perception in one's ability by proposing that "People who are assured of their capabilities intensify their effort, whereas people who lack self-efficacy may be easily discouraged by failure" (p.3). Thus, self-efficacy relies on the interpretation of reality which, is often more significant and valued than what the actual reality of the situation contains. It is a belief about the self and the

perceived abilities of the self. Funder (2001) emphasized that if you can achieve an improved match between what you think you can accomplish and what you actually can accomplish, life would be lived in a more rational and productive manner (Funder).

Bandura (1994) suggested self-efficacy may be an integral aspect of the development and continuance of depression within an individual. He suggested that a low self-efficacy with regards to obtaining rewards in life can lead to depression. What occurs is a discrepancy between the individual's perception of ability and the individual's actual performance. If an individual perceives the goal as realistic, but in reality the goal is unattainable, regardless of how much effort was exerted to achieve the goal, an individual may become depressed as a result of the incongruent perceptions of reality (Lecci, Karoly, Briggs, & Keith, 1994; Funder, 2001). Ultimately, it is one's false perception of the self which leads to failure and a state of depression.

Temporally Extended Self

The concept of the *temporally extended self* (TES) begins with the notion that "none of us *is* the same either as we were in the past or as we will be in the future" (Moore & Lemmon, 2001, p. 1-2). It emphasizes the progression of self through time from who we once were in the past, who we are now in the present, and who we may become in the future, thus, the self is a self with a past and a future not only a present. Moore and Lemmon (2001) continue to explain that the

self is understood to be a person with continuous existence through time. Thus the person who performed certain activities and had certain experiences at particular moments in the past is understood to be, in an essential way, identical with the person who is now acting or experiencing. Furthermore, this person will

continue to be essentially identical to a person who will act and experience things in the future (p. 2-3).

Thus, the TES recognizes that the self is not merely the perception of the self in the past, present, and future separate of each other, but a continuation of the self into all three temporal states.

Ultimately, the TES is a representation of past events, the generation of future opportunity and the negotiation of social interactions. Without recognizing the TES, “prior events are largely dissociated from the here and now, and behavior is directed at fulfillment of immediate goals rather than the achievement of long term personal and social satisfaction” (Moore & Lemmon, 2001, p.12).

The Threatened Identity

Glynis Breakwell (1983) suggests that there exist a multitude of threats to individual identity. To comprehend a threat upon an individual’s identity, one must understand the type of threat, the origin of the threat, and the perceptions of the threat. Breakwell suggests that any experience can potentially be a threat to an individual’s identity; an emotion, a thought, a behavior, an action, or any experience which may challenge the perceived identity of self as a threat.

Threats may occur on the level of content of identity and/or the evaluation of identity. The focus of this paper will remain on the content of identity. “Content identity is comprised of the labels one would use to describe oneself” (p.13) thus a threat which challenges the content of identity may result in a questioning if the content is valid. A self-description can be challenged due to the alteration of societal use or the content becomes invalid; in turn, false. In either scenario identity is threatened.

The origin of the threat can commence from many sources, however, the sources have been divided into three categories, the individual, other people, and the material world. For the purpose of this paper the focus will remain upon the individual as the source of threat. Breakwell (1983) suggests that the individual's body becomes a threat to identity when the individual experiences a change in bodily functions due to illness or accident; "the most disruptive of these sort of changes are probably those associated with illness" (p. 15).

To conclude the nature of threats to identity an individual must be conscious of the perceptions of the threat. A threat can be understood from an internal and external perspective, which echoes the subjective and objective response to a threat. Thus, the internal perception of a threat is an individual's subjective response whereas the external perception of a threat reflects an objective understanding. Through the type, origin, and perception of a threat, an individual can now make an appropriate response to the threat.

There are three types of responses to internally experienced threats, reconstrual, mobility, and inertia. This paper will focus on inertia as a response style as it is most applicable. Breakwell (1983) acknowledges inertia as an anti-response; it consists of neither reconstructing nor acting to avoid the threat. In most events, the individual is aware of the threat and understands that there is an attack upon one's identity; however, one refrains from any form of response. Thus, a threatened identity may result in an individual becoming paralyzed by the threat developing an inability to take action.

Hence, the above three theories of personality; Bandura's self-efficacy, the Temporally Extended Self, and Breakwell's Threatened Identity, are all primary personality elements within this case. They aid in identifying and clarifying the possible

reasons for Ginger's current shift in personality. As well, the above theories work in conjunction with MDD to acknowledge the altered perceptions of one's self.

The Relationship between Major Depression and Personality

The relationship between depression and personality is complex. However, the purpose of this case study is not to determine the existence of a relationship between depression and personality or which personality traits may be influential in the development of depression. Rather, to acknowledge the transformation in personality from the onset of MDD experienced by the client and to explore the effect which the transformation had upon the client mentally and emotionally.

Prior to the onset of MDD, the client described herself as extraverted, social, and active; she was excited and interested in life and what the world had to offer. However, with the onset of depression her personality had become threatened. The MDD challenged the content identity of the client and succeeded in transforming her personality; creating a deficit of positive thoughts and emotions (Allen, 2006; Penden, 2000).

Moreover, the onset of MDD is a major life event which interrupts the natural developmental process of adulthood (Britton & Britton, 1972). The individual experiences which are expected to occur throughout adulthood are aborted as the transformed personality no longer permits or encourages such experiences. The proceeding life experiences become negative; the individual's personality is stripped of joy (Britton & Britton).

As the depression persists, the negative emotions become corrosive resulting in the development of negative emotionality. Constant and recurrent negative emotionality

may become a personality trait; often identified as neuroticism (Allen, 2006). With an increase in neuroticism and negative affects, individuals experience an increase in fear and anxiety, as well as, the tendency to be introspective, ruminate upon negative aspects of the self and the world, and become increasingly sensitive to stress (Allen; Chioqueta & Stiles, 2005). Thus, the core of depression is not only an increase in negative emotion, but a devastating loss in the ability to experience positive emotions. Therefore, an individual with an extroverted personality prior to MDD has been altered into an introverted and neurotic personality. It is the shift toward negative thinking which compounds and sustains the altered personality (Allen).

Art Therapy

Many characteristics of depressive art work have been identified over the years. Wadeson (1980) has been the primary art therapist to identify and develop characteristics of artistic expression typical to individuals experiencing depression. Wadeson compared the images of individuals experiencing increased depression with images created by individuals experiencing decreased and/or diminished depression. Through the comparison of the images, Wadeson had determined that certain artistic characteristics were prominent in the art work of individuals with increased depression. Wadeson identified the artistic imagery as incorporating elements such as reduced color, increase in empty space, constriction, more disorganization, less investment of effort or less completeness, evidence of low energy, and less meaningful; either more depressive affect or less affect. Wadeson also identified common themes within the art work of depressive individuals. The themes included poverty of ideas, immobilized figures, signs of death, delusions of sin, poverty, and hypochondria, starless nights, torture or suicide, and, grief

and mourning. The artistic imagery created by individuals with depression thus reflects their current affective and cognitive state.

Reynolds (2000) states, that the psychological state of depression reduces motivation, enthusiasm, and alters one's self-concept, thereby sabotaging any attempt to combat depression. Through the use of creative arts interventions, one is able to challenge negative beliefs and cognitions, provide the self with a sense of mastery and competence, increase one's autonomy and control, and provide an alternative self extending beyond habitual roles (McNiff, 1976). As a result, the art intervention acts as a tool to alter one's negative and depressive state and to increase a more positive concept. As Reynolds (2000) states, "When negative feelings are highly threatening and repressed, artwork may provide a safer, more oblique means of exploration" (p.108) as well as challenging negative self perceptions and re-framing them into more positive interpretations of the self and life.

Art therapy also provides a space to explore the unconscious and identify losses within one's life. Through the process of symbolization, art therapy encourages the exploration of the depressive identity in a supportive environment where loss and aggression can be released. Through the use of metaphors and symbols the loss and grief experienced is represented visually and presented before the client providing the opportunity to respond to the loss in a continuum of emotions from sadness to anger to love. The continuum of emotions represented visually acts as an externalization and reflection of the inner world, that serves as a silent witness to the healing abilities of creativity (Ellis, 1989; Branch, 1992; Reynolds, 2000).

