

CHAPTER 7: RESULTS

a. General Comments.

The main purpose of the pilot study was to test the possibility of a consensus among colleagues regarding my interpretations of Self theories and their application in Intermodal Expressive Therapy.

At this present stage of the decision to test the idea of applying Self theories to expressive therapy, I thought it vital to first validate my method. It was not my intention, therefore, to conduct a rigorous statistical analysis.

I shall limit myself to a descriptive analysis of means.

I shall not present standard deviations or percentages due to the small number of subjects in the study.

I have chosen six clinical psychologists with an expressive therapeutic orientation, and six expressive therapists (two from each of the music, art and movement modalities) with a profound theoretical background. Yet I cannot compare these significant groups as the subgroups are too small. Following this basic pilot study, and relying upon the data received from these modest samples, I think that further serious statistical research ought to be carried out.

This conclusion will be discussed in the further research section later on in this chapter.

b. Results.

Table no. 1:

Kohut, Stern and Bollas's Concepts - General Means (on a scale from 4-1)

for my interpretations as they were shown in the video.

Kohut 2.96

Empathy 3.08

Mirroring 2.77

Grandiose Self 3.13

Selfobject 2.88

Stern 2.96

Amodal Perception 2.92

RIG 3.25

Attunement 2.71

Bollas 2.99

Aesthetic Moment 2.92

Conservative Object 3.42

Genera 3.08

Evocation 3.07

Destiny Drive 2.45

In general we can conclude that the evaluators agree (approx.=3) with the interpretations as they were shown in the video film.

There is no difference at all between the evaluations beyond the three theories (Kohut:2.96, Stern:2.96, Bollas:2.99). Since the evaluators read the theoretical chapters, I assume that they had reached a common knowledge, which partially controlled the knowledge with which they analyzed the video. I may explain the general grade: 3, as the general agreement of the evaluators stating they could see my interpretations of the concepts in the video.

In each theory, we may find that certain concepts received a high score, while others were rated low.

In order to comprehend this result, we need to go into the particular scores for each scene of the video where the concept was shown.

In Kohut's theory, the concept of the Grandiose Exhibitionistic self received a high rating, (3.13) while mirroring was rated the lowest (2.77). (See table no. 2)

Table no. 2

Kohut: Scores for my interpretation of his concepts, as are displayed in each scene in the video.

	SCENE	MEAN
1. Empathy	3.08	3.08
2. Mirroring	a. 2.58	
	b. 3.00	
	c. 2.92	
	d. 2.58	2.77
3. Grandiose S.	a. 2.92	
	b. 3.33	3.13
4. Selfobject	a. 3.17	
	b. 3.09	
	c. 2.27	
	d. 3.00	2.88

Table no. 2, shows that in Mirroring, since the concept is compounded by four scenes, the two controversial scenes lower the score: 2a- mirroring by instrument, and 2d- group mirroring by hand clapping.

In The Grandiose Self, the score is high. This can be explained by both a good choice of scenes (especially 3b=3.33) and the fact that grandiosity is intrinsic to expressive therapy.

In Selfobject, one out of four scenes was poorly rated (4c=2.27). While the evaluators did agree with my interpretation for selfobject when patients are seen creating their selfobjects (4a=3.17,4b=3.09) talking to their selfobject (4d=3.0), they disagreed with my interpretation of the possibility of the therapist using the patient's artistic work as his selfobject.

This idea is an extension of Rotenberg's (1985) idea presented in his article Selfobject and the Artistic Self, and the issue would appear to be controversial.

In Empathy there is a fair agreement with regard to my interpretation (1=3.08).

Table no. 3

Stern: Scores for mu interpretation of his concepts, as are displayed in each scene in the video.

	SCENE	MEAN
5. Amodal Perc.	a. 2.75	
	b. 3.08	
	c. 2.92	2.92
6. RIG	3.25	3.25
7. Attunement	a. 2.92	
	b. 2.50	2.71

RIG received a high rating (6=3.25), to denote general agreement among the evaluators regarding both the interpretation and the scene (See table no.3).

Attunement was illustrated by two scenes, one of which was rated very poorly. This scene (7b=2.5) shows the therapist playing the recorder in an attempt to attune with the patient's voice without any significant success - so the attunement was not achieved. No wonder the results are poor.

Yet the first scene, is graded higher (7a=2.92). I think these results call for further investigation of this delicate concept. Attunement is spontaneously facilitated by the therapist in response to the patient's behavior, and I feel that better examples need to be found.

Amodal Perception received relatively good ratings (2.92) in spite of the first scene (5a=2.75) which received a poor score. The second and the third scenes show real process, and the evaluators thought the amodal perception was properly applied there, while the first scene is an exercise and they might have felt that an artificial factor was involved.

Table no. 4

Bollas: Scores for my interpretation of his concepts, as are displayed in each scene in the video.

	SCENE	MEAN
8. Aesthetic	2.92	2.92
9. Cons. Obj.	a. 3.25	3.42
	b. 3.58	
10. Genera	3.08	3.08
11. Evocation	a. 3.00	(2.97)
	b. 2.88	
	c. 3.00	
	d. 3.00	
11a. Aloneness	a. 3.38	(3.07)
	b. 2.75	
	c. 2.88	
	d. 3.25	
11b. Mood	3.38	(3.38)
11c. Unknowing	2.88	(2.88)
		3.07
12. Destiny	2.45	2.45

Two of of Bollas's concepts received the highest ratings in this study. The highest one was the Conservative Object (9=3.42). In this concept, scene 9b (a man talks to his artistic conservative object) was graded as the highest scene in the study (3.58). The second concept graded with high scores is Evocation (3.07), in which two scenes were scored exclusively high: 11a=3.38 /Patient facing and observing his artistic work for a while, and 11b=3.38/ mood.

This result does not surprise me, as artistic works evoke high emotions before any comprehension is achieved, and because expressive therapy can only be carried out in states of evocation.

Evocation is illustrated by ten scenes, which are presented in the video in categories of evocation, aloneness, mood and unknowing. The multiplicity of scenes is due to the fact that Bollas emphasizes and explores various conditions in therapy which enable the creative Self to emerge. By now I can point out prominent examples of optimal evocation states such as: mood, aloneness (11a: first and last scenes) and 11a,c,d.

Destiny Drive was graded with the lowest grade in the study (12=2.45).

Interestingly, I do not think my interpretation of the concept, or the selection of this particular scene, were inappropriate. I relate this poor scoring to the quality of sound in this scene.

Since the patient dialogues, in a Gestaltian technique, with her two drives: the positive destiny drive which strives to fulfill itself and encourages her to "work", and the restraining, discouraging, inferior drive which strives to prevent her from working, the ability to hear the

text is crucial. It seems that this fact, and the fact that this concept was presented at the end of the video, might explain this result. In testing the application of destiny drive, we can only rely on the patient's text, and this necessitates a better standard of data. In any case this concept should be examined in a further research.

Genera (3.08), which according to my definition, is a concept parallel to the expressive unconscious, was accepted by evaluators and this finding is, in my opinion, a reason for optimism. Likewise the Aesthetic moment (2.92).