Branch suggests that “artistic expression is an ideal beginning outlet for aggression because one cannot create without first destroying the white blankness of the canvas” (p. 14). The destruction of the whiteness encourages one to explore feelings of hate and rage, loss and anxiety towards the person or object which has been lost. Evans (1986) states that through the artistic process not only is the individual able to destroy the lost person or object with the intentions of re-creating it artistically, but the creative process makes it possible for the destructive impulses to be acknowledged and experienced. Therefore, through the use of artistic interventions one is able to recognize and explore the desire for destruction and rage which is manifested internally, while simultaneously re-creating and re-affirming the self.

The re-affirmation of the self continues through the process of competency and mastery of the artistic materials (McNiff, 1976; Reynolds, 2000). The sense of mastery and creativity which an individual receives from the artistic process contribute to the increase of confidence, self-esteem, and the development of a more positive self-identity (McNiff). The individual begins to accept more positive aspects of the self and begin to view the self as an active member within the world; as someone who can engage with others and inspire change.

It appears that art therapy is a unique method of working with adults with MDD. Art therapy provides a space for the exploration of intense and overwhelming emotions involving feelings of death, helplessness, hopelessness, isolation, and failure. It allows the adult through art materials and the creative process, to experience intense negative affects such as the destructive nature of death and the re-creation of life. Thus, art therapy permits the fantasy of death to exist while simultaneously integrating a desire to live.

Study Rational

Research Question and Goals

The focus of this paper is to explore how MDD may affect the personality development of an individual, as well as how art therapy may facilitate the exploration and growth of an individual experiencing MDD. The goal of this paper is to explore a variety of elements; MDD, personality development, and loss, which have affected the participant's life profoundly and to capture the nuances of her experiences. Moreover, the goal of this paper is to portray the participant as a person and to represent her struggles and triumphs, her thoughts and emotions.

Research Methodology

When research is mentioned one often refers to quantitative research, hypotheses, and cause and effect relationships. However, within art therapy the predominant method of research is qualitative research, which includes the case study method. Qualitative research attempts to include and establish an empathic understanding within the reader of each individual phenomenon presented (Stake, 1995). Moreover, Berg (2004) suggests the qualitative case study method highlights the holistic description, explanation, and exploration of any phenomenon. In addition, Aldridge (1994) emphasizes qualitative case studies focus on the change of an individual over time and suggests that case studies benefit the exploration of chronic patterns and problems of recurring behavior that have been a stable addition to an individual's cognition and affect.

Thus, the case study method has become a popular and reliable means to explore the human experience.

Furthermore, the case study is the preferred method when an investigator chooses to examine contemporary behaviors and events within an individual's life, but is unable to manipulate the behaviors. The investigator relies on the use of direct observation and interviewing to gather the required data to explore the behavior (Yin, 1994).

Thus, the rationale for the use of a qualitative research case study is to investigate and explore in detail the participant's experience. As well, a case study provides the format to present the participant as a unique individual in a holistic manner, exploring personality, behaviour, cognition, and affect.

Participant

The research participant, within a case study method, is viewed as an expert on the behavior being explored. The investigator is present to question, offer support, and mirror the individual. Thus, as Aldridge (1994) states, the "patient and therapist are the researchers" (p. 335) working together to explore and examine the presenting behavior. In comparison, Stake (1995) suggests that the participant is in complete control of his environment and situation; the qualitative researcher is non-interventionist. Thus, it is suggested that the researcher attempts to observe the participant as if he had not been there. The overall theme within qualitative research emphasizes the client as the leader; an equal, and the researcher following the path of the participant. As a result, the participant is an active member in the process of discovering, exploring, and reorganization of thoughts and emotions.

Data Collection

Data collection occurred throughout the art therapy sessions with the individual participant. Data collection helped to "identify the practical concerns, conditions, and

constraints that people confront and deal with in their everyday lives and actions” (Silverman, 2005, p. 174). Thus, through the data the life of the participant will be captured and preserved.

The data collected was in the form of hospital documentation and process and progress notes from each art therapy session. Yin (1994) suggested documentation can take many forms, such as letters, written reports, administrative documents, formal studies, and newspaper clippings. Documentation as a source of evidence can be reviewed repeatedly as it was a stable source of information, it was not intrusive as the document was not created for the purpose of the case study, the information included within the document was exact containing exact names, references, and details, and it had a broad coverage.

In addition to documentation, artistic images created by the participant were collected. Artistic images were encompassed within the category of physical artifacts, according to Yin (1994), which included a tool or instrument, a work of art, or any other physical evidence created by the participant. Physical artifacts provide a view of cultural features (Yin).

Data was also collected through direct observation of the participant by the therapist/researcher. Direct observation assumes that the behavior being explored through a case study was not historical but relied on current and relevant behaviors or environmental conditions. Observations can vary from formal settings to casual settings. Regardless of the observational setting, it provided a contextual view of the participant in real time. Participant-observation involved the researcher taking an active role within the

study. Through that form of data collection the researcher was able to gain insight of interpersonal behaviors (Yin, 1994).

Lastly an informal interview was conducted following the termination of the therapeutic experience. Interviews can be one of the most important and rich sources of data within qualitative research. They offer the researcher the opportunity to understand the experiences of the participant from their perspective and allow for the events that the researcher was not a part of to be reconstructed within their presence (Rubin & Rubin, 2005). Interviews may take several forms such as, open-ended interviews, focused interviews, and surveys. Interviews allow the investigator to focus directly on the case (Yin, 1994).

Thus, through the use of a variety of data collection methods; documentation, physical evidence, direct observation, and an informal interview, the data collected will be representative of the participant and will provide varying perspectives, which contribute to the development of a holistic image of the participant. As Yin (1994) suggested there was no single source of data which was superior, rather they are complementary and work together to increase reliability.

Data Analysis

The non-statistical method of data analysis utilized within this research case study is coding. Coding was utilized for process and progress notes, as well as the artistic images created by the participant. Common thoughts and emotions were identified through a content analysis to emphasize particular themes relevant to the participant. A content analysis allowed for the basic features of the data to be examined thoroughly (Silverman, 2005).

Credibility and Reliability

The quality of a research design can be judged through a series of logical tests; construct validity, internal validity, external validity, and reliability. The most advantageous forms of judgment for a case study are construct validity and reliability. To increase credibility and reliability there are certain procedures available, primarily triangulation; the use of multiple sources of evidence. Using a variety of sources will illustrate the possibilities of convergent data. According to Yin (1994) “the use of multiple sources of evidence in case studies allows an investigator to address a broader range of historical, attitudinal, and behavioral issues” (p. 92). Thus, the credibility and reliability of a case study is more convincing and accurate when based upon a variety of data.

Theoretical Orientation

Throughout the art therapy clinical and research process the primary theoretical orientation maintained was the humanistic perspective. Child (1973) describes humanistic psychology as consisting “of all those currents of psychological thought in which man is viewed somewhat as he normally sees himself – as a person rather than only as an animal or a machine. Man is a conscious agent; that is the starting point. He experiences, he decides, he acts” (p. 15). Thus, emphasis was placed on the patient as an active participant in the process of development.

Moreover, the process of art therapy was not fixed solely on one element within the patient’s life. Rather, the goal was to achieve an integrated and whole individual, incorporating old and new perspectives of one’s self to achieve internal unity. As Child (1973) suggests “a humanistic point of view also implies attention to the person as a

whole and to his understanding of the context of his action” (p. 15). It is through the acknowledgement of one’s entire self and the exploration of the various interactions between one’s thoughts and emotions which can lead to personal understanding and integration.

Humanistic psychology thus allows the patient to take a lead role within the process of the therapeutic experience. Humanistic psychology respects and encourages individual initiative and freedom. Moreover, it emphasizes individuality and personal responsibility of choice. Lastly it is open to the possibility of personal ideals and fulfillment (Child, 1973). Thus, it was with the foundation in humanistic psychology in which the process of exploration, discovery, and integration of the patient was completed.

Case Study

Ginger

The present case study is a review of Ginger, a 53 year old woman who had been a patient in the mood disorders program at a large psychiatric hospital. Ginger had been followed by a psychiatrist who had referred her to art therapy due to her immense creativity and willingness to try a new form of therapy offered in juxtaposition with cognitive behavioral therapy and psychotherapy. Ginger was offered art therapy twice a week in combination with her previous therapy for a period of a month. After the initial one month period, Ginger’s cognitive and affective state were assessed and it was determined that art therapy sessions would be continued on a weekly basis for one hour.

Personal History and Demographic Description

The following personal history and demographic description had been gathered from hospital records. The records of events in Ginger’s life have not been documented

specifically; providing terms such as, “a few years ago” and “approximately” for dates of life events. As well, medical treatments from varying periods within her life have not been clearly defined. Information regarding treatment and follow up had not been included. Therefore, it had been difficult to acquire such information. The following sections convey the information in as much clarity and detail as possible given the content of the hospital records and what Ginger had disclosed within sessions.

Ginger had four siblings; one sister and three brothers. Her parents had a stable marriage and remained married until her mother’s death a few years ago due to breast cancer. In the past, Ginger was living with her 78 year father. She had moved in with him approximately two years ago due to her father’s failing health. Her intentions of moving in were to help monitor his health and maintain the house. However, in December 2006 she had moved out of her father’s home and was currently living independently. Ginger was single woman. However, she was married to a wealthy man and had a daughter. They divorced due to irreconcilable differences. Her ex-husband later had passed away due to cancer.

Familial History

Ginger had a familial history of psychological disorders. Her mother had been diagnosed as experiencing chronic depression. Her sister and brother had expressed symptoms of anxiety and panic attacks. In addition, another brother has had two tentative suicide attempts; however it was unclear if he had a clinical diagnosis. As well, another brother had passed away due to diabetes when Ginger was 35 years old. Ginger’s maternal cousin had also been diagnosed with depression and treated with lithium. Her maternal aunt had been diagnosed with schizophrenia after the age of 50.

Medical History

Ginger's specific medical history begins at 11 years of age when she was exhibiting elements of anxiety and depression due to a fear of dying during her sleep. She was seen at an urban children's hospital, specific details about treatment or follow up have not been provided. At the age of 20, Ginger began to display signs of anxiety and depression and was again seen within a hospital setting, as well, there has been no specific details about her treatment or follow-up provided. It was not until the age of 46 when Ginger had been evaluated for and diagnosed with depressive symptoms; major depressive disorder, atypical characteristics, and boundary issues. Three years later, at the age of 49, she had been hospitalized at a large psychiatric hospital for treatment of unstable mood with Bipolar type I symptoms.

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (2000)* identifies Bipolar I Disorder as, an individual experiencing at least one manic episode. Mania occurs when the individual is in an intense elevated state where the person may feel elated and indestructible. Moreover, the individual may experience an increase in self-esteem, be more outgoing, and less focused. However when the mania fades depression often follows, in which the consequence of actions becomes evident, thus, strengthening the depressive state.

Two years later, at the age of 51, Ginger's doctor requested her to be seen immediately for an assessment of varying psychological issues, exhibiting symptoms of; disturbed personality, histrionic, borderline personality, major depressive disorder, and dysthymia.

Two years prior to the onset of depression Ginger began to experience suicidal thoughts. The thoughts would often occur after a stressful incident. There were periods when Ginger experienced suicidal thoughts, which would occur five to six times over a period of few weeks. Ginger had an impulsive gesture of suicidal behavior when she had taken a large amount of Rivotril which she had been taking for three to four years, with alcohol and went to bed for the evening. Ginger's husband was home and found Ginger. Rivotril belongs to the group of medication called benzodiazepine, which offers relief from severe disabling anxiety. No other information regarding this event has been provided within her medical record.

At the time of her last psychiatric evaluation conducted 13 months prior to the start of art therapy, Ginger presented with Major Depressive symptoms of disheartened mood, fatigue, loss of energy, periods of intense anxiety, a diminished capacity for reflection and decision making, a loss of all interest, and recurrent thoughts of death and suicide. For a period of three weeks she heard a voice within herself telling her to kill herself.

Ginger's current diagnostic impression; determined by her psychiatrist, states an axis I diagnosis of Major Depressive Disorder (MDD) Recurrent and an axis II diagnosis of Personality Disorder Not Otherwise Specified (NOS) (cluster B and C traits were noted). An axis II diagnosis of personality disorder Not Otherwise Specified (NOS) is defined by the DSM-IV-TR (2000) as "disorders of personality functioning that do not meet the criteria for any specific Personality Disorder" (p. 297). There is a presence of features that do not satisfy the requirements for any specific personality disorder,

however, in conjunction present significant distress and impairment in social and occupational functioning (American Psychiatric Association, 2000).

Session Synopsis

Initial Phase of Art Therapy

In retrospect, the duration of art therapy sessions were divided into two distinct themes focusing on distinct goals. The initial phase consisted of 12 one hour art therapy sessions. The primary theme during therapy was the loss of Ginger's past identity and personality. Ginger utilized the art therapy sessions to reflect on her past identity as an extroverted, confident, and charismatic woman who was able to thrive in extreme circumstances.

The goals for the first phase of therapy were to offer a creative space in which she would be able to physically relax and release intense conscious and unconscious emotions. As well, to acknowledge the losses, both internally and externally experienced during her life and provide the time and space to mourn the losses. The losses identified by Ginger within the therapeutic environment often consisted of the internal loss of her sense of self and personality, her desire to live, and her physical capabilities; where as the external loss experienced consisted of the loss of loved ones.

Internal Loss of the Perceived Self.

The initial art therapy session began by asking Ginger to share her interest and experience in the creative arts, what she would like to gain from art therapy? What her strengths were? Lastly, what types of things did she find challenging or difficult? Through the questions Ginger was able to share about her self; her past self prior to the on set of major depression and her present self. She described herself in the past as a

persistent and determined woman aware of her physical and emotional limits. She was a woman in control of her life. She also reflected on being an extraverted, spontaneous, and ambitious woman prior to the depression. She spoke highly of her past self, with respect for the characteristics she felt once defined her and disrespect for the woman she had become. Ginger's present conception of herself was as an introverted, distracted, tired, and unmotivated woman. She expressed feeling passive and a lack of control within her life, that rather than living life to the fullest she was living life to avoid a major depressive state. As a result, Ginger's self perception was fragmented, she idealized her past perception of self while condemning her present conception.

Internal Loss of the Desire to Live.

Ginger was also confronted with the presence of an underlying thought of death. Ginger spoke about death as a passive event, in that her death would be a result of a lack of desire to live. Rather than thoughts of taking the initiative to physically harm her self, Ginger's thoughts of death involved her lack of initiative to decrease the threat of illness. Through discussions within the therapeutic sessions, Ginger was able to acknowledge that it would be easier and more acceptable for her death to be a result of a medical illness rather than to commit suicide. She expressed a desire to die without the act of suicide. She rationalized that her death would be accepted by others if it was not suicide. Her desire to die and sense of hopelessness emphasized the loss of the woman she once was and reaffirmed that she was now a woman suffering from depression.

As the art therapy sessions progressed, there appeared to be no change with her thoughts surrounding death and suicide. She continued to express her ambivalence towards living or dying. Ginger expressed feeling a sense of hopelessness and that she

wanted to die. However, she was aware that there were people who needed her; her father and her daughter. She questioned what type of legacy she would leave if she committed suicide. It appeared as though Ginger was experiencing an internal struggle between living and dying.

Beck (1973) acknowledged suicidal wishes as being intricately linked with a depressive state. He suggests that an individual's interest within suicide can be manifested through a variety of cognitions. The desire to die may be experienced as a passive wish for example; I wish I were dead, an active wish; I want to kill myself, as an obsessive thought without an intention, as a day dream, or as a well constructed plan. Beck further described that the occurrence of suicidal cognitions occur at differing rates within all individuals who have experienced depression. In Ginger's situation it appeared that her thoughts were mild and constant, expressing ambivalence toward death.

Loss of Physical Ability.

In addition to the internal loss of Ginger's perceived ideal self and the loss of a desire to live, Ginger expressed a loss in her physical abilities. Ginger articulated feeling more sensitive and vulnerable to environmental stimuli, such as sunlight and weather, as well as emotional stimuli which were manifested through physical symptoms; such as headaches, a tight chest, and nausea. She also described experiencing confusion surrounding mundane tasks and the inability to recognize certain objects. The occurrence of confusion would result in extreme anxiety and frustration.

Ginger also explained how she often felt anxious, exhausted, and had feelings of intense disappointment because she had never been a person who had been affected by fatigue or experienced severe recurrent sadness. Ginger often appeared overwhelmed

while discussing her emotions, crying intensely and moving from her past to present self, oscillating between the expression of her emotions and cognitions.

Klein (1948) suggested that through the physical act of crying the individual was able to express her feelings and ease tension within her self. Further more, Klein states that the act of crying to the unconscious was equated with excrements. Thus, the individual was releasing her *bad* feelings and her *bad* objects from within, therefore achieving a greater sense of relief. A greater sense of relief within the individual's unconscious thus, allowed the subject internalized by the individual to be free to express emotion, "the feelings of his internal objects are also sorrowful. In his mind, they share his grief..." (Klein, p.327). The act of crying for Ginger was a cathartic experience, providing her with the opportunity to acknowledge her loss and mourn.

External Loss of Loved Ones.

Furthermore, Ginger reflected on her external loss of loved ones throughout her life. The primary focus was the relationship with her now deceased ex-husband. She shared the qualities of her ex-husband that made her love him and she shared the characteristics of him that aggravated her. She used the sessions to acknowledge and remember the positive and negative aspects of their relationship. Ginger further revealed that at the time of her ex-husband's death, she was not permitted to attend the funeral by her daughter. She discussed how difficult it was to mourn the loss of her ex-husband without attending the funeral. Ginger was unable to experience the grief required to bring closure to her experience of loss. She was very emotional while sharing about his life and death and stated that despite it all they were friends and she would always love him.

Ginger also experienced the death of her mother as a result of breast cancer. Unlike the loss of her ex-husband, Ginger chose not to reflect on her mother's life or death. Rather, she spoke about how there was a period in her life when she feared the thought of her predisposition to breast cancer. As a result, she opted to endure a double mastectomy as a preventative measure to ensure her health. Perhaps the similarities exhibited between her mother and her self; both experienced chronic MDD, the genetic possibility of breast cancer, and ultimately death, were too much to acknowledge and process within the therapeutic experience. Thus, Ginger continued to carry the weight of unresolved emotions surrounding her mother's life and death.

The loss of Ginger's ex-husband and mother was significant in relation to her depressive symptoms. Freud and Klein (Costello, 1976; Klein, 1948; Schuyler, 1974; Segal, 1979) both acknowledged the loss of a loved person or object as a pivotal event initiating depressive symptoms. They suggested that the bereaved individual expressed an increase in hatred toward the object. In Ginger's scenario, she may have felt hatred to her ex-husband and mother, for leaving her. Ginger was unable to express and externalize her emotions toward her ex-husband and mother, thus her negative emotions had become internalized and directed at herself.

Moreover, Klein (1948) identified that when a loved person had died, it was important for the mourner to experience the grief with those who also shared the experience. Through the sharing of grief "the restoration of the harmony in his inner world is promoted, and his fears and distress are more quickly reduced" (Klein, pp. 329-330). Hence, contributing factors of Ginger's MDD were her inability to grieve, her inability to internalize feelings of hate, sorrow, and guilt directed at her ex-husband and

mother, and to experience the support of those who also shared in the grieving experience.

Art Work.

Ginger's portfolio of art work completed within the initial phase of art therapy was visual representations of the losses she had experienced within her life and the fragmentation of her personality. The images Ginger created exemplify many of Wadeson's (1980) artistic characteristics of depression; a decrease in the use of color, a significant amount of empty space, more constriction, and a disorganized composition. Wadeson also identified common themes within the art work of depressive individuals. The themes include a lack of ideas, immobilized figures, signs of death, grief and mourning, and lack of meaningfulness.

Characteristic of Ginger's drawing style was the use of light and controlled gestures with the medium; straight and direct. Her primary choice of artistic medium was pencil on white letter size paper. The compositions of her images were often large and filled the entire paper. However, the image remained minimal due to the lack of color utilized to fill in her image. In many of her art works it appeared as the image had become overwhelming and too much for her to complete. Ginger regularly proceeded to color her images though; she would eventually stop and choose to leave them incomplete. Similarly, images involving people often remained as silhouettes with no details to accentuate uniqueness. Hands, feet, and eyes were frequently omitted from the figure. Lastly, the art work was created in a discontinuous manner which created the appearance of a fragment image.

Moreover, exemplified with her art work was the expression of loss she experienced within her life. Each image presented within this case study reflected the loss of her past self, the loss of the desire to live, the loss of her physical abilities, and the loss of loved ones. Each image had become an acknowledgement of her actual loss as a metaphor, a symbol of the loss encountered and a representation of her fragmentation as a result.

An image which exemplified Ginger's characteristic drawing style was her primary drawing which consisted of a kneeling figure bound to a tree slightly off centered of a vertical letter size paper (see Figure 1). The artistic process was intriguing and irregular.

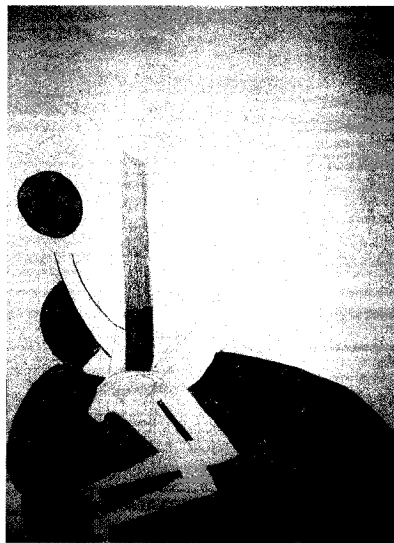


Figure 1

The process of drawing the figure was peculiar. Ginger began by drawing the torso of a figure with the hands bound behind the back. Ginger then moved on to draw the legs of the figure, and lastly the head of the figure which she hesitated to draw; drawing and erasing it repeatedly. It appeared as though Ginger divided the figure into sections; the

upper, middle, and lower sections of the body and drew the figure in accordance with what was the most significant section of the body.

Ginger continued by drawing controlled curvilinear lines over the entire image. At which point it appeared that Ginger was portraying her artistic creativity. It was not until later within supervision where it was suggested that her curvilinear lines may also represent the fragmentation of the self; Ginger's disintegration of her past and present self. Ginger chose pencil crayons and managed to color about a quarter of her image, the ground and a circular object in the left hemisphere of the page. The ground was colored in a variety of dark greens and vibrant blues. The circular object was randomly colored in orange and yellow pieces of varying sizes. The bound figure remained a pencil silhouette; uncolored.

In her third work I asked Ginger to scribble as a means of reducing anxiety and tension (see Figure 2). She began by lightly drawing large zig zags across a large news print paper in a very direct and controlled manner, similar to the manner in which she drew Figure 1.

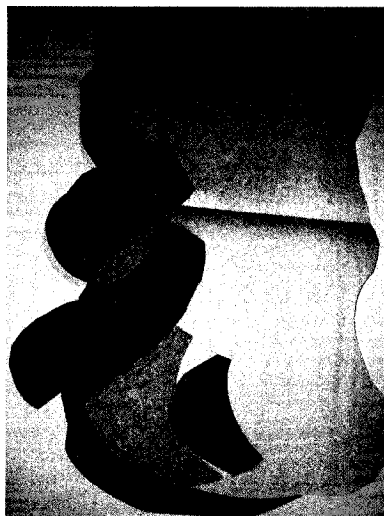


Figure 2

Ginger paused and commented that she did not know what she was doing, but continued by drawing large curvilinear lines with a fluid movement; covering the initial zig zags. Once the scribble drawing was complete, Ginger chose oil pastels to color in the fragmented shapes created by the scribbles.

While coloring, Ginger expressed her dislike for the zig zags. She commented on how sharp and strong they appeared to her. The zig zags seemed to represent a source of tension and negative emotions. Ginger continued to explain that she covered the zig zags with large flowing marks as a result of the tension she experienced from the zig zags; it was her way of relieving the tension she felt within herself.

Robbins (1989) views depression as *blackness*; the emptiness and numbness felt. Robbins suggests that “in its more pathological form, our “black spot” can either be covered over by a “false self” structure, restricting an organic integration of affects...” (Robbins, p. 126). Ginger had expressed anxiety toward the representation of her blackness in her imagery. She seemed unwilling to confront the blackness through the zig zags she initially created. Ginger acknowledged her feelings of fear and anxiety and was able to identify her need for the image to reflect something of beauty rather than despair. Ginger shared that she did not want her art work to mirror her affective state as she was constantly faced with the effects of MDD. As a result, to counterbalance the internal negative affects she externalized pleasant images.

In a later drawing (see Figure 3) Ginger chose a letter size paper and a pencil. She began to draw slowly and drew in silence.

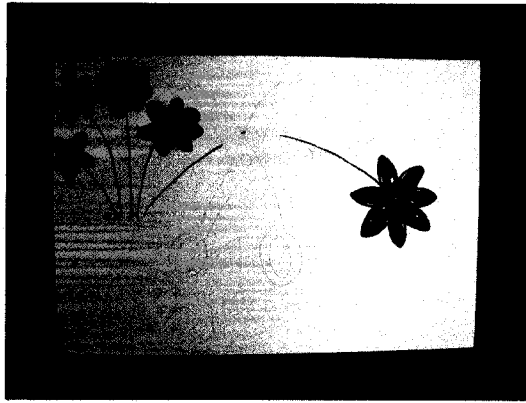


Figure 3

She drew a vase and placed five flowers within it. One flower was drawn reaching from inside the vase to the right hemisphere of the page; wilted. Ginger then drew a pair of scissors which cut the flower in half at the stem. Lastly, Ginger drew a rectangular box which she placed below the wilted flower. She spent time drawing and re-drawing the box to appear as a proper three dimensional object.

Ginger debated if she should color her image. She chose felt tip markers and colored the four healthy flowers in pink with green stems and colored the wilted flower purple with a black stem. The remainder of the drawing remained in pencil, thus exemplifying Ginger's inability to utilize color as a means to integrate all aspects of the image. Moreover, signs of loss; death, suicide, grief, and mourning were all evident within Ginger's image (Wadson, 1980).

Following the completion of her image, Ginger commented on the content of the image being sad and representative of her feelings toward death. She explained that the image made her feel extremely uncomfortable as she did not like her artwork to reflect her negative emotions. Rather, she preferred to view art work that was positive and represented the happiness which exists within the world. I acknowledged her anxiety around the image and explained that it would be contained and remain within the

therapeutic environment. I also validated Ginger's courage to create the image and her ability to allow the image to exist in its negativity without altering or covering it.

Freud proposed a theory in which the desire for life and death exist simultaneously within each individual. Ginger's desire to die; despite being constant and mild, may be related to Freud's theory of the death instinct, "an instinctual drive toward death that is balanced by the life instinct" (Lester, 1988, p. 10). The death instinct is largely masochistic; as a result, the individual attempts to externalize the death instinct. However, if the individual is unable to externalize cognitive and affective states of masochism and death, then the instinct becomes reintegrated within the individual (Lester). Futterman (as cited in Lester) stressed that "neither the life instinct nor the death instinct could really function independently of each other, but that they were always fused in variable amounts" (p. 10). Thus, the desire to die exists within us all through the death instinct, despite one's psychological state.

In addition to Ginger's overt expression of death in Figure 3, her following image contained a subtle reference to death. Ginger took initiative and asked if she could use the materials to make the collage planned in the previous session. She began by choosing an orange 12"x12" paper as the background (see Figure 4).



Figure 4

Ginger appeared focused while making her collage. She seemed to enjoy the process of collage, but it also allowed her to display her artistic knowledge and design abilities. Ginger chose images that made her feel pleasant, things she desired, and things that were aesthetically pleasing. She included an image of circular life savers, yellow tulips, a mountain landscape, an isolated cabin, and a mermaid with her back to the audience in the centre.

The mermaid not revealing her breasts may be symbolic of her loss of breasts as a result of preventative mastectomies. The loss of breasts appeared to be an additional significant loss causing an internal state of tension. Moreover; although not expressed, the loss may symbolize her loss of womanhood and femininity which perhaps was a more negative experience and significant loss than she portrayed within the session. The loss of her breasts also acted as a reminder of the death of her mother and a constant link to her mother's death.

The four images surround the mermaid, possibly as symbols of things that are needed in the mermaid's life. It was interesting that she had placed life savers in the

collage. When cutting them out she commented on being attracted to things that were circular. However, the image of a life saver and its purpose; to save people who are in danger of drowning, was difficult to ignore. Ginger did not discuss the collage after, but simply stated it felt good. She explained at the end of the session that she felt content with herself and happier.

In the last image (see Figure 5) of the initial phase of art therapy, Ginger drew an image of how she viewed herself and how others viewed her.

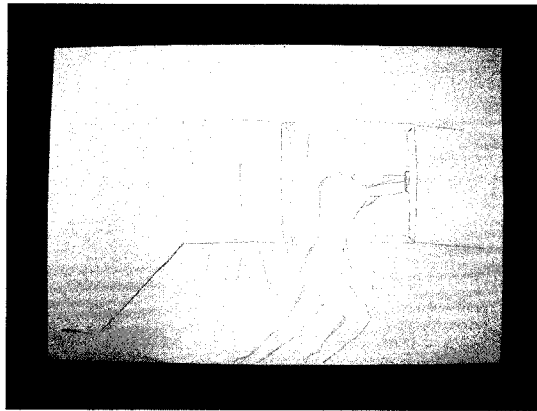


Figure 5

Ginger again chose a pencil and a letter size white paper. Ginger drew a figure trying to open a window. While she was drawing she explained the symbolism of the image. She said that the figure was struggling to open the window because the window was stuck. However, the window appeared open ever so slightly. I had commented that there appeared to be hope in the image as the window was slightly opened, maybe in time it would open further. Ginger agreed but the hopelessness she felt dominated her glimmer of hope. She explained that she did not know how long the window would remain open before it closed again. She explained when she felt healthy and positive; unaffected by

the depression, she was unaware of how long the period was going to last. As a result, she attempted to do so much with the time she had before a state of intense depression would return.

Her image was very reminiscent of her first image (see Figure 1). Both images included silhouettes of figures lacking any distinguishing details contained in situations which appeared restricting and hopeless. Moreover, both images lacked the use of color and integrated lines overtop of the initial image, which emphasized the fragmentation Ginger may have been experiencing within her self.

Concluding Phase of Art Therapy

The concluding phase of art therapy consisted of 15 one hour sessions. The theme of loss continued in the concluding phase of therapy. However, it was not the focus. The primary focus of the therapy interventions were to explore her personality and identity and to begin to work towards encouraging a connection between the perception of her idealized past self and her real present self to develop an integrated self in the future. The artistic approach chosen to support the above goal was the process of mask making. During the process Ginger continued to reflect on her past perceptions of her self, however through the use of the masks she was able to re-create and re-present herself as well as begin to integrate past and present selves.

The Mask Making Process.

The word personality originates from the Latin word *persona* which translates to the word mask. Significantly, in the theatre of the ancient Latin-speaking world, the mask was used not as a plot device to disguise the identity of the character, but rather was a device used to *typify* the character (Personality, 2007). At the time of proposing the mask

making process, I was unaware of the origin of the term mask. However, the origin and the original use of the mask is significant as the goal of the process was to strengthen Ginger's fragmented character and begin to identify with herself.

The concept of the mask making process was discussed with Ginger. The reasoning behind utilizing a series of three-dimensional masks was a result of a comment Ginger had made during a prior session. She had explained that due to the MDD she felt that she had lost 10 years of her life, that she had experienced a break from the woman she once was to the woman she is now. Ginger revealed an inability to recognize herself. The woman she presently saw was an old woman, in comparison to the last conception of herself which she recalled as young and beautiful. Thus, it was explained that the purpose of the mask making was to create a time line of her life; reflecting on her past, mirroring her present, and anticipation for the future. Through the creation process of each mask; ideally, Ginger was able to acknowledge her thoughts, emotions, and perceptions of herself, and begin to recognize that the perception of herself from the past, identified as having a strong personality was also an element of the same woman whom she identified as vulnerable.

Mask One: The Past.

As the masks were being introduced within the therapeutic environment Ginger appeared excited about the opportunity to explore with different artistic media. She had shared that she liked the idea that it was an ongoing process of creation, rather than a project to be completed in a single session. She expressed feeling comforted by the fact that the following week there would be a project already begun, waiting for her to complete it on her time frame.

The mask making process was completed over four sessions, each session contributing an additional layer to the representation of her. Ginger began by priming the mask white (see Figure 6).

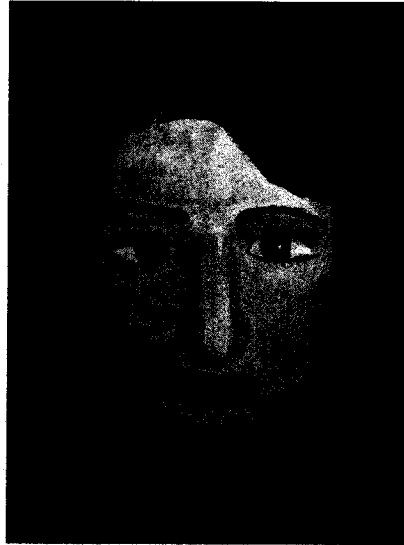


Figure 6

She spoke how the white paint was translucent and did a poor job at covering the brown papier maché mask. It was interesting that what concerned Ginger was the transparency of the white paint. Its significance may be a result of the desire to create a flawless perfect base in which to prepare the mask for the representation of her past self, her ideal self.

As the mask making process continued, Ginger appeared concerned with the aesthetic qualities of making the mask. She focused on the use of color and color mixing to create an ideal skin tone. The skin tone was created by layers of paint in various shades of peach to attempt to reflect reality. Furthermore, she spoke of utilizing various shades of brown, black, and red to achieve the ideal hair color. It appeared as though there was a great desire for the mask to embody Ginger's past self as she perceived herself to be.

The completed mask resembled a younger Ginger. The skin tone had a healthy glow, the face was free of imperfections, and the lips were rose-colored. However, the eyes appeared large, dark, and bleak; lifeless. The eyes may foreshadow the pain and suffering that was to come in the future.

Mask Two: The Present.

Immediately following the completion of the first mask Ginger began the second mask (see Figure 7).



Figure 7

She sat quietly looking at the brown papier maché mask, viewing it from various angles and feeling it with her hands. Ginger commented that she was looking for inspiration within the mask to begin the process of creating. Again, Ginger began by priming the mask white. The transparency of the white paint was again an issue, commenting that it would require many layers of paint to achieve a solid consistent white finish. As Ginger continued to paint the mask white, the previous layer of white paint would be removed revealing the papier maché base. She seemed to become agitated and frustrated by her desire to have a consistent base and the reality that every time she painted an additional

layer she would expose more of the base. The exposure of the mask may be significant in that she may not have been prepared to reveal her present self; a self perceived as fragile, hyper-sensitive, introverted, and old.

Ginger continued mask two by using brown paint directly on top of the imperfect white base and created an outline of the hair, eyes, and lips. As she proceeded, she added wrinkles surrounding the eyes and mouth. She commented that the mask was an older version of her. She continued to explain how she found it difficult to see her image reflected back at her. Ginger shared that her current age and appearance do not resemble the woman she believed she would be. She seemed disappointed in herself. As the process of creating mask two proceeded, she reflected on living with MDD, how it affected her personality and her desire to live. Throughout the process she appeared conflicted by despair versus hope, living versus dying, and ideal self versus real self.

Ultimately, it appeared that the conflict was too much to work through as she chose to leave the mask incomplete. The mask remained white with a brown outline of the hair, eyes, lips, and wrinkles. Interestingly, there was portrayed a similar lifelessness in the eyes of the previous mask (see Figure 6) to the uncompleted eyes of the present mask. Both sets of eyes appeared dark and empty. There was neither hope nor any sign of resiliency in the eyes.

The representation of eyes or the lack there of had become a strong symbol throughout the art work. The first image created within art therapy was a figure without any defining facial features (see Figure 1). Again a similar figure was presented in a later art work (see Figure 5). Each art work depicted a fragmented figure, a figure that was unrecognizable by any distinguished facial features that could easily be bypassed in life.

The art which did contain eyes; Figure 6 and Figure 7, the eyes were bleak. Thus, possibly emphasizing the lifelessness that she experiences on a daily basis as a result of the MDD and the desire to fade away and not be confronted by life.

Mask Three: The Missing Mask.

After mask two, Ginger no longer had a desire to complete the series of three masks (see Figure 8).

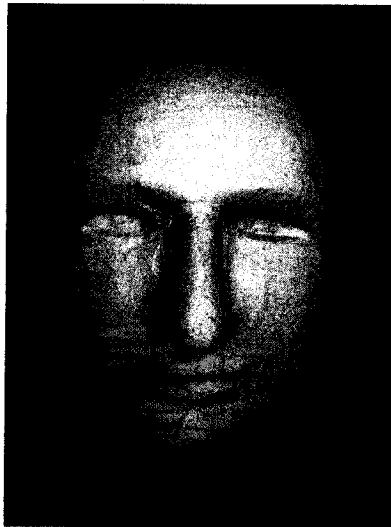


Figure 8

She commented that she was bored by the masks and was unsure of what she was doing. Perhaps the process of mask two was difficult to manage, as it symbolized her in her present state. Her present state was not a place of comfort or place she desired to be in her life. The incompleteness of mask two and the unwillingness to begin mask three may have reflected all that was negative within her and all that she had lost, making the process overwhelming.

Re-Visiting Incomplete Art Work.

As a concluding art project, I suggested to Ginger that she may want to re-visit her past art work to see if there was any piece that she would like to complete and/or

alter. Ginger quietly and attentively reviewed her entire portfolio of art work. After a brief moment of contemplation, Ginger chose to complete her first piece of art work (see Figure 1) created within art therapy. She looked at it and commented that it was the one she would like to complete. It was important for her to complete the piece as she explained it contained so much meaning for her and it was an important representation of her affective state throughout MDD (see Figure 9).



Figure 1



Figure 9

To complete the art piece, Ginger chose to continue to color in the fragmented pieces with pencil crayon. Ginger began with the tree. Perhaps, the tree was a metaphor of Ginger's present self, the self which she was disappointed in and ashamed of. The figure bound to the tree may represent her idyllic self which has lived in the shadows due to the depression for the past 10 years.

The tree has been utilized throughout history as a metaphor for life and a means to represent ones self. The tree exists for multiple generations. Within that time the life of the tree mimics the life of humanity; there is a birth, a period of growth, and then death. It

is the similarities in the life process of the tree and humanity which make it effortless to use the tree as a symbol of the self (Gunnarsson, Jansson, & Eklund, 2006).

Ginger began by re-coloring the tree. Originally it was a monotone brown however, she chose to color over the brown with purple. She commented that the tree was a colorful tree. By adding the color purple the tree appeared more realistic, with depth and variation in tones. Perhaps the addition of a second color on the tree represented a new perspective about her self and her life. Perhaps, the tree that was once lifeless and withering away was beginning to grow again and re-experience life with more joy. While drawing, Ginger commented that she felt that the bindings had been loosened for the figure and that with time the figure may be able to shed the bindings completely. Ginger explained that she felt a sense of relief in her life that her life was beginning again. Her reality was no longer a desire for her past self but living with her present self and embracing her abilities and limitations. However, Ginger did not alter the image; the figures hands remained bound to the tree. Despite her hope for the future she was also aware of the possibility that she may never discard the bindings.

Ginger continued to slowly fill in the drawing piece by piece. As she completed more of the image, the image began to emit a different emotion. It did not appear entirely hopeless and helpless as it initially had. There was life and hope present, a sense of freedom which had never been illustrated in her previous drawings (see Figure 9).

When she chose to complete the art work I was proud of Ginger. It felt like an accomplishment, that what we had been discussing for 7 months had been internalized by Ginger and now she was prepared to acknowledge her present self. It reflected Ginger's growth throughout the therapeutic process and her willingness to confront an image

which was a metaphor for the suffering she experienced throughout the MDD. As well as a representation of the loss; loss of self, loss of the desire to live, and loss of physical ability, and fragmentation of the self she experienced. Perhaps her revisiting the image was a means for her to fully acknowledge the loss experienced and begin the process of re-integration of her self. Thus, the completion of the art work may represent Ginger's current process toward her identification with herself.

Moreover, the completion of the art work may also be an indication of our approaching termination. Ginger's ability to complete the previous image may suggest that she was illustrating her improved competence and skill within life, as well as her ability to be autonomous. It felt like a reassurance that she was now prepared to move on with life and prepared to complete the concluding phase of art therapy.

Discussion

It was evident throughout the therapeutic process that the primary themes explored through artistic interventions were the experience of loss in Ginger's life and the perceived change in her personality reflected through her self-concept as a fragile, fearful, and timid woman. With the onset of MDD her personality; her thoughts, emotions, and desires, were largely affected. It was through the use of art therapy that Ginger was able to explore her idealized past personality and her disappointing present personality, as well as mourn the losses which she endured to begin facilitating the reparative process.

According to Freud (1917) and Klein (1948) the significant losses experienced throughout Ginger's life; the loss of her breasts, the death of her mother, the death of her ex-husband, and the perceived loss of her personality, have all been contributing factors

in the development and maintenance of MDD. As Ginger stated “people don’t get how bad it is; all that loss. You lose your humanity, you’re an illness”. Thus, to suspend a depressive state:

All of the losses must be mourned for there to be growth and change.

Mourning is a painful process whereby the feelings attached to the person, ideal, or fantasy are slowly released so that the energy can be used for the promotion of the life of the organism (Branch, 1992, p.11).

Freud and Klein suggested that mourning and acknowledging the loss experienced would aid in the development of a good and secure whole internal object, thus, leading to enrichment and a decline in depressive symptoms (Segal, 1979). Klein (as cited in Segal, 1979) emphasized the creative aspect of the depressive position. It was a period where the individual had the capacity and skill to re-create the good internal state, overcoming the depressive position through enrichment of the ego, sublimation, and creativity.

Art therapy also provided a space to explore the unconscious and identify losses within Ginger’s life. Through the artistic process and the creation of Figure 3, Figure 4, and Figure 5, Ginger began to acknowledge and explore the internal and external losses experienced. She was able to represent the losses as symbols and metaphors within her imagery. Ginger utilized a wilting flower as a symbol of death, a mermaid as a symbol of the loss of her breasts and perhaps her mother, and lastly a window as a metaphor for the loss of her personality. Through the process of symbolization art therapy encouraged the exploration of the depressive identity in a supportive environment where loss and aggression could be released. The ability to mourn a loss involved experiencing feelings of shock, denial, anger, sadness, and depression which all lead gradually to the

acceptance of the loss (Branch, 1992). The art therapy experience can aid in this process by creating an environment of safety and support (Branch).

To accept a loss, one must name the loss; however it is often difficult to name a loss when what had been lost was not a tangible object. In Ginger's case she experienced the loss of her personality, yet could not grieve or mourn for her loss as such as loss goes unrecognized within society. Branch (1992) acknowledged that "Losses of ideals, beliefs, and fantasies are not concrete and so, unlike the death of a loved one, are less supported and recognized" (Branch, p. 12). For Ginger, art therapy encouraged the naming of the losses within a supportive and non judgmental environment where the art became the vehicle of expression, as well as an observer to the process (Branch). Therefore, through the use of artistic interventions Ginger was able to recognize and mourn for the significant losses experienced within her life while simultaneously re-creating and re-affirming the self.

Simultaneously to the recognition of the need to mourn the experienced losses, Ginger began to explore the transformation and loss of her personality. She began to acknowledge that not only had she experienced external losses, but that she had experienced an internal loss which altered her perspective of her life and living. The theories of self-efficacy, the temporally extended self (TES), and the threatened identity can begin to identify and clarify how Ginger's altered perception of her self could distort her personality.

Bandura's (1994) theory of self-efficacy can begin to clarify one aspect of the development of a fractured self. The incongruence of reality and the perceived reality of an individual sets the individual up to falter and thus, enter into a depressive state. Ginger

often discussed her goals. However, her aspirations were never grounded in reality, based on her current abilities and limitations. Rather, her goals were driven by her perception of her former self, without MDD. Following her excitement of future opportunities, she would realize that her realities did not equate and quickly shift from a state of joy to a state of depression. As a result, there was a discrepancy between her standard and her performance, in turn perpetuating the depressive cycle.

Ginger's inability to reconcile the inconsistency between her ability and limitations was mirrored within her art work. For example in Figure 1, Ginger illustrated a figure bound to a tree. She explained that the figure had the aspiration to be free from the bindings to walk and enjoy life; to exist with happiness in life. However, at the time of creation, the desire to be freed was an unattainable goal. Ginger identified herself as the bound figure and thus; even through metaphor, was unable to achieve her goal. Her longing for freedom was a result of her desire to return to her idyllic self, a self which no longer existed but rather influenced her present self.

The self does not exist in the present, isolated from the past and the future. As Fivush states (2001), "our sense of self, of who we are, is intricately interwoven with our sense of who we have been and who we will be in the future" (p. 35). Ginger however, over identified with her past. The past was the primary focus of Gingers present reality. Ginger acknowledged feeling like she had missed the last 10 years of her life as a result of the onset of MDD. She expressed as the years passed and the depression remained, she did not recognize herself; physically, mentally, and emotionally, in the present; or possibly did not want to recognize herself. Her sense of self was fragmented and discontinuous. Ginger was unable to live in the present without desire for her past and she

was unable to see a future because she was not content with her present. Thus, Ginger was struggling with an unresolved identity, who she once was, was no longer consistent with who she presently was. She was unable to identify that the past self she so strongly romanticized existed within her present influencing her personality in a positive manner.

Ginger illustrated her inability to identify the relationship between her past, present, and future self through the mask making process. Ginger's over identification of her past self was evident through mask one (see Figure 6). The initial mask created remained the only completed mask and the only mask which Ginger identified as a mask representing her self; however, it was a representation her idealized self. As a result, as she moved on to complete mask two (see Figure 7) and three (see Figure 8) Ginger was unable to recognize her self in the present and imagine a self in the future, due to the fractured self-image she maintained. The lack of recognition of her self as flexible throughout time and the threat she experienced to her personality resulted in an un-solidified present sense of self and the inability to acknowledge a future self.

Lastly, Ginger continued to survive a constant threat to her personality. Breakwell (1983) identified that the most significant threat to identity occurs when the individual experiences a loss or change in physical ability. A loss or change in physical ability tests all patience of an individual and questions their internal strength to overcome their loss. What Ginger experienced; as a result of MDD was the loss of the woman she desired to be. She experienced a break in her identity. Who she was no longer functioned as she knew herself to and was replaced by a woman she did not accept her self to be.

Ginger portrayed an inability to identify and represent her self within her art work. On a few occasions, Ginger identified silhouettes of figures as representations of

her (see Figure 1 and Figure 5), yet, there were no defining features to identify the figure as her. The figures were lifeless faceless silhouettes faintly drawn in pencil which could fade into the background and be ignored or all too easily be erased from the image; she was not permanent in the image. Perhaps, due to the constant threat upon her identity Ginger could no longer identify with her physical attributes and her internal attributes, resulting in the anonymous figures in her art work.

The art therapy process was a viable means for facilitating the reparative process for Ginger through the use of artistic materials. Reynolds (2000) states, that the psychological state of depression can reduce motivation, enthusiasm, and alters one's self-concept, thereby sabotaging any attempt to combat depression. Through the use of creative arts interventions, Reynolds suggests one is able to challenge negative beliefs and cognitions, provide the self with a sense of mastery and competence, increase autonomy and control, and provide an alternative self extending beyond habitual roles.

Ginger appeared to achieve a more integrated sense of self, a self which encompassed positive and negative affects and cognitions. Ellis (1989) suggests that art therapy offers a space and a frame for women struggling to discover themselves. In a final interview with Ginger, she stated "It is all about recapturing yourself, because when you have depression you lose yourself; that's what happens. It is a part of the illness." The art therapy process allows women to re-create an image of them selves and gives them the opportunity to reflect on the false images which have been internalized. Moreover, the act of creating increased her sense of competence and reaffirmed positive skills. As a result, the art intervention can act as a tool to alter one's negative and depressive state and to begin the process of unifying a fragmented self.

Conclusion

For Ginger, the relationship between major depressive disorder and personality was significant in her present conception of herself. Ginger lived through agonizing cognitive and affective states and experienced a devastating loss in personality, thus, developing a self-perception of a woman who was unrecognizable.

It was important to Ginger that I, as an outsider, was able recognize the drastic shift she experienced in her personality from her past self to her present self. Moreover, it was important for her to present a woman who felt she was capable of owning the world if she desired it, in comparison to the woman who was presented before me in therapy. Through the use of artistic interventions Ginger was able to recognize the significant internal and external losses experienced within her life while simultaneously re-creating and re-affirming her personality.

There is no one better to describe the effects art therapy had upon Ginger than Ginger herself. In a final statement she shared: "During my experience in art therapy, I actually saw progression. Not only saw progression but lived the progression. I was doing things that I never thought I would do."

Limitations

The primary limitation of this case study was the dual roles which occurred as research was conducted within a clinical setting by the art therapist. Thus, creating tension between the therapeutic needs of the client and the research related desires of the art therapist/researcher. Ultimately, the needs of the client were more significant and were thoroughly addressed and explored through artistic interventions.

Furthermore, to determine the degree to which client had experienced a transformation in personality is difficult as the experience is subjective. Fruyt, et al. suggest that the

Observed discontinuities in personality self-descriptions of (previously) depressed patients are much more difficult to interpret, because they can represent reliable and true change in personality functioning (Costa, Bagby, Herbst, & McCrae, 2005), but they can also reflect distortions in the self-descriptions due to the occurrence with the depressive episode or to temporary changes in behavior secondary to being depressed (p.71).

Thus, the credibility of the client's statements may be questionable as there is no way to assess the client's personality prior to the onset of MDD.

Lastly, the positive findings of this paper are not generalizable to a greater population as the method of a qualitative case study does not permit it. The case study method is used to describe, explain, and explore the unique qualities of an individual with an emphasis on change, rather than generalize to a larger population (Aldridge, 1994; Berg, 2004).

Future Research

The above case study was the experience of one woman who provided a detailed account of her perceived personality transformation as a result of MDD, as well as, how she found art therapy beneficial in initiating the process of re-identification. It would be interesting to determine if different populations of individuals also share a similar perspective of the affects of MDD on personality. Perhaps future research could explore

the differences and/or similarities within a different era; exploring adolescents and early adulthood, as age may also have had an influence on the perceived change in personality.

As well, the exploration between genders would be fascinating as literature suggests the vulnerability, manifestation, and presentation of depressive symptomology differs greatly between males and females. Lastly, through the expansion of the research to different populations, it would be intriguing to determine which individuals find art therapy to be an invaluable therapeutic experience.

Ultimately, any future research conducted should be done with the goal to understand the complexities of Major Depressive Disorder unique to each individual and how to facilitate the healing of individuals who are greatly affected by MDD.

Bibliography

- Aldridge, D. (1994). Single-case research designs for the creative art therapist. *The Arts in Psychotherapy*, 21(5), 333-342.
- Allen, J. G. (2006). *Coping with depression from cathch-22 to hope*. Arlington, VA: American Psychiatric Publishing Inc.
- American Psychological Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC.
- Arnow, B. A., & Constantino, M. J. (2003). Effectiveness of psychotherapy and combination treatment for chronic depression. *Journal of Clinical Psychology*, 59(8), 893-905.
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York, NY: Academic Press.
- Beck, A. T. (1973). *The diagnosis and management of depression*. Philadelphia, PN: University of Pennsylvania Press.
- Berg, B. L. (2004). Case studies. In *Qualitative research methods for the social sciences*, (5th ed.) (pp. 251-260) Boston: Pearson Education.
- Branch, J. (1992). Depression and feminine personality development. *Pratt Institute Creative Art Therapy Review*, 13, 9-15.
- Britton, J. H. & Britton, J.O. (1972). *Personality changes in aging: a longitudinal study of community residents*. New York, NY: Springer Publishing Co.
- Chioqueta, A.P., & Stiles, T.C. (2005). Personality traits and the development of depression, hopelessness, and suicide ideation. *Personality and Individual Difference*, 38, 1283-1291.

- Costello, C. G. (1976). *Anxiety and depression: The adaptive emotions*. Montreal, QC: McGill-Queen's University Press.
- De Fruyt, F., Van Leeuwen, K., Bagby, R., Rolland, J., & Rouillon, F. (2006). Assessing and interpreting personality change and continuity in patients treated for major depression. *Psychological Assessment*, 18(1), 71-80.
- Ellis, M. L. (1989). Women: The mirage of the perfect image. *The Arts in Psychotherapy*, 16, 263-276.
- Evans, E. (1986). Facilitating the reparative process in depression: Images for healing. *Pratt Institute Creative Arts Therapy Review*, 7, 43-53.
- Funder, (2001). *The personality puzzle*. New York, NY: W.W. Norton & Company.
- Gunnarsson, B., Jansson, J., & Eklund, M. (2006). The tree theme method in psychosocial occupational therapy: A case study. *Scandinavian Journal of Occupational Therapy*, 13(4), 229-240.
- Hsu, W. & Lai, H. (2004). Effects of music on major depression in psychiatric inpatients. *Archives of Psychiatric Nursing*, 18(5), 193-199.
- Keyes, C. L. M., & Goodman, S. H. (2006). *Women and depression*. New York, NY: Cambridge University Press.
- Klein, M. (1948). *Contributions to psychoanalysis 1921-1945*. Edinburgh, Great Britain: The Hogarth Press Ltd.
- Lester, D. (1988). *Suicide from a psychological perspective*. Springfield, IL: Charles C Thomas Publisher.
- Lockley, P. (2005). *Counselling for depression*. United Kingdom: Free Association Books.

- MacDougall, M. & Brown, R. (1984). The temporal order of depression and anxiety. In R. Schwarzer (Ed.), *The Self in Anxiety, Stress, and Depression* (pp. 341-351). New York, NY: Elsevier Science Publishing Company, Inc.
- McNiff, S. (1976). The effects of artistic development on personality. *Art Psychotherapy*, 3, 69-75.
- Peden, A, R. (2000). Negative Thoughts of women with depression. *Journal of American Psychiatric Nurses Association*, 6(2), 41-48.
- Personality. (2007). Retrieved March 9, 2007, from <http://www.answers.com>.
- Reynolds, F. (2000). Managing depression through needlecraft creative activities: A qualitative study. *The Arts in Psychotherapy*, 27(2), 107-114.
- Robbins, A. (1989). *The psychoaesthetic experience: An approach to depth-oriented treatment*. New York, NY: Human Sciences Press, Inc.
- Rosenbluth, M., Kennedy, S. H., Bagby, R. M., (2005). *Depression and personality: Conceptual and clinical challenges*. Arlington, VA: American Psychiatric Publishing Inc.
- Rubin, H.J., Rubin, I. S., (2005). *Qualitative interviewing. The art of hearing data* (2nd ed). Thousand Oaks, CA: Sage Publications.
- Santor, D., Bagby, R., & Joffe, R. (1997). Evaluating stability and change in personality and depression. *Journal of Personality and Social Psychology*, 72(6) 1354-1362.
- Schuyler, D. (1974). *The depressive spectrum*. Jason Aronson, Inc.
- Schwarzer, R. (1984). *The self in anxiety, stress, and depression*. New York, NY: Elsevier Science Publishing Company, Inc.

- Segal, H. (1979). *Klein*. Sussex, GB: The Harvester Press Limited.
- Silverman, D. (2005). *Doing qualitative research*, (2nd ed). Thousand Oaks, CA: Sage Publications.
- Skarsater, I., Dencker, K., & Agren, H. (1999). The experience of social support in patients suffering from treatment-refractory depression – A pilot project. *Archives of Psychiatric Nursing*, 13(2), 89-96.
- Stake, R. E. (1995). The nature of qualitative research. In *The art of case study research*. (pp. 35-48) Thousand Oaks, CA: Sage Publications.
- Wadeson, H. (1980). *Art psychotherapy*. New York, NY: John Wiley & Sons.
- Wadeson, H. (1987). *The dynamics of art psychotherapy*. New York, NY: John Wiley & Sons.
- Weininger, O. *The clinical psychology of Melanie Klein*. (1984). Springfield, IL: Charles C Tomas Publisher.
- Yin, R. K. (1994) *Case study research design and methods*. Thousand Oaks, CA: Sage Publications.

Conditions of Participation

- I understand that I am free to withdraw my consent and to discontinue my participation at anytime without negative consequences.
- I understand that my participation in this study is confidential (i.e. the researcher will know, but will not disclose my identity).
- I understand that the data from this study will be bound and kept at the Concordia University Library. As well as, it may be published at a later date.

If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and Compliance Officer, Concordia University, at (514) 8484-2424 ext. 7481 or by email at areid@alcor.concordia.ca.

Appendix B: Research Consent Form

**The Relationship between Major Depressive Disorder, Personality,
and Art Therapy**

I have carefully read and understand the provided information letter and voluntarily consent to participate within the case study.

Authorization for case material, art work, photography, video recordings, and audio recordings related to art therapy

I, the undersigned _____

Authorize _____

to utilize any of the following:

	YES	NO
case material	_____	_____
art work	_____	_____
photographs	_____	_____
video recordings	_____	_____
audio recordings	_____	_____

that the therapist deems appropriate, and to utilize and publish them for educational purposes, provided that reasonable precautions be taken to conserve confidentiality and anonymity.

However, I make the following restriction(s):

You may withdraw your consent at any time before the case study paper is completed with no consequences and without giving any explanation.

Signature of Participant

Date

Witness to Signature

Date